

# 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  
The Bob Barr Leadership Fund

ADDRESS (number and street) 900 Circle 75 Parkway, Suite 1280  
 Check if different than previously reported. (ACC)  
Atlanta GA 30339

2. **FEC IDENTIFICATION NUMBER** C00340190  
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 2008 through 09 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 Paul Kilgore

Signature of Treasurer Electronically Filed by Paul Kilgore Date 10 07 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)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
The Bob Barr Leadership Fund

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	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; 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>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		184148.18
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period .....	152254.45									
(c) Total Receipts (from Line 19) .....	21848.01	377127.85								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	174102.46	561276.03								
7. Total Disbursements (from Line 31) .....	86004.97	473178.54								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	88097.49	88097.49								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
The Bob Barr Leadership Fund

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	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	2110.00	113530.05
(i) Itemized (use Schedule A) .....	4674.42	215031.79
(ii) Unitemized .....	6784.42	328561.84
(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) .....	6784.42	328561.84
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) .....	205.32	205.32
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	14858.27	48360.69
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)) .....	21848.01	377127.85
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	21848.01	377127.85

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	41564.97	403938.54
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	41564.97	403938.54
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	37190.00	54290.00
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	3000.00
(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	3000.00
29. Other Disbursements.....	7250.00	11950.00
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))..	86004.97	473178.54
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	86004.97	473178.54

**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 .....	6784.42	328561.84
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	3000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	6784.42	325561.84
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	41564.97	403938.54
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	205.32	205.32
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	41359.65	403733.22

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 33  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    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)  
The Bob Barr Leadership Fund

**A.** Full Name (Last, First, Middle Initial)  
Roger Beal

Mailing Address 1450 Fairbrook Dr

City State Zip Code  
Saint Louis MO 63131-4214

FEC ID number of contributing federal political committee. C

Name of Employer None Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 256.00

Date of Receipt 07 / 01 / 2008  
Transaction ID: 80926.C175803

Amount of Each Receipt this Period 55.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Charles Chandler

Mailing Address 17528 Chandler Ln

City State Zip Code  
Baker City OR 97814-8281

FEC ID number of contributing federal political committee. C

Name of Employer Self-Employed Occupation Rancher

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt 07 / 01 / 2008  
Transaction ID: 80926.C175767

Amount of Each Receipt this Period 100.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Frances Cullom

Mailing Address 2515 Spring Hill Dr

City State Zip Code  
Ashland OR 97520-1453

FEC ID number of contributing federal political committee. C

Name of Employer None Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 07 / 01 / 2008  
Transaction ID: 80926.C175760

Amount of Each Receipt this Period 50.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... 205.00

**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 7 / 33  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
The Bob Barr Leadership Fund

**A.** Full Name (Last, First, Middle Initial)  
Henry Erhard

Mailing Address PO Box 428

City State Zip Code  
Castine ME 04421-0428

FEC ID number of contributing federal political committee. C

Name of Employer None      Occupation Retired

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt 07 / 01 / 2008  
**Transaction ID:** 80926.C175776

Amount of Each Receipt this Period 100.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Richard Griffith

Mailing Address PO Box 91610

City State Zip Code  
Lafayette LA 70509-1610

FEC ID number of contributing federal political committee. C

Name of Employer Self-Employed      Occupation Investor

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 01 / 2008  
**Transaction ID:** 80926.C175789

Amount of Each Receipt this Period 100.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Celia Hallaway

Mailing Address 309 Lexington Ave

City State Zip Code  
San Leandro CA 94577-1628

FEC ID number of contributing federal political committee. C

Name of Employer Information Requested      Occupation Information Requested

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt 07 / 01 / 2008  
**Transaction ID:** 80926.C175784

Amount of Each Receipt this Period 50.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... 250.00

**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 / 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
The Bob Barr Leadership Fund

**A.** Full Name (Last, First, Middle Initial)  
Al Hughes

Mailing Address 1608 22nd St

City Lake Charles State LA Zip Code 70601-8948

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

Name of Employer None Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 07 / 01 / 2008

Transaction ID: 80926.C175781

Amount of Each Receipt this Period 100.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Constance Hunter

Mailing Address 4329 S Atlantic Ave

City Port Orange State FL Zip Code 32127-6903

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

Name of Employer None Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 345.00

Date of Receipt 07 / 01 / 2008

Transaction ID: 80926.C175707

Amount of Each Receipt this Period 50.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Ernest Kastenbein

Mailing Address 1920 Villa Way S

City Reno State NV Zip Code 89509-5828

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 07 / 01 / 2008

Transaction ID: 80926.C175783

Amount of Each Receipt this Period 50.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 200.00

**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 / 33

(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)  
The Bob Barr Leadership Fund

**A.**

Full Name (Last, First, Middle Initial)  
Lillian McVeigh

Mailing Address 35157 Center Ridge Rd Lot 154

City North Ridgeville State OH Zip Code 44039

FEC ID number of contributing federal political committee. C

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 08 / 12 / 2008

**Transaction ID:** 80926.C175894

Amount of Each Receipt this Period 50.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)  
Marguerite Oleyar

Mailing Address 31570 Lakeridge Ct

City Temecula State CA Zip Code 92591-7933

FEC ID number of contributing federal political committee. C

Name of Employer None Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 160.00

Date of Receipt 07 / 01 / 2008

**Transaction ID:** 80926.C175709

Amount of Each Receipt this Period 60.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)  
Marguerite Oleyar

Mailing Address 31570 Lakeridge Ct

City Temecula State CA Zip Code 92591-7933

FEC ID number of contributing federal political committee. C

Name of Employer None Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 01 / 2008

**Transaction ID:** 80926.C175852

Amount of Each Receipt this Period 50.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... 160.00

**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 / 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
The Bob Barr Leadership Fund

<b>A.</b>	Full Name (Last, First, Middle Initial) Edward Olson		Date of Receipt
	Mailing Address PO Box 1075		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 07 / 01 / 2008
	City	State	Zip Code
	Easley	SC	29641-1075
	FEC ID number of contributing federal political committee.		Transaction ID: 80926.C175879
		Amount of Each Receipt this Period	<input type="text"/> 60.00
Name of Employer None		Occupation Retired	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 380.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Doris Paris		Date of Receipt
	Mailing Address 24 Mitchell Cir SE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 08 / 12 / 2008
	City	State	Zip Code
	Rome	GA	30161-5900
	FEC ID number of contributing federal political committee.		Transaction ID: 80926.C175898
		Amount of Each Receipt this Period	<input type="text"/> 25.00
Name of Employer None		Occupation Retired	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 210.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Helen Pierce		Date of Receipt
	Mailing Address 8905 Mariposa St		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 07 / 01 / 2008
	City	State	Zip Code
	La Mesa	CA	91941-6707
	FEC ID number of contributing federal political committee.		Transaction ID: 80926.C175719
		Amount of Each Receipt this Period	<input type="text"/> 50.00
Name of Employer None		Occupation Retired	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 435.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 135.00
<b>TOTAL</b> 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 / 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
The Bob Barr Leadership Fund

<b>A.</b>	Full Name (Last, First, Middle Initial) Anthony Ryan	Date of Receipt MM / DD / YYYY 07 / 01 / 2008
	Mailing Address 393 Dorchester Rd	<b>Transaction ID:</b> 80926.C175858
	City State Zip Code Lyme NH 03768	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer None Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mabel Shuman	Date of Receipt MM / DD / YYYY 07 / 01 / 2008
	Mailing Address RR 1 Box 16	<b>Transaction ID:</b> 80926.C175877
	City State Zip Code Sullivan IL 61951-8709	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer None Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 340.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Harry Stout	Date of Receipt MM / DD / YYYY 07 / 01 / 2008
	Mailing Address 1142 Cherry Ln	<b>Transaction ID:</b> 80926.C175818
	City State Zip Code West Lafayette IN 47906-2202	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer None Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 3150.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1040.00
<b>TOTAL</b> 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 / 33  
(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)  
The Bob Barr Leadership Fund

**A.**

Full Name (Last, First, Middle Initial)  
Sherwin Terry

Mailing Address 301 Tidepointe Way Apt 3306

City State Zip Code  
Hilton Head Island SC 29928-3057

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

Name of Employer None Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 01 / 2008

Transaction ID: 80926.C175769

Amount of Each Receipt this Period  
50.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)  
Sherwin Terry

Mailing Address 301 Tidepointe Way Apt 3306

City State Zip Code  
Hilton Head Island SC 29928-3057

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

Name of Employer None Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 01 / 2008

Transaction ID: 80926.C175886

Amount of Each Receipt this Period  
50.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)  
Clarence Ziemer

Mailing Address 8424 N Bell School Rd

City State Zip Code  
Elmwood IL 61529-9337

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 435.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 01 / 2008

Transaction ID: 80926.C175773

Amount of Each Receipt this Period  
20.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	120.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	2110.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 13 / 33	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" 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)  
The Bob Barr Leadership Fund

A.

Full Name (Last, First, Middle Initial) MDI Imaging & Mail		Date of Receipt
Mailing Address 21955 Cascades Parkway		<input type="text" value="07"/> / <input type="text" value="02"/> / <input type="text" value="2008"/>
City	State	Zip Code
Dulles	VA	20166-
FEC ID number of contributing federal political committee.		Transaction ID: 81007.C175935
<input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer		<input type="text" value="205.32"/>
Occupation		Offsets to Operating Expenditure
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="205.32"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="205.32"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="205.32"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 33  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
The Bob Barr Leadership Fund

**A.** Full Name (Last, First, Middle Initial)  
Capitol Hill Lists, LLC

Mailing Address 264 N Lumpkin Street # 202

City Athens State GA Zip Code 30601-

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 38520.76

Date of Receipt 07 / 30 / 2008  
**Transaction ID:** 80926.C175754  
 Amount of Each Receipt this Period 5879.56  
 Other Receipt  
 NOTE: List Rental Income

**B.** Full Name (Last, First, Middle Initial)  
Capitol Hill Lists, LLC

Mailing Address 264 N Lumpkin Street # 202

City Athens State GA Zip Code 30601-

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 41711.27

Date of Receipt 08 / 28 / 2008  
**Transaction ID:** 81007.C175933  
 Amount of Each Receipt this Period 3190.51  
 Other Receipt  
 NOTE: List Rental Income

**C.** Full Name (Last, First, Middle Initial)  
Capitol Hill Lists, LLC

Mailing Address 264 N Lumpkin Street # 202

City Athens State GA Zip Code 30601-

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 47378.82

Date of Receipt 09 / 30 / 2008  
**Transaction ID:** 81007.C175934  
 Amount of Each Receipt this Period 5667.55  
 Other Receipt  
 NOTE: List Rental Income

**SUBTOTAL** of Receipts This Page (optional) ..... ► 14737.62

**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 / 33	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
The Bob Barr Leadership Fund

A.

Full Name (Last, First, Middle Initial) Georgian Bank		Date of Receipt
Mailing Address 3300 Cumberland Blvd SE		<input type="text" value="08"/> / <input type="text" value="08"/> / <input type="text" value="2008"/>
City	State	Zip Code
Atlanta	GA	30339-3100
FEC ID number of contributing federal political committee.		Transaction ID: 80926.C175932
<input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer		<input type="text" value="120.65"/>
Occupation		Other Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		<input type="text" value="981.87"/>

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="120.65"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="14858.27"/>

**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)  
The Bob Barr Leadership Fund

A.	Full Name (Last, First, Middle Initial) 900 Circle 75 LLC	Transaction ID: 80926.E2579
	Mailing Address 900 Circle 75 Pkwy SE	Date of Disbursement 07 / 29 / 2008
	City Atlanta State GA Zip Code 30339-3035	Amount of Each Disbursement this Period 2835.56
	Purpose of Disbursement PAC Rent	Category/ Type PAC RENT
	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) 900 Circle 75 LLC	Transaction ID: 80926.E2603
	Mailing Address 900 Circle 75 Pkwy SE	Date of Disbursement 08 / 29 / 2008
	City Atlanta State GA Zip Code 30339-3035	Amount of Each Disbursement this Period 2726.50
	Purpose of Disbursement PAC Rent	Category/ Type PAC RENT
	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) 900 Circle 75 LLC	Transaction ID: 81007.E2617
	Mailing Address 900 Circle 75 Pkwy SE	Date of Disbursement 09 / 29 / 2008
	City Atlanta State GA Zip Code 30339-3035	Amount of Each Disbursement this Period 2781.03
	Purpose of Disbursement PAC Rent	Category/ Type PAC RENT
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	8343.09
<b>TOTAL</b> This Period (last page this line number only) .....	



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 17 / 33

<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)  
The Bob Barr Leadership Fund

<p><b>A.</b> Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address PO Box 36002</p> <p>City Ft Lauderdale State FL Zip Code 33336-0001</p> <p>Purpose of Disbursement See Below-No Itemization Necessary</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><b>Transaction ID:</b> 80926.E2574 <b>Date of Disbursement</b> 07 / 21 / 2008</p> <p>Amount of Each Disbursement this Period 240.86</p> <p>SEE BELOW-NO ITEMIZATION NECESSARY</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Wes Aven</p> <p>Mailing Address 5591 Aven Rd</p> <p>City Marietta State GA Zip Code 30068-4502</p> <p>Purpose of Disbursement PAC Photography</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><b>Transaction ID:</b> 80926.E2593 <b>Date of Disbursement</b> 08 / 18 / 2008</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>PAC PHOTOGRAPHY</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Derek Barr</p> <p>Mailing Address 4401 Northside Pkwy NW Ste 100</p> <p>City Atlanta State GA Zip Code 30327-3065</p> <p>Purpose of Disbursement Salary</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><b>Transaction ID:</b> 80926.E2577 <b>Date of Disbursement</b> 07 / 29 / 2008</p> <p>Amount of Each Disbursement this Period 1309.74</p> <p>SALARY</p>

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

2050.60

**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 18 / 33

<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)  
The Bob Barr Leadership Fund

A.

Full Name (Last, First, Middle Initial)  
Derek Barr

Mailing Address 4401 Northside Pkwy NW Ste 100

City Atlanta State GA Zip Code 30327-3065

Purpose of Disbursement

Salary

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 80926.E2598

Date of Disbursement

08 / 27 / 2008

Amount of Each Disbursement this Period

700.78

SALARY

B.

Full Name (Last, First, Middle Initial)  
Cbeyond Communications

Mailing Address 320 Interstate North Pkwy SE Ste 3

City Atlanta State GA Zip Code 30339-2205

Purpose of Disbursement

PAC Telephone

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 80926.E2573

Date of Disbursement

07 / 16 / 2008

Amount of Each Disbursement this Period

148.32

PAC TELEPHONE

C.

Full Name (Last, First, Middle Initial)  
Cbeyond Communications

Mailing Address 320 Interstate North Pkwy SE Ste 3

City Atlanta State GA Zip Code 30339-2205

Purpose of Disbursement

PAC Telephone

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 80714.E2563

Date of Disbursement

07 / 16 / 2008

Amount of Each Disbursement this Period

148.32

PAC TELEPHONE

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

997.42

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 19 / 33

<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)  
The Bob Barr Leadership Fund

<p><b>A.</b> Full Name (Last, First, Middle Initial) Cbeyond Communications</p> <p>Mailing Address 320 Interstate North Pkwy SE Ste 3</p> <p>City Atlanta State GA Zip Code 30339-2205</p> <p>Purpose of Disbursement PAC Telephone 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><b>Transaction ID:</b> 80926.E2589 <b>Date of Disbursement</b> 08 / 13 / 2008</p> <p>Amount of Each Disbursement this Period 296.10</p> <p>PAC TELEPHONE</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Cbeyond Communications</p> <p>Mailing Address 320 Interstate North Pkwy SE Ste 3</p> <p>City Atlanta State GA Zip Code 30339-2205</p> <p>Purpose of Disbursement PAC Telephone 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><b>Transaction ID:</b> 80926.E2590 <b>Date of Disbursement</b> 09 / 09 / 2008</p> <p>Amount of Each Disbursement this Period 284.56</p> <p>PAC TELEPHONE</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) De Lage Landen</p> <p>Mailing Address 1111 Old Eagle School Rd</p> <p>City Radnor State PA Zip Code 19087-1453</p> <p>Purpose of Disbursement PAC Office Equipment 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><b>Transaction ID:</b> 80926.E2602 <b>Date of Disbursement</b> 08 / 25 / 2008</p> <p>Amount of Each Disbursement this Period 359.18</p> <p>PAC OFFICE EQUIPMENT</p>

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

939.84

**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 / 33

<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)  
The Bob Barr Leadership Fund

<p><b>A.</b> Full Name (Last, First, Middle Initial) De Lage Landen</p> <p>Mailing Address 1111 Old Eagle School Rd</p> <p>City Radnor State PA Zip Code 19087-1453</p> <p>Purpose of Disbursement PAC Office Equipment</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><b>Transaction ID:</b> 81007.E2611</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="359.18"/></p> <p>PAC OFFICE EQUIPMENT</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Lisa Edelstein</p> <p>Mailing Address 255 E Paces Ferry Rd NE Ste 350</p> <p>City Atlanta State GA Zip Code 30305-2262</p> <p>Purpose of Disbursement Salary</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><b>Transaction ID:</b> 80926.E2576</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1229.01"/></p> <p>SALARY</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Lisa Edelstein</p> <p>Mailing Address 255 E Paces Ferry Rd NE Ste 350</p> <p>City Atlanta State GA Zip Code 30305-2262</p> <p>Purpose of Disbursement Salary</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><b>Transaction ID:</b> 81007.E2629</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="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2317.06"/></p> <p>SALARY</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="3905.25"/>
<b>TOTAL</b> 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)

PAGE 21 / 33

<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)  
The Bob Barr Leadership Fund

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Lisa Edelstein</p> <p>Mailing Address 255 E Paces Ferry Rd NE Ste 350</p> <p>City Atlanta State GA Zip Code 30305-2262</p> <p>Purpose of Disbursement Salary</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><b>Transaction ID:</b> 81007.E2606</p> <p>Date of Disbursement 09 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 2317.06</p> <p><b>SALARY</b></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Lisa Edelstein</p> <p>Mailing Address 255 E Paces Ferry Rd NE Ste 350</p> <p>City Atlanta State GA Zip Code 30305-2262</p> <p>Purpose of Disbursement PAC Travel Reimbursement</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><b>Transaction ID:</b> 81007.E2616</p> <p>Date of Disbursement 09 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 63.65</p> <p><b>PAC TRAVEL REIMBURSEMENT</b></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Robert Fierer</p> <p>Mailing Address 41 Glendale Way</p> <p>City Atlanta State GA Zip Code 30327-</p> <p>Purpose of Disbursement Salary</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><b>Transaction ID:</b> 80926.E2599</p> <p>Date of Disbursement 08 / 27 / 2008</p> <p>Amount of Each Disbursement this Period 2333.83</p> <p><b>SALARY</b></p>

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

4714.54

**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 22 / 33

<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)  
The Bob Barr Leadership Fund

A.

Full Name (Last, First, Middle Initial)  
Robert Fierer

Transaction ID: 81007.E2607  
Date of Disbursement

Mailing Address 41 Glendale Way

09 / 30 / 2008

City Atlanta State GA Zip Code 30327-

Amount of Each Disbursement this Period

Purpose of Disbursement

3193.16

Salary  
Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

SALARY

State: District:

B.

Full Name (Last, First, Middle Initial)  
The Georgian Club

Transaction ID: 80926.E2575  
Date of Disbursement

Mailing Address 100 Galleria Pkwy SE Ste 1700

07 / 25 / 2008

City Atlanta State GA Zip Code 30339-5960

Amount of Each Disbursement this Period

Purpose of Disbursement  
PAC Meeting Expense

129.00

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

PAC MEETING EXPENSE

State: District:

C.

Full Name (Last, First, Middle Initial)  
The Georgian Club

Transaction ID: 80926.E2595  
Date of Disbursement

Mailing Address 100 Galleria Pkwy SE Ste 1700

08 / 29 / 2008

City Atlanta State GA Zip Code 30339-5960

Amount of Each Disbursement this Period

Purpose of Disbursement  
PAC Meeting Expense

125.00

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

PAC MEETING EXPENSE

State: District:

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

3447.16

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)  
The Bob Barr Leadership Fund

A.	Full Name (Last, First, Middle Initial) Global Pay	Transaction ID: 81007.E2620 Date of Disbursement 07 / 02 / 2008
	Mailing Address 10 Glenlake Pkwy NE	Amount of Each Disbursement this Period 35.00
	City Atlanta State GA Zip Code 30328-3495	
	Purpose of Disbursement PAC Service Fees 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) ▼
		PAC SERVICE FEES

B.	Full Name (Last, First, Middle Initial) Global Pay	Transaction ID: 81007.E2623 Date of Disbursement 08 / 04 / 2008
	Mailing Address 10 Glenlake Pkwy NE	Amount of Each Disbursement this Period 35.00
	City Atlanta State GA Zip Code 30328-3495	
	Purpose of Disbursement PAC Service Fees 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) ▼
		PAC SERVICE FEES

C.	Full Name (Last, First, Middle Initial) Global Pay	Transaction ID: 81007.E2626 Date of Disbursement 09 / 03 / 2008
	Mailing Address 10 Glenlake Pkwy NE	Amount of Each Disbursement this Period 35.00
	City Atlanta State GA Zip Code 30328-3495	
	Purpose of Disbursement PAC Service Charges 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) ▼
		PAC SERVICE CHARGES

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	105.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)  
The Bob Barr Leadership Fund

<b>A.</b> Full Name (Last, First, Middle Initial) Post & Associates Mailing Address 3475 Dallas Highway, SW City Marietta State GA Zip Code 30064- Purpose of Disbursement PAC Payroll Taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80926.E2578 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 9 / 2 0 0 8
	Amount of Each Disbursement this Period 930.49 Category/Type PAC PAYROLL TAXES

<b>B.</b> Full Name (Last, First, Middle Initial) Post & Associates Mailing Address 3475 Dallas Highway, SW City Marietta State GA Zip Code 30064- Purpose of Disbursement PAC Payroll Taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80926.E2600 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 7 / 2 0 0 8
	Amount of Each Disbursement this Period 2036.03 Category/Type PAC PAYROLL TAXES

<b>C.</b> Full Name (Last, First, Middle Initial) Post & Associates Mailing Address 3475 Dallas Highway, SW City Marietta State GA Zip Code 30064- Purpose of Disbursement PAC Payroll Taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81007.E2608 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 8
	Amount of Each Disbursement this Period 2402.82 Category/Type PAC PAYROLL TAXES

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5369.34
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)



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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
The Bob Barr Leadership Fund

A.

Full Name (Last, First, Middle Initial)  
Professional Data Services

Mailing Address 264 N Lumpkin St # 202

City Athens State GA Zip Code 30601-2742

Purpose of Disbursement  
PAC Compliance Consulting

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: 80926.E2572

Date of Disbursement

07 / 11 / 2008

Amount of Each Disbursement this Period

1000.00

PAC COMPLIANCE CONSULTING

B.

Full Name (Last, First, Middle Initial)  
State Farm

Mailing Address 3417 Highway 5

City Douglasville State GA Zip Code 30135-2378

Purpose of Disbursement  
PAC Insurance

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: 80926.E2604

Date of Disbursement

09 / 12 / 2008

Amount of Each Disbursement this Period

100.62

PAC INSURANCE

C.

Full Name (Last, First, Middle Initial)  
Suntrust Bank

Mailing Address P.O. Box 622227

City Orlando State FL Zip Code 32862-

Purpose of Disbursement  
PAC Bank Charges

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: 81007.E2621

Date of Disbursement

07 / 21 / 2008

Amount of Each Disbursement this Period

12.00

PAC BANK CHARGES

SUBTOTAL of Disbursements This Page (optional) ▶

1112.62

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)  
The Bob Barr Leadership Fund

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Suntrust Bank</p> <p>Mailing Address P.O. Box 622227</p> <p>City Orlando State FL Zip Code 32862-</p> <p>Purpose of Disbursement PAC Bank Charges</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><b>Transaction ID:</b> 81007.E2624</p> <p>Date of Disbursement 08 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 5.00</p> <p>PAC BANK CHARGES</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Suntrust Bank</p> <p>Mailing Address P.O. Box 622227</p> <p>City Orlando State FL Zip Code 32862-</p> <p>Purpose of Disbursement PAC Bank Charges</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><b>Transaction ID:</b> 81007.E2627</p> <p>Date of Disbursement 09 / 19 / 2008</p> <p>Amount of Each Disbursement this Period 12.00</p> <p>PAC BANK CHARGES</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) The Georgian Club</p> <p>Mailing Address 100 Galleria Pkwy SE</p> <p>City Atlanta State GA Zip Code 30339-3179</p> <p>Purpose of Disbursement PAC Meeting 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><b>Transaction ID:</b> 81007.E2615</p> <p>Date of Disbursement 09 / 25 / 2008</p> <p>Amount of Each Disbursement this Period 129.00</p> <p>PAC MEETING EXPENSE</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	146.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)  
The Bob Barr Leadership Fund

A.

Full Name (Last, First, Middle Initial)  
Thru Tech

Mailing Address 4760 Springfield Drive

City Atlanta State GA Zip Code 30309-

Purpose of Disbursement  
PAC Computer Expense

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 80926.E2591  
Date of Disbursement

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

Amount of Each Disbursement this Period

222.60
--------

PAC COMPUTER EXPENSE

B.

Full Name (Last, First, Middle Initial)  
Watts & Associates

Mailing Address 2440 Howell Mill Rd NW

City Atlanta State GA Zip Code 30318-1633

Purpose of Disbursement  
PAC Research Expense

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 80926.E2592  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	4		2	0	0	8

Amount of Each Disbursement this Period

6500.00
---------

PAC RESEARCH EXPENSE

C.

Full Name (Last, First, Middle Initial)  
Watts & Associates

Mailing Address 2440 Howell Mill Rd NW

City Atlanta State GA Zip Code 30318-1633

Purpose of Disbursement  
PAC Research Expense

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 81007.E2612  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	0	8

Amount of Each Disbursement this Period

1500.00
---------

PAC RESEARCH EXPENSE

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

8222.60
---------

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 28 / 33

<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)  
The Bob Barr Leadership Fund

A.

Full Name (Last, First, Middle Initial)  
Win Right Data, LLC

Mailing Address C/o 264 N Lumpkin Street # 202

City Athens State GA Zip Code 30601-

Purpose of Disbursement  
Data Work

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 80926.E2605

Date of Disbursement

MM / DD / YYYY  
09 / 04 / 2008

Amount of Each Disbursement this Period

1998.33

DATA WORK

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

1998.33

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

41351.79

# 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 29 / 33

<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)  
The Bob Barr Leadership Fund

A.	Full Name (Last, First, Middle Initial) Buckley for Senate	Transaction ID: 81007.E2614 Date of Disbursement 09 / 23 / 2008
	Mailing Address 5192 Forest View Ct SE	Amount of Each Disbursement this Period 1000.00
	City Mableton State GA Zip Code 30126-5950	
	Purpose of Disbursement CONTRIBUTION	Category/Type
	Candidate Name ALLEN BUCKLEY	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 00	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) Libertarian Party of Georgia	Transaction ID: 80926.E2587 Date of Disbursement 08 / 13 / 2008
	Mailing Address 1874 Piedmont Road, Ste. 590E	Amount of Each Disbursement this Period 1000.00
	City Atlanta State GA Zip Code 31139-	
	Purpose of Disbursement CONTRIBUTION	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) Libertarian Party of Georgia	Transaction ID: 80926.E2588 Date of Disbursement 08 / 20 / 2008
	Mailing Address 1874 Piedmont Road, Ste. 590E	Amount of Each Disbursement this Period 2690.00
	City Atlanta State GA Zip Code 31139-	
	Purpose of Disbursement CONTRIBUTION	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

4690.00

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)

PAGE 30 / 33

<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)  
The Bob Barr Leadership Fund

A.

Full Name (Last, First, Middle Initial)  
The Libertarian National Committee

Transaction ID: 80926.E2581  
Date of Disbursement

Mailing Address 2600 Virginia Ave NW Ste 200

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	0	8

City Washington State DC Zip Code 20037-1918

Amount of Each Disbursement this Period

10000.00
----------

Purpose of Disbursement  
CONTRIBUTION

Category/ Type
-------------------

Candidate Name  
LIBERTARIAN NATIONAL COMMITTEE

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼

CONTRIBUTION

State: District:

B.

Full Name (Last, First, Middle Initial)  
The Libertarian National Committee

Transaction ID: 80926.E2580  
Date of Disbursement

Mailing Address 2600 Virginia Ave NW Ste 200

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	9		2	0	0	8

City Washington State DC Zip Code 20037-1918

Amount of Each Disbursement this Period

2500.00
---------

Purpose of Disbursement  
CONTRIBUTION

Category/ Type
-------------------

Candidate Name  
LIBERTARIAN NATIONAL COMMITTEE

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼

CONTRIBUTION

State: District:

C.

Full Name (Last, First, Middle Initial)  
Libertarian Party of Alabama

Transaction ID: 80926.E2586  
Date of Disbursement

Mailing Address 2330 Highland Ave S

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

City Birmingham State AL Zip Code 35205-2912

Amount of Each Disbursement this Period

5000.00
---------

Purpose of Disbursement  
CONTRIBUTION

Category/ Type
-------------------

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼

CONTRIBUTION

State: District:

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

17500.00
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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 31 / 33

<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)  
The Bob Barr Leadership Fund

<b>A.</b>	Full Name (Last, First, Middle Initial) Libertarian Party of South Carolina <hr/> Mailing Address PO Box 291383 <hr/> City Columbia State SC Zip Code 29229-0024 <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name SOUTH CAROLINA LIBERTARIAN PARTY SCLP Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 80926.E2585 Date of Disbursement 08 / 11 / 2008 <hr/> Amount of Each Disbursement this Period 5000.00 <hr/> CONTRIBUTION
<b>B.</b>	Full Name (Last, First, Middle Initial) Libertarian Party of Connecticut <hr/> Mailing Address PO Box 4069 <hr/> City Wallingford State CT Zip Code 06492-1419 <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 80926.E2582 Date of Disbursement 07 / 31 / 2008 <hr/> Amount of Each Disbursement this Period 5000.00 <hr/> CONTRIBUTION
<b>C.</b>	Full Name (Last, First, Middle Initial) Libertarian Party of New York <hr/> Mailing Address PO Box 728 <hr/> City Bellport State NY Zip Code 11713-0728 <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 80926.E2584 Date of Disbursement 08 / 11 / 2008 <hr/> Amount of Each Disbursement this Period 5000.00 <hr/> CONTRIBUTION

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	15000.00
<b>TOTAL</b> This Period (last page this line number only) .....	37190.00

**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)

PAGE 32 / 33

<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)  
The Bob Barr Leadership Fund

A.	Full Name (Last, First, Middle Initial) Tom W. Clayton for County Commissioner	Transaction ID: 80926.E2583 Date of Disbursement
	Mailing Address PO Box 136793	<input type="text" value="08"/> / <input type="text" value="04"/> / <input type="text" value="2008"/>
	City Fort Worth State TX Zip Code 76136-0793	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION	<input type="text" value="1000.00"/>
	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) Friends of Chip Rogers	Transaction ID: 81007.E2609 Date of Disbursement
	Mailing Address 1105 Parkside Ln	<input type="text" value="09"/> / <input type="text" value="11"/> / <input type="text" value="2008"/>
	City Woodstock State GA Zip Code 30189-5381	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION	<input type="text" value="250.00"/>
	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) Fund for Justice	Transaction ID: 81007.E2610 Date of Disbursement
	Mailing Address PO Box 134	<input type="text" value="09"/> / <input type="text" value="25"/> / <input type="text" value="2008"/>
	City Mount Vernon State VA Zip Code 22121-0134	Amount of Each Disbursement this Period
	Purpose of Disbursement DONATION	<input type="text" value="1000.00"/>
	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>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="2250.00"/>
<b>TOTAL</b> 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)

PAGE 33 / 33

<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

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)  
The Bob Barr Leadership Fund

A. Full Name (Last, First, Middle Initial)  
Oklahomans for Ballot Access Reform

Mailing Address 3527 E 4th St

City Tulsa State OK Zip Code 74112-2613

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 80926.E2596

Date of Disbursement

MM / DD / YYYY  
08 / 20 / 2008

Amount of Each Disbursement this Period

5000.00

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

5000.00

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

7250.00