

**FEC
FORM 3X**

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

RECEIVED
FEC MAIL CENTER

2009 FEB 18 PM 8:48

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)

SPRING BRANCH 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 through M M / D D / Y Y Y Y
1 0 / 0 1 / 2 0 0 8 through 1 2 / 3 1 / 2 0 0 8

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 Summers*

Date M M / D D / Y Y Y Y
0 1 / 3 1 / 2 0 0 9

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

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

29030031111

**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: ^{M M / D D / Y Y . Y Y} 1 0 / 0 1 / 2 0 0 8

To: ^{M M / D D / Y Y . Y Y} 1 2 / 3 1 / 2 0 0 8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, ^{Y Y . Y Y} 2 0 0 8		1, 4 7 4 . 3 3
(b) Cash on Hand at Beginning of Reporting Period.....	2, 0 4 8 . 2 8	
(c) Total Receipts (from Line 19).....	8 7 6 . 8 5	1, 8 4 3 . 3 9
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	2, 9 2 5 . 1 3	3, 3 1 7 . 7 2
7. Total Disbursements (from Line 31).....	7 7 . 6 0	4 7 0 . 1 9
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	2, 8 4 7 . 5 3	2, 8 4 7 . 5 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

29030031112

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: ^{M M / D D / Y Y Y Y} 1 0 / 0 1 / 2 0 0 8 To: ^{M M / D D / Y Y Y Y} 1 2 / 3 1 / 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

(i) Itemized (use Schedule A).....

8 7 6 . 8 5

1, 8 4 3 . 3 9

(ii) Unitemized.....

0

0

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

8 7 6 . 8 5

1, 8 4 3 . 3 9

(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).....▶

8 7 6 . 8 5

1, 8 4 3 . 3 9

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)).....▶

8 7 6 . 8 5

1, 8 4 3 . 3 9

20. Total Federal Receipts

(subtract Line 18(c) from Line 19).....▶

8 7 6 . 8 5

1, 8 4 3 . 3 9

29030031113

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	7 7 . 6 0	4 7 0 . 1 9
(ii) Non-Federal Share.....	0	0
(b) Other Federal Operating Expenditures	7 7 . 6 0	4 7 0 . 1 9
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	7 7 . 6 0	4 7 0 . 1 9
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))..	7 7 . 6 0	4 7 0 . 1 9
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7 7 . 6 0	4 7 0 . 1 9

29030031114

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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

29030031115

**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 5	
(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)
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

A. Full Name (Last, First, Middle Initial)
Stewart, Rhea M.

Mailing Address **PO Box 7794**

City **Roanoke** State **VA** Zip Code **24019**

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 . 0 0**

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

Amount of Each Receipt this Period
1 5 . 0 0

B. Full Name (Last, First, Middle Initial)
Humphries, JoAnne

Mailing Address **P.O. Box 464**

City **Cedar Glen** State **CA** Zip Code **92321**

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 . 0 0**

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

Amount of Each Receipt this Period
1 5 . 0 0

C. Full Name (Last, First, Middle Initial)
Johnson, Henry

Mailing Address **3306 Circle Brook Dr., Apt B**

City **Roanoke** State **VA** Zip Code **24018**

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 . 0 0**

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

Amount of Each Receipt this Period
2 5 . 0 0

SUBTOTAL of Receipts This Page (optional) **5 5 . 0 0**

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

29030031116

**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 5	
(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 17

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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

A. Full Name (Last, First, Middle Initial) **SUMMARS, 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) **POSTAGE and MAILING MATERIALS**

Aggregate Year-to-Date **6 3 . 3 2**

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

Amount of Each Receipt this Period
4 0 . 3 3

B. Full Name (Last, First, Middle Initial) **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) **Donated Bumper Sticker Sales**

Aggregate Year-to-Date **1 1 4 8 . 9 7**

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

Amount of Each Receipt this Period
5 2 8 . 7 5

C. Full Name (Last, First, Middle Initial) **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) **In Kind Donation for TX Sales Tax**

Aggregate Year-to-Date **1 1 4 8 . 9 7**

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 0 9 / 2 0 0 8

Amount of Each Receipt this Period
0 . 5 2

SUBTOTAL of Receipts This Page (optional)..... **5 6 9 . 6 0**

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

29030031117

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

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

FOR LINE NUMBER: PAGE 4 OF 5
 (check only one)
 11a 11b 11c 12
 13 14 15 16 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

A. Full Name (Last, First, Middle Initial) **Gray, John**
 Mailing Address **1530 West Ruritan Road**
 City **Roanoke** State **VA** Zip Code **24012**
 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 5 7 5**

Date of Receipt
1 0 / 1 3 / 2 0 0 8
 Amount of Each Receipt this Period
2 5 7 5

B. Full Name (Last, First, Middle Initial) **Thorpe, Tyler**
 Mailing Address **844 Pinewood Dr.**
 City **Roanoke** State **VA** Zip Code **24017**
 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 0 0**

Date of Receipt
1 0 / 3 0 / 2 0 0 8
 Amount of Each Receipt this Period
1 5 0 0

C. Full Name (Last, First, Middle Initial) **Newbern Eclectic Company**
 Mailing Address **PO Box 729, 5223 Wilderness Rd**
 City **Newbern** State **VA** Zip Code **24126**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **Newbern Eclectic Company** Occupation **Carousel Sales**
 Receipt For:
 Primary General
 Other (specify) **Membership Fee**
 Aggregate Year-to-Date **1 3 5 0 0**

Date of Receipt
1 0 / 3 0 / 2 0 0 8
 Amount of Each Receipt this Period
1 3 5 0 0

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

1 7 5 7 5

29030031119

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 5 OF 5		
	(check only one)	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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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

A. Full Name (Last, First, Middle Initial) **Lindamood, Shirley**

Mailing Address **315 N. Preston Rd.**

City **Vinton** State **VA** Zip Code **24179**

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 0 0**

Date of Receipt
1 0 / 3 0 / 2 0 0 8

Amount of Each Receipt this Period
1 5 0 0

B. Full Name (Last, First, Middle Initial) **Yuhre, Debra**

Mailing Address **462 Morning Star Ct.**

City **Sonora** State **CA** Zip Code **95370**

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 0 0**

Date of Receipt
1 0 / / 2 0 0 8

Amount of Each Receipt this Period
1 5 0 0

C. Full Name (Last, First, Middle Initial) **Newbern Eclectic Company**

Mailing Address **PO Box 729, 5223 Wildemess Rd.**

City **Newbern** State **VA** Zip Code **24126**

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

Name of Employer **Newbern Eclectic Company** Occupation **Carousel Sales**

Receipt For:
 Primary General
 Other (specify) **Membership Fee**

Aggregate Year-to-Date **1 5 7 5**

Date of Receipt
2 0 0 8

Amount of Each Receipt this Period
1 5 7 5

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

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

4 5 7 5

8 7 6 8 5

29030031120

**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

<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)

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 M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 8
Mailing Address 2211 N. First Street		Amount of Each Disbursement this Period 2 6 . 7 5
City San Jose State CA Zip Code 95131		
Purpose of Disbursement PayPal Transaction Fees	0 0 3	
Candidate Name NONE	Category/ Type	
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 checked="" type="checkbox"/> Other (specify) ▼ PayPal Transaction Fees	
State: District:		
Full Name (Last, First, Middle Initial) B. SUMMARS, DANIEL S.		Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 8
Mailing Address 1920 CEDAR RIDGE DRIVE		Amount of Each Disbursement this Period 4 0 . 3 3
City LEWISVILLE State TX Zip Code 75067		
Purpose of Disbursement IN-KIND DONATION	0 0 6	
Candidate Name NONE	Category/ Type	
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 checked="" type="checkbox"/> Other (specify) ▼ POSTAGE and MAILING MATERIALS	
State: District:		
Full Name (Last, First, Middle Initial) C. REMER, DAVID R.		Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 0 8
Mailing Address 30543 FM 306		Amount of Each Disbursement this Period 0 . 5 2
City SPRING BRANCH State TX Zip Code 78070		
Purpose of Disbursement IN-KIND DONATION	0 0 6	
Candidate Name NONE	Category/ Type	
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 checked="" type="checkbox"/> Other (specify) ▼ In-Kind Donation for TX Sales Taxes for stickers	
State: District:		

SUBTOTAL of Disbursements This Page (optional)..... 6 7 . 6 0

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

29030031121

**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 2	
	<input checked="" type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b		

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NAME OF COMMITTEE (In Full)
VOTE OUT INCUMBENTS DEMOCRACY

Full Name (Last, First, Middle Initial) A. FIRST NATIONAL BANK		Date of Disbursement 12 / 31 / 2008
Mailing Address P.O. BOX 810		Amount of Each Disbursement this Period 10.00
City EDINBURG	State TX Zip Code 78540-0810	
Purpose of Disbursement INACTIVITY FEES	003 Category/Type	
Candidate Name NONE		
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 checked="" type="checkbox"/> Other (specify) ▼ INACTIVITY BANK FEES	
State: District:		

Full Name (Last, First, Middle Initial) B.		Date of Disbursement
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Category/Type	
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:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Category/Type	
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).....▶	10.00
TOTAL This Period (last page this line number only).....▶	77.60

29030031122

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.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked
1/31/09

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked
 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked


 PREPARER

2/18/09
 DATE PREPARED

29030031123