

# FEC FORM 3X

## REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED  
FEC MAIL CENTER

2008 FEB -4 AM 10:10

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

V O T E O U T I N C U M B E N T S D E M O C R A C Y

ADDRESS (number and street)

P.O. BOX 1271

Check if different  
than previously  
reported. (ACC)

SPRINGBRANCH

TX

78070-4401

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C 0 0 4 2 3 4 6 7

3. IS THIS  
REPORT

X

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)

X January 31  
Year-End 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 (12S)

Election on

M M / D D / Y Y Y Y

in the  
State of

(d) 30-Day  
POST-Election  
Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

M M / D D / Y Y Y Y

in the  
State of

5. Covering Period

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

through

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

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

DANIEL SCOTT SUMMARS

Signature of Treasurer

*Daniel Summars*

Date

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

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

Office  
Use  
Only

FEC FORM 3X  
Rev. 12/2004

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

**V O T E O U T I N C U M B E N T S D E M O C R A C Y**

Report Covering the Period: From: <sup>M M / D D / Y Y Y Y</sup> 0 7 / 0 1 / 2 0 0 7 To: <sup>M M / D D / Y Y Y Y</sup> 1 2 / 3 1 / 2 0 0 7

	<b>COLUMN A This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
6. (a) Cash on Hand January 1, <sup>Y Y Y Y</sup> 2 0 0 7		1 4 6 0 . 6 5
(b) Cash on Hand at Beginning of Reporting Period.....	1 5 9 6 . 0 6	
(c) Total Receipts (from Line 19).....	5 5 0 . 4 6	1 4 6 2 . 0 6
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	2 , 1 4 6 . 5 2	2 , 9 2 2 . 7 1
7. Total Disbursements (from Line 31).....	6 7 2 . 1 9	1 , 4 4 8 . 3 8
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	1 4 7 4 . 3 3	1 , 4 7 4 . 3 3
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0	

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

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**V O T E   O U T   I N C U M B E N T S   D E M O C R A C Y**

Report Covering the Period: From: <sup>M</sup>0 <sup>M</sup>7 / <sup>D</sup>0 <sup>D</sup>1 / <sup>Y</sup>2 <sup>Y</sup>0 <sup>Y</sup>0 <sup>Y</sup>7 To: <sup>M</sup>1 <sup>M</sup>2 / <sup>D</sup>3 <sup>D</sup>1 / <sup>Y</sup>2 <sup>Y</sup>0 <sup>Y</sup>0 <sup>Y</sup>7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	5 5 0 . 4 6	1, 4 6 2 . 0 6
(ii) Unitemized .....	0	0
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	5 5 0 . 4 6	1, 4 6 2 . 0 6
(b) Political Party Committees .....	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶	5 5 0 . 4 6	1, 4 6 2 . 0 6
12. Transfers From Affiliated/Other Party Committees .....	0	0
13. All Loans Received .....	0	0
14. Loan Repayments Received.....	0	0
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0	0
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0	0
17. Other Federal Receipts (Dividends, Interest, etc.).....	0	0
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0	0
(b) Levin Funds (from Schedule H5).....	0	0
(c) Total Transfers (add 18(a) and 18(b))..	0	0
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	5 5 0 . 4 6	1, 4 6 2 . 0 6
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	5 5 0 . 4 6	1, 4 6 2 . 0 6

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0	0
(ii) Non-Federal Share.....	0	0
(b) Other Federal Operating Expenditures .....	6 7 2 1 9	1 4 4 8 3 8
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	6 7 2 1 9	1 4 4 8 3 8
22. Transfers to Affiliated/Other Party Committees.....	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0	0
24. Independent Expenditures (use Schedule E) .....	0	0
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0	0
26. Loan Repayments Made.....	0	0
27. Loans Made.....	0	0
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0	0
(b) Political Party Committees .....	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0	0
29. Other Disbursements .....	0	0
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0	0
(ii) "Levin" Share.....	0	0
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0	0
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).....	0	0
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	6 7 2 1 9	1 4 4 8 3 8
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	6 7 2 1 9	1 4 4 8 3 8

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Ex- penditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	5 5 0 . 4 6	1 4 6 2 . 0 6
34. Total Contribution Refunds (from Line 28(d)) .....	0	0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	5 5 0 . 4 6	1 4 6 2 . 0 6
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	6 7 2 . 1 9	1 4 4 8 . 3 8
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0	0
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	6 7 2 . 1 9	1 4 4 8 . 3 8

28039620115

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

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

FOR LINE NUMBER: PAGE 1 OF 4  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

V O T E O U T I N C U M B E N T S D E M O C R A C Y

<b>A.</b> Full Name (Last, First, Middle Initial) Remer, David R.		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 6 / 2 0 0 7	
Mailing Address 30543 FM 306		Amount of Each Receipt this Period 1 2 7 . 5 0	
City Spring Branch	State TX	Zip Code 78070	
FEC ID number of contributing federal political committee. C			
Name of Employer Self-employed		Occupation consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Bumper/Window Stickers		Aggregate Year-to-Date ▼ 1 0 8 9 . 6 2	
<b>B.</b> Full Name (Last, First, Middle Initial) Remer, David R.		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 7 / 2 0 0 7	
Mailing Address 30543 FM 306		Amount of Each Receipt this Period 1 0 9 . 3 2	
City Spring Branch	State TX	Zip Code 78070	
FEC ID number of contributing federal political committee. C			
Name of Employer Self-employed		Occupation consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ In-Kind Donation - web-hosting		Aggregate Year-to-Date ▼ 1 0 8 9 . 6 2	
<b>C.</b> Full Name (Last, First, Middle Initial) Remer, David R.		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 3 / 2 0 0 7	
Mailing Address 30543 FM 306		Amount of Each Receipt this Period 6 5 . 0 0	
City Spring Branch	State TX	Zip Code 78070	
FEC ID number of contributing federal political committee. C			
Name of Employer Self-employed		Occupation consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Cash Donation		Aggregate Year-to-Date ▼ 1 0 8 9 . 6 2	
<b>SUBTOTAL</b> of Receipts This Page (optional).....▶		3 0 1 . 8 2	
<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 2 OF 4

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

VOTE OUT INCUMBENTS DEMOCRACY

Full Name (Last, First, Middle Initial)

A. Remer, David R.

Mailing Address

30543 FM 306

City

Spring Branch

State

TX

Zip Code

78070

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation  
consultant

Receipt For:

☐ Primary ☐ General

☒ Other (specify) ▼

Membership fee

Aggregate Year-to-Date ▼

1 0 8 9 6 2

Date of Receipt

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

Amount of Each Receipt this Period

2 5 0 0

Full Name (Last, First, Middle Initial)

B. Drueding, Charles

Mailing Address

9811 Cuddy Court

City

Fort Myers

State

FL

Zip Code

33919

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General

☒ Other (specify) ▼

Membership fee

Aggregate Year-to-Date ▼

1 5 7 5

Date of Receipt

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

Amount of Each Receipt this Period

1 5 7 5

Full Name (Last, First, Middle Initial)

C. Kawka, Pawel

Mailing Address

Robakiewicza 9, 32-200 Plock

City

Plock

State

Poland (Europe)

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General

☒ Other (specify) ▼

Membership fee

Aggregate Year-to-Date ▼

1 5 7 5

Date of Receipt

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

Amount of Each Receipt this Period

1 5 7 5

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

5 6 5 0

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 3 OF 4

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

VOTE OUT INCUMBENTS DEMOCRACY

Full Name (Last, First, Middle Initial)

A. McCann, Ronald

Mailing Address

2423 Ring Necked Drive

City

Indianapolis

State

IN

Zip Code

46234

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☒

Other (specify) ▼

Membership fee

Aggregate Year-to-Date ▼

90.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 26 / 2007

Amount of Each Receipt this Period

90.00

Full Name (Last, First, Middle Initial)

B. Southwick, Edward

Mailing Address

225 N. Valley View Drive #83

City

St. George

State

UT

Zip Code

84770

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☒

Other (specify) ▼

Membership fee

Aggregate Year-to-Date ▼

26.50

Date of Receipt

M M / D D / Y Y Y Y  
12 / 13 / 2007

Amount of Each Receipt this Period

26.50

Full Name (Last, First, Middle Initial)

C. Summors, Daniel, S.

Mailing Address

1920 Cedar Ridge Drive

City

Lewisville

State

TX

Zip Code

75067

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

software developer

Receipt For:

☐

Primary

☐

General

☒

Other (specify) ▼

Membership fee

Aggregate Year-to-Date ▼

67.69

Date of Receipt

M M / D D / Y Y Y Y  
12 / 02 / 2007

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional) ▶

166.50

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 4 OF 4

<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)

V O T E O U T I N C U M B E N T S D E M O C R A C Y

Full Name (Last, First, Middle Initial)

A. Mullins, Kerry

Mailing Address

501 Woods Edge

City

West Lafayette

State

IN

Zip Code

47906

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General

☒ Other (specify) ▼

Membership fee

Aggregate Year-to-Date ▼

2 2 . 5 0

Date of Receipt

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

Amount of Each Receipt this Period

1 5 . 7 5

Full Name (Last, First, Middle Initial)

B. Summrs, Daniel, S

Mailing Address

1920 Cedar Ridge Drive

City

Lewisville

State

TX

Zip Code

75067

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

software developer

Receipt For:

☐ Primary ☐ General

☒ Other (specify) ▼

In-Kind Donation / Postage

Aggregate Year-to-Date ▼

6 7 . 6 9

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 6 / 2 0 0 7

Amount of Each Receipt this Period

9 . 8 9

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

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

2 6 . 6 4

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

5 5 0 . 4 6

28079620119

**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 1 OF 2

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

V O T E O U T I N C U M B E N T S D E M O C R A C Y

Full Name (Last, First, Middle Initial)

A. PayPal

Date of Disbursement

Mailing Address 2211 N. First St.

1 2 / 2 6 / 2 0 0 7

City San Jose

State CA

Zip Code 95131

Purpose of Disbursement

0 0 3

Amount of Each Disbursement this Period

Candidate Name NONE / ALL

Category/  
Type

1 7 . 4 8

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Fund Raising Expenses

Full Name (Last, First, Middle Initial)

B. SUMMARS, DANIEL, S.

Date of Disbursement

Mailing Address 1920 CEDAR RIDGE DRIVE

1 2 / 2 6 / 2 0 0 7

City LEWISVILLE

State TX

Zip Code 75067

Purpose of Disbursement  
IN-KIND DONATION

0 0 6

Amount of Each Disbursement this Period

Candidate Name NONE / ALL

Category/  
Type

9 . 8 9

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

MAIL / POSTAGE

Full Name (Last, First, Middle Initial)

C. REMER, DAVID, R.

Date of Disbursement

Mailing Address 30543 FM 306

1 2 / 3 1 / 2 0 0 7

City SPRING BRANCH

State TX

Zip Code 78070-4401

Purpose of Disbursement  
IN-KIND DONATION

0 0 6

Amount of Each Disbursement this Period

Candidate Name NONE / ALL

Category/  
Type

1 0 9 . 3 2

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

WEB-HOSTING FEES

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

1 3 6 . 6 9

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 2 OF

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

V O T E O U T I N C U M B E N T S D E M O C R A C Y

Full Name (Last, First, Middle Initial)

A. POST OFFICE BOX, SPRING BRANCH, TX

Mailing Address 30543 FM 306

City SPRING BRANCH State TX Zip Code 78070-4401

Purpose of Disbursement

POSTAL BOX FEES

Candidate Name NONE / ALL

0 0 3

Category/  
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

7 6 . 0 0

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☒ Other (specify) ▼

State:

District:

POSTAL BOX FEES

Full Name (Last, First, Middle Initial)

B. FIRST NATIONAL BANK

Mailing Address P.O. BOX 810

City EDINBURG State TX Zip Code 78540-0810

Purpose of Disbursement

BANK CHECKS FEE

Candidate Name NONE / ALL

0 0 3

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y  
0 7 / 1 6 / 2 0 0 7

Amount of Each Disbursement this Period

9 . 5 0

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☒ Other (specify) ▼

State:

District:

BANK CHECKS FEE

Full Name (Last, First, Middle Initial)

C. SIMMS, JESSE

Mailing Address 4590 E. Thousand Oaks Blvd.

City Westlake Village State CA Zip Code 91362

Purpose of Disbursement

EMAIL LIST FEE

Candidate Name NONE / ALL

0 0 3

Category/  
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

4 5 0 . 0 0

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☒ Other (specify) ▼

State:

District:

EMAIL LIST FEE

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

5 3 5 . 5 0

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

6 7 2 . 1 9

28039620121

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input checked="" type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

*JMA*  
PREPARER  
(3/2005)

*2/11/08*  
DATE PREPARED

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