

# 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  
JEWISH COUNCIL FOR EDUCATION AND RESEARCH

ADDRESS (number and street) 244 5TH AVENUE SUITE M250  
 Check if different than previously reported. (ACC)  
NEW YORK NY 10001

2. **FEC IDENTIFICATION NUMBER** C00452847  
**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 11 04 2008 in the State of \_\_\_\_\_

5. Covering Period 10 16 2008 through 11 24 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 Mikhael Moore  
Signature of Treasurer Electronically Filed by Mikhael Moore Date 12 03 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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
JEWISH COUNCIL FOR EDUCATION AND RESEARCH

Report Covering the Period: From: 

M	M
1	0

D	D
1	6

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
1	1

D	D
2	4

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		0.00
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period .....	54965.01									
(c) Total Receipts (from Line 19) .....	44162.00	229958.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	99127.01	229958.00								
7. Total Disbursements (from Line 31) .....	75613.64	206444.63								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	23513.37	23513.37								
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) .....	57228.64									

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  
JEWISH COUNCIL FOR EDUCATION AND RESEARCH

Report Covering the Period: From: 

M	M
1	0

D	D
1	6

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
1	1

D	D
2	4

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	21080.00	141230.00
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	17582.00	83228.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	38662.00	224458.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	5500.00	5500.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	44162.00	229958.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	44162.00	229958.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	44162.00	229958.00

**DETAILED SUMMARY PAGE**

of Disbursements

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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.....	20000.00	40000.00
(ii) Non-Federal Share.....	20000.00	40000.00
(b) Other Federal Operating Expenditures.....	27171.84	93678.83
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	67171.84	173678.83
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E) .....	8441.80	32765.80
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))..	75613.64	206444.63
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	55613.64	166444.63

**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 .....	44162.00	229958.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	44162.00	229958.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	47171.84	133678.83
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	47171.84	133678.83

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 43

(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

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)  
JEWISH COUNCIL FOR EDUCATION AND RESEARCH

**A.**

Full Name (Last, First, Middle Initial)  
Rachel Bendit

Mailing Address 2002 Scottwood Ave.

City State Zip Code  
Ann Arbor MI 48104

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

Name of Employer Occupation  
none not employed

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 2800.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.7654

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
Georgette Bennett

Mailing Address 45 East 89th Street

City State Zip Code  
New York NY 10128

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

Name of Employer Occupation  
Tanenbaum Center President and Founder

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt

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

Transaction ID: SA11AI.7223

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Adam Berman

Mailing Address 116 johnson rd

City State Zip Code  
Falls Village CT 06031

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

Name of Employer Occupation  
Camp Freedman Director

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 360.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.7689

Amount of Each Receipt this Period  
360.00

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

1460.00

**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: <span style="float: right;">PAGE 7 / 43</span>
	(check only one)
<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"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**JEWISH COUNCIL FOR EDUCATION AND RESEARCH**

<b>A.</b>	Full Name (Last, First, Middle Initial) David Block	Date of Receipt MM / DD / YYYY 10 / 26 / 2008
	Mailing Address 3442 N. Greenview	<b>Transaction ID:</b> SA11AI.7404
	City State Zip Code Chicago IL 60657	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation Nu-Dell Manufacturing Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Hasia Diner	Date of Receipt MM / DD / YYYY 10 / 19 / 2008
	Mailing Address 4 Washington Square Village, #8L	<b>Transaction ID:</b> SA11AI.7177
	City State Zip Code New York NY 10012	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation NYU Professor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Laurel Eisner	Date of Receipt MM / DD / YYYY 10 / 16 / 2008
	Mailing Address 302 west 86th street	<b>Transaction ID:</b> SA11AI.7791
	City State Zip Code New York NY 10024	Amount of Each Receipt this Period -1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation Sanctuary for Families Executive Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ .00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>-650.00</b>
<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 8 / 43  
(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)  
**JEWISH COUNCIL FOR EDUCATION AND RESEARCH**

**A.**

Full Name (Last, First, Middle Initial)  
Laurel Eisner

Mailing Address 302 west 86th street

City State Zip Code  
New York NY 10024

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

Name of Employer Occupation  
Sanctuary for Families Executive Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
10 / 22 / 2008

**Transaction ID:** SA11AI.7389

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Beth Farber

Mailing Address 2 Fifth Avenue, 16M

City State Zip Code  
New York NY 10011

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

Name of Employer Occupation  
self Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
11 / 02 / 2008

**Transaction ID:** SA11AI.7707

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)  
arlene w. fauser

Mailing Address 33 W. 67th St.  
#7fw

City State Zip Code  
NYC NY 10023

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

Name of Employer Occupation  
none not employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
10 / 19 / 2008

**Transaction ID:** SA11AI.7079

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1800.00**

**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 / 43  
(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)  
JEWISH COUNCIL FOR EDUCATION AND RESEARCH

**A.** Full Name (Last, First, Middle Initial)  
Debbie Fleischaker

Mailing Address 653Canyon Road #8

City State Zip Code  
Santa Fe NM 87501

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

Name of Employer self Occupation self

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
10 / 29 / 2008

Transaction ID: SA11AI.7545

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Merle Ginsburg

Mailing Address 7010 SE Harbor Circle

City State Zip Code  
Stuart FL 34996

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 ▼  
1500.00

Date of Receipt  
MM / DD / YYYY  
11 / 07 / 2008

Transaction ID: SA11AI.7787

Amount of Each Receipt this Period  
1500.00

**C.** Full Name (Last, First, Middle Initial)  
Sally Gottesman

Mailing Address 333 W 88th Street

City State Zip Code  
New York NY 10024

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

Name of Employer eleemosynary group Occupation not for profit consultant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1800.00

Date of Receipt  
MM / DD / YYYY  
11 / 04 / 2008

Transaction ID: SA11AI.7723

Amount of Each Receipt this Period  
1800.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3550.00**

**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 10 / 43  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
JEWISH COUNCIL FOR EDUCATION AND RESEARCH

**A.** Full Name (Last, First, Middle Initial)  
Jonathan Katz

Mailing Address 1811 Vernon Street, NW Apt. 302

City Washington State DC Zip Code 20009

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

Name of Employer Subcommittee on Europe, House Committee Occupation Staff Director

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 19 / 2008  
Transaction ID: SA11AI.7179  
Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
mark keller

Mailing Address 2141 Dorchester

City Birmingham State MI Zip Code 48009

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

Name of Employer elm design Occupation sales and marketing

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00

Date of Receipt 10 / 22 / 2008  
Transaction ID: SA11AI.7275  
Amount of Each Receipt this Period 100.00

**C.** Full Name (Last, First, Middle Initial)  
Boris Kofman

Mailing Address 28 Riverside Ave., #8M

City Red Bank State NJ Zip Code 07701-1054

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

Name of Employer Alcatel-Lucent Occupation Engineer

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 29 / 2008  
Transaction ID: SA11AI.7539  
Amount of Each Receipt this Period 400.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1000.00

**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 11 / 43  
(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)  
**JEWISH COUNCIL FOR EDUCATION AND RESEARCH**

**A.** Full Name (Last, First, Middle Initial)  
Linda Kohlenberg

Mailing Address 491 N. Williamsbury Rd.

City Bloomfield Hills State MI Zip Code 48301

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

Name of Employer John R Medical Clinic, P.-C. Occupation Administrative Assistant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 10 / 22 / 2008  
**Transaction ID: SA11AI.7230**

Amount of Each Receipt this Period: 100.00

**B.** Full Name (Last, First, Middle Initial)  
Lyn D. Lear

Mailing Address 1911 Westridge Road

City Los Angeles State CA Zip Code 90049

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

Name of Employer Environmental Media Association Occupation Co-Founder

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt: 10 / 27 / 2008  
**Transaction ID: SA11AI.7770**

Amount of Each Receipt this Period: 2500.00

**C.** Full Name (Last, First, Middle Initial)  
Randie Levin

Mailing Address 1837 Golf Ridge

City Bloomfield Hills State MI Zip Code 48302

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

Name of Employer none Occupation not employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: 11 / 02 / 2008  
**Transaction ID: SA11AI.7705**

Amount of Each Receipt this Period: 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2700.00**

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

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

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

FOR LINE NUMBER: PAGE 12 / 43  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
JEWISH COUNCIL FOR EDUCATION AND RESEARCH

**A.** Full Name (Last, First, Middle Initial)  
Sue Marx

Mailing Address 970 Oak

City Birmingham State MI Zip Code 48009

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

Name of Employer SueMarxFilms Occupation producer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 22 / 2008  
Transaction ID: SA11AI.7362  
Amount of Each Receipt this Period 100.00

**B.** Full Name (Last, First, Middle Initial)  
Bill Persky

Mailing Address 136 East 57th StRoom 1212

City new york State NY Zip Code 10022

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

Name of Employer wp productions Occupation writer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 22 / 2008  
Transaction ID: SA11AI.7381  
Amount of Each Receipt this Period 100.00

**C.** Full Name (Last, First, Middle Initial)  
Ron Poole-Dayn

Mailing Address 6151 Tyndall Ave

City Bronx State NY Zip Code 10471

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

Name of Employer self Occupation marketing

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 02 / 2008  
Transaction ID: SA11AI.7711  
Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 700.00

**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 13 / 43
	<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)  
JEWISH COUNCIL FOR EDUCATION AND RESEARCH

<b>A.</b>	Full Name (Last, First, Middle Initial) Susan Ratner		Date of Receipt
	Mailing Address 19750 Shaker Blvd.		<input type="text" value="10"/> / <input type="text" value="22"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Shaker Heights	OH	44122
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.7244
Name of Employer Bellefairejcb		Occupation social worker	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>	<input type="text" value="50.00"/>

<b>B.</b>	Full Name (Last, First, Middle Initial) Dorine Real		Date of Receipt
	Mailing Address PO Box 26		<input type="text" value="10"/> / <input type="text" value="22"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Westport	CA	95488
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.7271
Name of Employer innkeeper		Occupation self	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="1000.00"/>	<input type="text" value="1000.00"/>

<b>C.</b>	Full Name (Last, First, Middle Initial) Paul Rosen		Date of Receipt
	Mailing Address 25711 Branchaster Road		<input type="text" value="10"/> / <input type="text" value="24"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Farmington Hills	MI	48336
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.7748
Name of Employer Self		Occupation Attorney	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>	<input type="text" value="100.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="1150.00"/>
<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 14 / 43
	<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)  
JEWISH COUNCIL FOR EDUCATION AND RESEARCH

<b>A.</b>	Full Name (Last, First, Middle Initial) Philip D. Rosenthal	Date of Receipt MM / DD / YYYY 10 / 31 / 2008
	Mailing Address 121 Fremont Place	<b>Transaction ID:</b> SA11AI.7775
	City State Zip Code Los Angeles CA 90005	Amount of Each Receipt this Period 1500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Where's Lunch? Occupation Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Ilene Rosenzweig	Date of Receipt MM / DD / YYYY 11 / 07 / 2008
	Mailing Address 103 S Arden Blvd	<b>Transaction ID:</b> SA11AI.7781
	City State Zip Code Los Angeles CA 90004	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Martin Sage	Date of Receipt MM / DD / YYYY 10 / 19 / 2008
	Mailing Address 45 Christopher Street	<b>Transaction ID:</b> SA11AI.7081
	City State Zip Code New York NY 10014	Amount of Each Receipt this Period 360.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer self-employed Occupation writer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2160.00
<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 15 / 43  
(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)  
JEWISH COUNCIL FOR EDUCATION AND RESEARCH

<b>A.</b>	Full Name (Last, First, Middle Initial) Martin Sage		Date of Receipt
	Mailing Address 45 Christopher Street		<input type="text" value="10"/> / <input type="text" value="22"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	New York	NY	10014
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer self-employed		Occupation	Transaction ID: SA11AI.7349
self-employed		writer	
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="720.00"/>	Amount of Each Receipt this Period
<input type="checkbox"/> Other (specify) ▼			<input type="text" value="360.00"/>

<b>B.</b>	Full Name (Last, First, Middle Initial) Sharon Salzberg		Date of Receipt
	Mailing Address 1230 Pleasant St		<input type="text" value="10"/> / <input type="text" value="22"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	barre	MA	01005
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer self		Occupation	Transaction ID: SA11AI.7286
self		author	
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="650.00"/>	Amount of Each Receipt this Period
<input type="checkbox"/> Other (specify) ▼			<input type="text" value="150.00"/>

<b>C.</b>	Full Name (Last, First, Middle Initial) mark schwartz		Date of Receipt
	Mailing Address 375 Lake Park		<input type="text" value="10"/> / <input type="text" value="26"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Birmingham	MI	48009
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer self		Occupation	Transaction ID: SA11AI.7432
self		Psychologist	
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="1000.00"/>	Amount of Each Receipt this Period
<input type="checkbox"/> Other (specify) ▼			<input type="text" value="500.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="1010.00"/>
<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: PAGE 16 / 43

(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)  
JEWISH COUNCIL FOR EDUCATION AND RESEARCH

<b>A.</b>	Full Name (Last, First, Middle Initial) Betsy Sheerr		Date of Receipt
	Mailing Address 225 S. 4th St., Apt. 205		<input type="text" value="10"/> / <input type="text" value="27"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Philadelphia	PA	19106
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Scheerr Communications		Occupation Consultant	<b>Transaction ID:</b> SA11AI.7764
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="500.00"/>	<input type="text" value="500.00"/>

<b>B.</b>	Full Name (Last, First, Middle Initial) John Silva		Date of Receipt
	Mailing Address 2850 Ocean Financial Management		<input type="text" value="11"/> / <input type="text" value="07"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Santa Monica	CA	90405
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Silva Artist Management		Occupation Artist Management	<b>Transaction ID:</b> SA11AI.7779
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="500.00"/>	<input type="text" value="500.00"/>

<b>C.</b>	Full Name (Last, First, Middle Initial) Sheldon Toll		Date of Receipt
	Mailing Address 640 Lone Pine Hill		<input type="text" value="10"/> / <input type="text" value="22"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Bloomfield Hills	MI	48304
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer self		Occupation lawyer	<b>Transaction ID:</b> SA11AI.7260
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="225.00"/>	<input type="text" value="100.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="1100.00"/>
<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: PAGE 17 / 43  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
JEWISH COUNCIL FOR EDUCATION AND RESEARCH

**A.** Full Name (Last, First, Middle Initial)  
Sheldon Toll

Mailing Address 640 Lone Pine Hill

City State Zip Code  
Bloomfield Hills MI 48304

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

Name of Employer self Occupation lawyer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 2 / 2 0 0 8

**Transaction ID:** SA11AI.7265

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Margaret C. Vento

Mailing Address

City State Zip Code  
Palm Beach FL 33480

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

Name of Employer Self Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 2 / 2 0 0 8

**Transaction ID:** SA11AI.7747

Amount of Each Receipt this Period  
5000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **5100.00**

**TOTAL** This Period (last page this line number only) ..... ► **21080.00**

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 43

(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)  
JEWISH COUNCIL FOR EDUCATION AND RESEARCH

**A.**

Full Name (Last, First, Middle Initial)  
JERRYS POLITICAL ACTION COMMITTEE (JERRYS PAC)

Mailing Address Village Station, PO Box 19

City State Zip Code  
New York NY 10014

FEC ID number of contributing federal political committee. **C** C00363317

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt

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

Transaction ID: SA11C.7730

Amount of Each Receipt this Period

1500.00

**B.**

Full Name (Last, First, Middle Initial)  
JSTREETPAC

Mailing Address PO Box 33106

City State Zip Code  
Washington DC 20033

FEC ID number of contributing federal political committee. **C** C00441949

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt

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

Transaction ID: SA11C.7728

Amount of Each Receipt this Period

2500.00

**C.**

Full Name (Last, First, Middle Initial)  
KLEIN FOR CONGRESS

Mailing Address 21301 Powerline Road, Suite 204

City State Zip Code  
Boca Raton FL 33431

FEC ID number of contributing federal political committee. **C** C00410522

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt

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

Transaction ID: SA11C.7732

Amount of Each Receipt this Period

1500.00

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

5500.00

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

5500.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
JEWISH COUNCIL FOR EDUCATION AND RESEARCH

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Auburn Quad., LLC</p> <p>Mailing Address PO Box 390728</p> <p>City Cambridge State MA Zip Code 02139</p> <p>Purpose of Disbursement Credit Card Processing Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President 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> SB21B.7023</p> <p>Date of Disbursement 10 / 19 / 2008</p> <p>Amount of Each Disbursement this Period 282.49</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Auburn Quad., LLC</p> <p>Mailing Address PO Box 390728</p> <p>City Cambridge State MA Zip Code 02139</p> <p>Purpose of Disbursement Credit Card Processing Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President 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> SB21B.7025</p> <p>Date of Disbursement 10 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 278.57</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Auburn Quad., LLC</p> <p>Mailing Address PO Box 390728</p> <p>City Cambridge State MA Zip Code 02139</p> <p>Purpose of Disbursement Credit Card Processing Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President 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> SB21B.7026</p> <p>Date of Disbursement 10 / 26 / 2008</p> <p>Amount of Each Disbursement this Period 66.69</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>627.75</b>
<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)  
JEWISH COUNCIL FOR EDUCATION AND RESEARCH

A.	Full Name (Last, First, Middle Initial) Auburn Quad., LLC	Transaction ID: SB21B.7027 Date of Disbursement
	Mailing Address PO Box 390728	<input type="text" value="10"/> <input type="text" value="29"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Cambridge State MA Zip Code 02139	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fees	<input type="text" value="213.27"/>
	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) Auburn Quad., LLC	Transaction ID: SB21B.7028 Date of Disbursement
	Mailing Address PO Box 390728	<input type="text" value="11"/> <input type="text" value="02"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Cambridge State MA Zip Code 02139	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fees	<input type="text" value="74.68"/>
	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) Auburn Quad., LLC	Transaction ID: SB21B.7029 Date of Disbursement
	Mailing Address PO Box 390728	<input type="text" value="11"/> <input type="text" value="04"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Cambridge State MA Zip Code 02139	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fees	<input type="text" value="75.45"/>
	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="363.40"/>
<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)

<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)  
JEWISH COUNCIL FOR EDUCATION AND RESEARCH

A.	Full Name (Last, First, Middle Initial) Chase	Transaction ID: SB21B.7797 Date of Disbursement 10 / 20 / 2008
	Mailing Address PO Box 260180	
	City Baton Rouge State LA Zip Code 70826	Amount of Each Disbursement this Period 5162.78
	Purpose of Disbursement Credit Card	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Virgin America	Transaction ID: SB21B.7797.0 Date of Disbursement 09 / 11 / 2008
	Mailing Address 555 Airport Blvd, Fl. 2	
	City Burlingame State CA Zip Code 94010	Amount of Each Disbursement this Period 271.20
	Purpose of Disbursement Travel	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) Virgin America	Transaction ID: SB21B.7797.2 Date of Disbursement 09 / 23 / 2008
	Mailing Address 555 Airport Blvd, Fl. 2	
	City Burlingame State CA Zip Code 94010	Amount of Each Disbursement this Period 8.99
	Purpose of Disbursement	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	5162.78
<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)  
JEWISH COUNCIL FOR EDUCATION AND RESEARCH

<p><b>A.</b> Full Name (Last, First, Middle Initial) Virgin America</p> <p>Mailing Address 555 Airport Blvd, Fl. 2</p> <p>City Burlingame State CA Zip Code 94010</p> <p>Purpose of Disbursement</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> SB21B.7797.3 <b>Date of Disbursement</b> 09 / 24 / 2008</p> <p>Amount of Each Disbursement this Period 8.00</p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) FedexKinkos</p> <p>Mailing Address 942 South Shady Grove Road</p> <p>City Memphis State TN Zip Code 38120</p> <p>Purpose of Disbursement Overnight Shipping</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> SB21B.7797.8 <b>Date of Disbursement</b> 09 / 25 / 2008</p> <p>Amount of Each Disbursement this Period 145.59</p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Staples</p> <p>Mailing Address 5-9 Union Square West</p> <p>City New York State NY Zip Code 10003</p> <p>Purpose of Disbursement Office Supplies</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> SB21B.7797.9 <b>Date of Disbursement</b> 09 / 25 / 2008</p> <p>Amount of Each Disbursement this Period 103.24</p> <p><b>[MEMO ITEM]</b></p>

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

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
JEWISH COUNCIL FOR EDUCATION AND RESEARCH

A.	Full Name (Last, First, Middle Initial) FedexKinkos	Transaction ID: SB21B.7797.10 Date of Disbursement
	Mailing Address 942 South Shady Grove Road	<input type="text" value="10"/> / <input type="text" value="02"/> / <input type="text" value="2008"/>
	City Memphis State TN Zip Code 38120	Amount of Each Disbursement this Period
	Purpose of Disbursement Overnight Shipping	<input type="text" value="8.19"/>
	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) Taylor Maggenheim	Transaction ID: SB21B.7797.12 Date of Disbursement
	Mailing Address 626 N. Flores St. Apt. 301	<input type="text" value="10"/> / <input type="text" value="05"/> / <input type="text" value="2008"/>
	City Los Angeles State CA Zip Code 90048	Amount of Each Disbursement this Period
	Purpose of Disbursement Travel	<input type="text" value="460.00"/>
	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) ▼
		[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) Chase	Transaction ID: SB21B.7797.13 Date of Disbursement
	Mailing Address PO Box 260180	<input type="text" value="10"/> / <input type="text" value="06"/> / <input type="text" value="2008"/>
	City Baton Rouge State LA Zip Code 70826	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Fee	<input type="text" value="39.00"/>
	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) ▼
		[MEMO ITEM]

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

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<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)  
JEWISH COUNCIL FOR EDUCATION AND RESEARCH

**A.** Full Name (Last, First, Middle Initial)  
American Airlines

Mailing Address 4333 Amon Carter Blvd.

City Forth Worth State TX Zip Code 76155

Purpose of Disbursement Travel

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: SB21B.7797.14  
Date of Disbursement 09 / 10 / 2008

Amount of Each Disbursement this Period 364.50

[MEMO ITEM]

**B.** Full Name (Last, First, Middle Initial)  
Dollar Rent-a-Car

Mailing Address PO Box 33167

City Tulsa State OK Zip Code 74153

Purpose of Disbursement Car Rental

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: SB21B.7797.23  
Date of Disbursement 09 / 24 / 2008

Amount of Each Disbursement this Period 51.33

[MEMO ITEM]

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

Mailing Address 1600 Ampitheatre Parkway

City Mountain View State CA Zip Code 94043

Purpose of Disbursement Advertising

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: SB21B.7797.26  
Date of Disbursement 09 / 28 / 2008

Amount of Each Disbursement this Period 214.89

[MEMO ITEM]

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

0.00

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



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 25 / 43

<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)  
JEWISH COUNCIL FOR EDUCATION AND RESEARCH

A.	Full Name (Last, First, Middle Initial) Spirit Air	Transaction ID: SB21B.7797.27 Date of Disbursement 10 / 04 / 2008
	Mailing Address 2800 Executive Way	Amount of Each Disbursement this Period 219.50
	City Miramar State FL Zip Code 33025	
	Purpose of Disbursement Travel	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) Spirit Air	Transaction ID: SB21B.7797.28 Date of Disbursement 10 / 04 / 2008
	Mailing Address 2800 Executive Way	Amount of Each Disbursement this Period 15.00
	City Miramar State FL Zip Code 33025	
	Purpose of Disbursement Travel	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) Jet Blue	Transaction ID: SB21B.7797.31 Date of Disbursement 10 / 04 / 2008
	Mailing Address 118-29 Queens Blvd.	Amount of Each Disbursement this Period 224.50
	City Forest Hills State NY Zip Code 11375	
	Purpose of Disbursement Travel	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<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)  
JEWISH COUNCIL FOR EDUCATION AND RESEARCH

A.	Full Name (Last, First, Middle Initial) Rabinowitz Dorf Communications	Transaction ID: SB21B.7797.32 Date of Disbursement 09 / 29 / 2008
	Mailing Address 2852 Connecticut Ave., NW	Amount of Each Disbursement this Period 10000.00
	City Washington State DC Zip Code 20008	
	Purpose of Disbursement PR Consulting	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) Chase	Transaction ID: SB21B.7854 Date of Disbursement 11 / 03 / 2008
	Mailing Address PO Box 260180	Amount of Each Disbursement this Period 91.70
	City Baton Rouge State LA Zip Code 70826	
	Purpose of Disbursement Credit Card	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Chase	Transaction ID: SB21B.7862 Date of Disbursement 11 / 21 / 2008
	Mailing Address PO Box 260180	Amount of Each Disbursement this Period 373.00
	City Baton Rouge State LA Zip Code 70826	
	Purpose of Disbursement Credit Card-Balance on Debt Sched	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	464.70
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
JEWISH COUNCIL FOR EDUCATION AND RESEARCH

A.	Full Name (Last, First, Middle Initial) Getty Images	Transaction ID: SB21B.7862.0
	Mailing Address 601 North 34th Street	Date of Disbursement 10 / 18 / 2008
	City Seattle State WA Zip Code 98103	Amount of Each Disbursement this Period 496.00
	Purpose of Disbursement Pictures	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) Chase	Transaction ID: SB21B.7862.2
	Mailing Address PO Box 260180	Date of Disbursement 10 / 31 / 2008
	City Baton Rouge State LA Zip Code 70826	Amount of Each Disbursement this Period -10.00
	Purpose of Disbursement Statement Credit	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) Chase	Transaction ID: SB21B.7870
	Mailing Address PO Box 260180	Date of Disbursement 11 / 21 / 2008
	City Baton Rouge State LA Zip Code 70826	Amount of Each Disbursement this Period 352.00
	Purpose of Disbursement Credit Card	
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

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

352.00

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 28 / 43

<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)  
JEWISH COUNCIL FOR EDUCATION AND RESEARCH

A.	Full Name (Last, First, Middle Initial) Chase Mailing Address PO Box 260180 City Baton Rouge State LA Zip Code 70826 Purpose of Disbursement Credit Card Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.7870.0 Date of Disbursement 10 / 07 / 2008	Amount of Each Disbursement this Period 39.00 [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) Rabinowitz Dorf Communications Mailing Address 2852 Connecticut Ave., NW City Washington State DC Zip Code 20008 Purpose of Disbursement PR Consulting Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.7870.1 Date of Disbursement 10 / 20 / 2008	Amount of Each Disbursement this Period 10000.00 [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) Jet Blue Mailing Address 118-29 Queens Blvd. City Forest Hills State NY Zip Code 11375 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.7870.3 Date of Disbursement 10 / 27 / 2008	Amount of Each Disbursement this Period 279.00 [MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<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)  
JEWISH COUNCIL FOR EDUCATION AND RESEARCH

A.	Full Name (Last, First, Middle Initial) Budget Rent-a-Car	Transaction ID: SB21B.7870.9 Date of Disbursement
	Mailing Address 6 Sylvan Way	<input type="text" value="10"/> <input type="text" value="14"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Parsippany State NJ Zip Code 07054	Amount of Each Disbursement this Period
	Purpose of Disbursement Travel	<input type="text" value="320.73"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) Google	Transaction ID: SB21B.7870.13 Date of Disbursement
	Mailing Address 1600 Ampitheatre Parkway	<input type="text" value="10"/> <input type="text" value="28"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Mountain View State CA Zip Code 94043	Amount of Each Disbursement this Period
	Purpose of Disbursement Advertising	<input type="text" value="18.95"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) Compupay	Transaction ID: SB21B.7018 Date of Disbursement
	Mailing Address 1250 Broadway	<input type="text" value="10"/> <input type="text" value="17"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City New York State NY Zip Code 10001	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll Taxes	<input type="text" value="3726.46"/>
	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="3726.46"/>
<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)

<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)  
JEWISH COUNCIL FOR EDUCATION AND RESEARCH

<p><b>A.</b> Full Name (Last, First, Middle Initial) Compupay</p> <p>Mailing Address 1250 Broadway</p> <p>City New York State NY Zip Code 10001</p> <p>Purpose of Disbursement Payroll Processing Fee</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> SB21B.7020</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <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="41.71"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Compupay</p> <p>Mailing Address 1250 Broadway</p> <p>City New York State NY Zip Code 10001</p> <p>Purpose of Disbursement Payroll Taxes</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> SB21B.7019</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <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="3726.46"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Compupay</p> <p>Mailing Address 1250 Broadway</p> <p>City New York State NY Zip Code 10001</p> <p>Purpose of Disbursement Payroll Processing Fee</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> SB21B.7021</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <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="41.71"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="3809.88"/>
<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)

<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)  
JEWISH COUNCIL FOR EDUCATION AND RESEARCH

<p><b>A.</b> Full Name (Last, First, Middle Initial) Jet Blue</p> <p>Mailing Address 118-29 Queens Blvd.</p> <p>City Forest Hills State NY Zip Code 11375</p> <p>Purpose of Disbursement Travel</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> SB21B.7851</p> <p>Date of Disbursement  <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>0</td><td>3</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period  <table border="1"> <tr> <td>551.93</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	3	/	2	0	0	8	551.93
M	M	/	D	D	/	Y	Y	Y	Y													
1	1	/	0	3	/	2	0	0	8													
551.93																						
<p><b>B.</b> Full Name (Last, First, Middle Initial) Mikhael Moore</p> <p>Mailing Address 630 Fort Washington Ave</p> <p>City New York State NY Zip Code 10040</p> <p>Purpose of Disbursement Payroll</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> SB21B.7017</p> <p>Date of Disbursement  <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>1</td><td>7</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period  <table border="1"> <tr> <td>2741.57</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	1	7	/	2	0	0	8	2741.57
M	M	/	D	D	/	Y	Y	Y	Y													
1	0	/	1	7	/	2	0	0	8													
2741.57																						
<p><b>C.</b> Full Name (Last, First, Middle Initial) Mikhael Moore</p> <p>Mailing Address 630 Fort Washington Ave</p> <p>City New York State NY Zip Code 10040</p> <p>Purpose of Disbursement Payroll</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> SB21B.7022</p> <p>Date of Disbursement  <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>3</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period  <table border="1"> <tr> <td>2741.57</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	3	1	/	2	0	0	8	2741.57
M	M	/	D	D	/	Y	Y	Y	Y													
1	0	/	3	1	/	2	0	0	8													
2741.57																						

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<table border="1"> <tr> <td>6035.07</td> </tr> </table>	6035.07
6035.07		
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<table border="1"> <tr> <td> </td> </tr> </table>	

**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

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)  
JEWISH COUNCIL FOR EDUCATION AND RESEARCH

A.	Full Name (Last, First, Middle Initial) Verizon	Transaction ID: SB21B.7852 Date of Disbursement 11 / 03 / 2008
	Mailing Address 140 West Street	Amount of Each Disbursement this Period 193.66
	City New York State NY Zip Code 10007	
	Purpose of Disbursement Phone 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) Ari Wallach	Transaction ID: SB21B.7016 Date of Disbursement 10 / 17 / 2008
	Mailing Address 307 West 76th #B	Amount of Each Disbursement this Period 3218.07
	City New York State NY Zip Code 10023	
	Purpose of Disbursement Payroll 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) Ari Wallach	Transaction ID: SB21B.7030 Date of Disbursement 10 / 31 / 2008
	Mailing Address 307 West 76th #B	Amount of Each Disbursement this Period 3218.07
	City New York State NY Zip Code 10023	
	Purpose of Disbursement Payroll 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) .....	<b>6629.80</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>27171.84</b>



**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
JEWISH COUNCIL FOR EDUCATION AND RESEARCH

<b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Chase			Nature of Debt (Purpose): Credit Card
Mailing Address PO Box 260180			
City Baton Rouge	State LA	ZIP Code 70826	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>		<b>Transaction ID: SD10.7861</b>	
Amount Incurred This Period <input type="text" value="118.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="118.00"/>	

<b>B. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Chase			Nature of Debt (Purpose): Credit Card
Mailing Address PO Box 260180			
City Baton Rouge	State LA	ZIP Code 70826	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>		<b>Transaction ID: SD10.7869</b>	
Amount Incurred This Period <input type="text" value="10919.14"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="10919.14"/>	

<b>C. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Cleveland Jewish News			Nature of Debt (Purpose): Advertising
Mailing Address 23880 Commerce Park			
City Beachwood	State OH	ZIP Code 44122	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>		<b>Transaction ID: SD10.7874</b>	
Amount Incurred This Period <input type="text" value="1625.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1625.00"/>	

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<input type="text" value="12662.14"/>
<b>2) TOTALS</b> This Period (last page this line number only).....	<input type="text"/>
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
JEWISH COUNCIL FOR EDUCATION AND RESEARCH

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Droga5	Nature of Debt (Purpose): Video Production
Mailing Address 400 Lafayette	
City State ZIP Code New York NY 10003	

Outstanding Balance Beginning This Period 15000.00	<b>Transaction ID:</b> SD10.4111	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 15000.00

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Jewish Journal	Nature of Debt (Purpose): Advertising
Mailing Address 1701B Green Road	
City State ZIP Code Deerfield Beach FL 33064	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID:</b> SD10.7872	
Amount Incurred This Period 4748.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 4748.00

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Revise Films	Nature of Debt (Purpose): Film Production
Mailing Address Rechov HaRav	
City State ZIP Code Jerusalem ZZ	

Outstanding Balance Beginning This Period 2000.00	<b>Transaction ID:</b> SD10.7796	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2000.00

1) <b>SUBTOTALS</b> This Period This Page (optional).....	▶	21748.00
2) <b>TOTALS</b> This Period (last page this line number only).....	▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	▶	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
JEWISH COUNCIL FOR EDUCATION AND RESEARCH

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Sandler, Reiff & Young, PC	Nature of Debt (Purpose): Legal Services
Mailing Address 300 M Street, SE Suite 1102	
City State ZIP Code Washington DC 20003	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID: SD10.7900</b>	
Amount Incurred This Period 2692.50	Payment This Period 0.00	Outstanding Balance at Close of This Period 2692.50

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor St. Louis Jewish Light	Nature of Debt (Purpose): Advertising
Mailing Address 6 Millstone Campus	
City State ZIP Code St. Louis MO 63146	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID: SD10.7860</b>	
Amount Incurred This Period 17296.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 17296.00

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Studio Guild	Nature of Debt (Purpose): Rent
Mailing Address 18 W 27th Street	
City State ZIP Code New York NY 10001	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID: SD10.7899</b>	
Amount Incurred This Period 1350.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1350.00

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<b>21338.50</b>
<b>2) TOTALS</b> This Period (last page this line number only).....	
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 36 / 43	
	FOR LINE NUMBER: (check only one)	<input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**JEWISH COUNCIL FOR EDUCATION AND RESEARCH**

<b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Washtenaw Jewish News			Nature of Debt (Purpose): Advertisement
Mailing Address 2935 Birch Hollow Drive			
City Ann Arbor	State MI	ZIP Code 48108	

Outstanding Balance Beginning This Period		<b>Transaction ID: SD10.7793</b>	
1480.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	1480.00	

1) <b>SUBTOTALS</b> This Period This Page (optional).....	1480.00
2) <b>TOTALS</b> This Period (last page this line number only).....	57228.64
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	57228.64

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) JEWISH COUNCIL FOR EDUCATION AND RESEARCH	FEC IDENTIFICATION NUMBER <b>C</b> C00452847
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
Cleveland Jewish News

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

Mailing Address  
23880 Commerce Park

Amount  
1625.00

City State Zip Code  
Beachwood OH 44122

Transaction ID: SE.7873  
Office Sought:  House State: DC  
 Senate District: \_\_\_\_\_  
 Presidential

Purpose of Expenditure Category/Type  
Newspaper Ad

Name of Federal Candidate supported or Opposed by expenditure:  
BARACK OBAMA

Check One:  Support  Oppose

Calendar Year-To-Date Per Election for Office Sought  
32265.80

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2008  
**[MEMO ITEM]**

Full Name (Last, First, Middle, Initial) of Payee  
Detroit Jewish News

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

Mailing Address  
P.O. Box 2267

Amount  
1650.00

City State Zip Code  
Southfield MI 48037

Transaction ID: SE.6904  
Office Sought:  House State: DC  
 Senate District: \_\_\_\_\_  
 Presidential

Purpose of Expenditure Category/Type  
Newspaper Ad

Name of Federal Candidate supported or Opposed by expenditure:  
BARACK OBAMA

Check One:  Support  Oppose

Calendar Year-To-Date Per Election for Office Sought  
25974.00

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2008

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	1650.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures .....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mikhael Moore  
Signature

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

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) JEWISH COUNCIL FOR EDUCATION AND RESEARCH	FEC IDENTIFICATION NUMBER <b>C</b> C00452847
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
Detroit Jewish News

Mailing Address  
P.O. Box 2267

City State Zip Code  
Southfield MI 48037

Purpose of Expenditure Category/Type  
Newspaper Ad

Name of Federal Candidate supported or Opposed by expenditure:  
BARACK OBAMA

Calendar Year-To-Date Per Election for Office Sought **27988.95**

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

Amount  
**330.00**

Transaction ID: SE.6908

Office Sought:  House State: DC  
 Senate District: \_\_\_\_\_  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2008

Full Name (Last, First, Middle, Initial) of Payee  
Jewish Journal

Mailing Address  
1701B Green Road

City State Zip Code  
Deerfield Beach FL 33064

Purpose of Expenditure Category/Type  
Advertisement

Name of Federal Candidate supported or Opposed by expenditure:  
BARACK OBAMA

Calendar Year-To-Date Per Election for Office Sought **27658.95**

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

Amount  
**1684.95**

Transaction ID: SE.6905

Office Sought:  House State: DC  
 Senate District: \_\_\_\_\_  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2008

(a) SUBTOTAL of Itemized Independent Expenditures .....	<b>2014.95</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures .....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mikhael Moore  
Signature

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

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) JEWISH COUNCIL FOR EDUCATION AND RESEARCH	<b>FEC IDENTIFICATION NUMBER</b> <b>C</b> C00452847
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
Jewish Journal

Mailing Address  
1701B Green Road

City Deerfield Beach	State FL	Zip Code 33064
-------------------------	-------------	-------------------

Purpose of Expenditure Advertisement	Category/ Type
---	-------------------

Name of Federal Candidate supported or Opposed by expenditure:  
BARACK OBAMA

Calendar Year-To-Date Per Election for Office Sought	29673.90
---	----------

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

Amount  
1684.95

Transaction ID: SE.6910

Office Sought:  House State: DC  
 Senate District: \_\_\_\_\_  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
 2008

Full Name (Last, First, Middle, Initial) of Payee  
Jewish Journal

Mailing Address  
1701B Green Road

City Deerfield Beach	State FL	Zip Code 33064
-------------------------	-------------	-------------------

Purpose of Expenditure Advertisement	Category/ Type
---	-------------------

Name of Federal Candidate supported or Opposed by expenditure:  
BARACK OBAMA

Calendar Year-To-Date Per Election for Office Sought	29673.90
---	----------

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

Amount  
0.00

Transaction ID: SE.7006

Office Sought:  House State: DC  
 Senate District: \_\_\_\_\_  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
 2008

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	1684.95
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures .....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mikhael Moore  
Signature

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

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) JEWISH COUNCIL FOR EDUCATION AND RESEARCH	FEC IDENTIFICATION NUMBER <b>C</b> C00452847
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
Jewish Journal

Mailing Address  
1701B Green Road

City State Zip Code  
Deerfield Beach FL 33064

Purpose of Expenditure Category/Type  
Advertisement

Name of Federal Candidate supported or Opposed by expenditure:  
BARACK OBAMA

Calendar Year-To-Date Per Election for Office Sought 29673.90

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

Amount  
4748.00

Transaction ID: SE.7871

Office Sought:  House State: DC  
 Senate District: \_\_\_\_\_  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2008 **[MEMO ITEM]**

Full Name (Last, First, Middle, Initial) of Payee  
Jewish Journal

Mailing Address  
1701B Green Road

City State Zip Code  
Deerfield Beach FL 33064

Purpose of Expenditure Category/Type  
Advertisement

Name of Federal Candidate supported or Opposed by expenditure:  
BARACK OBAMA

Calendar Year-To-Date Per Election for Office Sought 31358.85

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

Amount  
1684.95

Transaction ID: SE.7005

Office Sought:  House State: DC  
 Senate District: \_\_\_\_\_  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2008

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	1684.95
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures .....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mikhael Moore  
Signature

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



# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) JEWISH COUNCIL FOR EDUCATION AND RESEARCH	FEC IDENTIFICATION NUMBER <b>C</b> C00452847
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
Jewish Journal

Mailing Address  
1701B Green Road

City State Zip Code  
Deerfield Beach FL 33064

Purpose of Expenditure Category/Type  
Advertisement

Name of Federal Candidate supported or Opposed by expenditure:  
BARACK OBAMA

Calendar Year-To-Date Per Election for Office Sought 32265.80

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

Amount  
906.95

Transaction ID: SE.7011

Office Sought:  House State: DC  
 Senate District: \_\_\_\_\_  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2008

Full Name (Last, First, Middle, Initial) of Payee  
Revise Films

Mailing Address  
Rechov HaRav

City State Zip Code  
Jerusalem ZZ

Purpose of Expenditure Category/Type  
Video Production

Name of Federal Candidate supported or Opposed by expenditure:  
BARACK OBAMA

Calendar Year-To-Date Per Election for Office Sought 32765.80

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

Amount  
500.00

Transaction ID: SE.7858

Office Sought:  House State: DC  
 Senate District: \_\_\_\_\_  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2008

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	1406.95
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures .....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mikhael Moore  
Signature

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

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) JEWISH COUNCIL FOR EDUCATION AND RESEARCH		FEC IDENTIFICATION NUMBER <b>C</b> C00452847	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee St. Louis Jewish Light		Date M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 8	
Mailing Address 6 Millstone Campus		Amount 17296.00	
City State Zip Code St. Louis MO 63146		Transaction ID: SE.7859	
Purpose of Expenditure Advertising		Office Sought: <input type="checkbox"/> House State: DC <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008	
		<b>[MEMO ITEM]</b>	
		32265.80	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	0.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures .....	8441.80
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Mikhael Moore Signature	Date M M / D D / Y Y Y Y 1 2 / 0 3 / 2 0 0 8

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
JEWISH COUNCIL FOR EDUCATION AND RESEARCH

**A. Full Name (Last, First, Middle Initial)**  
Liberty Concepts, Inc.

Mailing Address  
119 Braintree St.

City	State	Zip Code
Boston	MA	02134

Purpose of Disbursement:  
Website Development

Category/  
Type

Type of Allocated Activity:

- Administrative     Fundraising     Exempt  
 Voter Drive     Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

80000.00

Activity or Event Identifier:  
Administrative

Date 

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

Transaction ID: H4.7850

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
20000.00		20000.00		40000.00

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
20000.00		20000.00		40000.00

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
20000.00		20000.00		40000.00