

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 _____ in the State of _____

5. Covering Period 01 01 2009 through 06 30 2009

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 07 14 2009

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

Write or Type Committee Name
JEWISH COUNCIL FOR EDUCATION AND RESEARCH

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><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>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		-1657.95
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	-1657.95									
(c) Total Receipts (from Line 19)	13420.00	13420.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	11762.05	11762.05								
7. Total Disbursements (from Line 31)	16677.24	16677.24								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	-4915.19	-4915.19								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	53389.49									

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name
JEWISH COUNCIL FOR EDUCATION AND RESEARCH

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	6

D	D
0	3

Y	Y	Y	Y
2	0	0	9

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)	9000.00	9000.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	9000.00	9000.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	9000.00	9000.00
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.)	4320.00	4320.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	100.00	100.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	100.00	100.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	13420.00	13420.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	13320.00	13320.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	209.00	209.00
(ii) Non-Federal Share.....	209.00	209.00
(b) Other Federal Operating Expenditures.....	14279.24	14279.24
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	14697.24	14697.24
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)	1980.00	1980.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	16677.24	16677.24
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	16468.24	16468.24

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 30

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)	9000.00	9000.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9000.00	9000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	14488.24	14488.24
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	14488.24	14488.24

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

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

FOR LINE NUMBER: PAGE 6 / 30
(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)
JEWISH COUNCIL FOR EDUCATION AND RESEARCH

A. Full Name (Last, First, Middle Initial)
Daniel Gross

Mailing Address 50 Central Park West

City State Zip Code
New York NY 10023

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

Name of Employer Occupation
Not employed Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
03 / 06 / 2009

Transaction ID: SA11AI.8056

Amount of Each Receipt this Period
5000.00

B. Full Name (Last, First, Middle Initial)
Mikhael Moore

Mailing Address 630 Fort Washington Ave

City State Zip Code
New York NY 10040

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

Name of Employer Occupation
Jewish Funds for Justice CCO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 4000.00

Date of Receipt
MM / DD / YYYY
05 / 07 / 2009

Transaction ID: SA11AI.8057

Amount of Each Receipt this Period
4000.00

SUBTOTAL of Receipts This Page (optional) ► 9000.00

TOTAL This Period (last page this line number only) ► 9000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 7 / 30	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Jewish Funds for Justice		Date of Receipt
	Mailing Address 330 7th Avenue, Suite 1902		<input type="text" value="02"/> / <input type="text" value="02"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	New York	NY	10001
	FEC ID number of contributing federal political committee.		Transaction ID: SA17.8054
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For:		Aggregate Year-to-Date ▼	<input type="text" value="4320.00"/>
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="4320.00"/>	List Purchase-Fair Market Value
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="4320.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="4320.00"/>

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

A. Full Name (Last, First, Middle Initial) Aerobeeep Mailing Address 244 5th Avenue City New York State NY Zip Code 10001 Purpose of Disbursement Phones - Credit Card 1 Candidate Name	Transaction ID: SB21B.7985 Date of Disbursement 02 / 03 / 2009 Amount of Each Disbursement this Period 54.19

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial) American Express Mailing Address P.OI. Box 2855 City New York State NY Zip Code 10116 Purpose of Disbursement Credit Card Finance Charge Candidate Name	Transaction ID: SB21B.8020 Date of Disbursement 12 / 24 / 2008 Amount of Each Disbursement this Period 35.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial) American Express Mailing Address P.OI. Box 2855 City New York State NY Zip Code 10116 Purpose of Disbursement Credit Card Finance Charge Candidate Name	Transaction ID: SB21B.8022 Date of Disbursement 01 / 13 / 2009 Amount of Each Disbursement this Period 1199.01

[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)

<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 Express Mailing Address P.O.I. Box 2855 City New York State NY Zip Code 10116 Purpose of Disbursement CC Balance Transfer - Credit Card 2 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.8035 Date of Disbursement 01 / 14 / 2009
	Amount of Each Disbursement this Period 29500.00 [MEMO ITEM]

B. Full Name (Last, First, Middle Initial) American Express Mailing Address P.O.I. Box 2855 City New York State NY Zip Code 10116 Purpose of Disbursement Credit Card Payment 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.8011 Date of Disbursement 01 / 23 / 2009
	Amount of Each Disbursement this Period 1960.00

C. Full Name (Last, First, Middle Initial) American Express Mailing Address P.O.I. Box 2855 City New York State NY Zip Code 10116 Purpose of Disbursement Credit Card Payment 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.8012 Date of Disbursement 02 / 17 / 2009
	Amount of Each Disbursement this Period 1960.00

SUBTOTAL of Disbursements This Page (optional) ▶	3920.00
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) American Express	Transaction ID: SB21B.8013 Date of Disbursement
	Mailing Address P.O.I. Box 2855	<input type="text" value="03"/> / <input type="text" value="14"/> / <input type="text" value="2009"/>
	City New York State NY Zip Code 10116	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Payment	<input type="text" value="1960.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: SB21B.8014 Date of Disbursement
	Mailing Address P.O.I. Box 2855	<input type="text" value="04"/> / <input type="text" value="06"/> / <input type="text" value="2009"/>
	City New York State NY Zip Code 10116	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Payment	<input type="text" value="1960.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: SB21B.8015 Date of Disbursement
	Mailing Address P.O.I. Box 2855	<input type="text" value="05"/> / <input type="text" value="10"/> / <input type="text" value="2009"/>
	City New York State NY Zip Code 10116	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Payment	<input type="text" value="2094.90"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="6014.90"/>
TOTAL 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) American Express	Transaction ID: SB21B.8044 Date of Disbursement
	Mailing Address P.O.I. Box 2855	<input type="text" value="05"/> <input type="text" value="18"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City New York State NY Zip Code 10116	Amount of Each Disbursement this Period
	Purpose of Disbursement CC Balance Transfer - Credit Card 2	<input type="text" value="1800.00"/>
	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]

B.	Full Name (Last, First, Middle Initial) Amtrak	Transaction ID: SB21B.7975 Date of Disbursement
	Mailing Address 60 Massachusetts Avenue, NE	<input type="text" value="01"/> <input type="text" value="04"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period
	Purpose of Disbursement Travel-Credit Card 1	<input type="text" value="72.00"/>
	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) Amtrak	Transaction ID: SB21B.7977 Date of Disbursement
	Mailing Address 60 Massachusetts Avenue, NE	<input type="text" value="01"/> <input type="text" value="06"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period
	Purpose of Disbursement Travel-Credit Card 1	<input type="text" value="103.00"/>
	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)	<input type="text" value="0.00"/>
TOTAL 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>A.</p> <p>Full Name (Last, First, Middle Initial) Amtrak</p> <p>Mailing Address 60 Massachusetts Avenue, NE</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Travel-Credit Card 1</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.7980</p> <p>Date of Disbursement 01 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 103.00</p> <p>[MEMO ITEM]</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Amtrak</p> <p>Mailing Address 60 Massachusetts Avenue, NE</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Travel-Credit Card 1</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.7981</p> <p>Date of Disbursement 01 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 139.00</p> <p>[MEMO ITEM]</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) BLD Restaurant</p> <p>Mailing Address 7450 Beverly Boulevard</p> <p>City Los Angeles State CA Zip Code 90036</p> <p>Purpose of Disbursement Meals - Credit Card 1</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.7993</p> <p>Date of Disbursement 03 / 31 / 2009</p> <p>Amount of Each Disbursement this Period 207.05</p> <p>[MEMO ITEM]</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) Chase	Transaction ID: SB21B.8036 Date of Disbursement 01 / 14 / 2009
	Mailing Address PO Box 260180	Amount of Each Disbursement this Period 99.00
	City Baton Rouge State LA Zip Code 70826	
	Purpose of Disbursement Finance Charges - Credit Card 2	[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.7983 Date of Disbursement 01 / 18 / 2009
	Mailing Address PO Box 260180	Amount of Each Disbursement this Period 208.48
	City Baton Rouge State LA Zip Code 70826	
	Purpose of Disbursement Finance Charges - Credit Card 1	[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.7968 Date of Disbursement 01 / 26 / 2009
	Mailing Address PO Box 260180	Amount of Each Disbursement this Period 398.00
	City Baton Rouge State LA Zip Code 70826	
	Purpose of Disbursement Credit Card Payment	[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:	

SUBTOTAL of Disbursements This Page (optional)	398.00
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) Chase	Transaction ID: SB21B.8050 Date of Disbursement
	Mailing Address PO Box 260180	<input type="text" value="02"/> <input type="text" value="13"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Baton Rouge State LA Zip Code 70826	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank Charge	<input type="text" value="2.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Chase	Transaction ID: SB21B.7986 Date of Disbursement
	Mailing Address PO Box 260180	<input type="text" value="02"/> <input type="text" value="18"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Baton Rouge State LA Zip Code 70826	Amount of Each Disbursement this Period
	Purpose of Disbursement Finance Charges - Credit Card 1	<input type="text" value="211.67"/>
	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.8030 Date of Disbursement
	Mailing Address PO Box 260180	<input type="text" value="02"/> <input type="text" value="22"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Baton Rouge State LA Zip Code 70826	Amount of Each Disbursement this Period
	Purpose of Disbursement CC Payment - Credit Card 2	<input type="text" value="592.00"/>
	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) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="594.00"/>
TOTAL 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.8039 Date of Disbursement
	Mailing Address PO Box 260180	<input type="text" value="03"/> <input type="text" value="06"/> / <input type="text" value="2009"/>
	City Baton Rouge State LA Zip Code 70826	Amount of Each Disbursement this Period
	Purpose of Disbursement Finance Charges - Credit Card 2	<input type="text" value="1.00"/>
	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]

B.	Full Name (Last, First, Middle Initial) Chase	Transaction ID: SB21B.7970 Date of Disbursement
	Mailing Address PO Box 260180	<input type="text" value="03"/> <input type="text" value="15"/> / <input type="text" value="2009"/>
	City Baton Rouge State LA Zip Code 70826	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Payment	<input type="text" value="400.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Chase	Transaction ID: SB21B.8031 Date of Disbursement
	Mailing Address PO Box 260180	<input type="text" value="03"/> <input type="text" value="15"/> / <input type="text" value="2009"/>
	City Baton Rouge State LA Zip Code 70826	Amount of Each Disbursement this Period
	Purpose of Disbursement CC Payment - Credit Card 2	<input type="text" value="580.00"/>
	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) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="980.00"/>
TOTAL 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.8040 Date of Disbursement 04 / 06 / 2009
	Mailing Address PO Box 260180	Amount of Each Disbursement this Period 1.00
	City Baton Rouge State LA Zip Code 70826	
	Purpose of Disbursement Finance Charges - Credit Card 2	[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.7995 Date of Disbursement 04 / 18 / 2009
	Mailing Address PO Box 260180	Amount of Each Disbursement this Period 210.09
	City Baton Rouge State LA Zip Code 70826	
	Purpose of Disbursement Finance Charges - Credit Card 1	[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.8032 Date of Disbursement 04 / 28 / 2009
	Mailing Address PO Box 260180	Amount of Each Disbursement this Period 568.00
	City Baton Rouge State LA Zip Code 70826	
	Purpose of Disbursement CC Payment - Credit Card 2	[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:	

SUBTOTAL of Disbursements This Page (optional) ▶

568.00

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) Chase	Transaction ID: SB21B.8042 Date of Disbursement 05 / 06 / 2009
	Mailing Address PO Box 260180	
	City Baton Rouge State LA Zip Code 70826	Amount of Each Disbursement this Period 1.00
	Purpose of Disbursement Finance Charges - Credit Card 2 Candidate Name	[MEMO ITEM]
	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) Chase	Transaction ID: SB21B.7972 Date of Disbursement 05 / 11 / 2009
	Mailing Address PO Box 260180	
	City Baton Rouge State LA Zip Code 70826	Amount of Each Disbursement this Period 397.00
	Purpose of Disbursement Credit Card Payment Candidate Name	[MEMO ITEM]
	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.8000 Date of Disbursement 05 / 18 / 2009
	Mailing Address PO Box 260180	
	City Baton Rouge State LA Zip Code 70826	Amount of Each Disbursement this Period 204.26
	Purpose of Disbursement Finance Charges - Credit Card 1 Candidate Name	[MEMO ITEM]
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	397.00
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) Chase	Transaction ID: SB21B.8045 Date of Disbursement 05 / 18 / 2009
	Mailing Address PO Box 260180	Amount of Each Disbursement this Period 54.00
	City Baton Rouge State LA Zip Code 70826	
	Purpose of Disbursement Finance Charges - Credit Card 2	[MEMO ITEM]
	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) Chase	Transaction ID: SB21B.7973 Date of Disbursement 05 / 26 / 2009
	Mailing Address PO Box 260180	Amount of Each Disbursement this Period 390.00
	City Baton Rouge State LA Zip Code 70826	
	Purpose of Disbursement Credit Card Payment	[MEMO ITEM]
	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.8046 Date of Disbursement 06 / 06 / 2009
	Mailing Address PO Box 260180	Amount of Each Disbursement this Period 328.17
	City Baton Rouge State LA Zip Code 70826	
	Purpose of Disbursement Finance Charges - Credit Card 2	[MEMO ITEM]
	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) ▼	

SUBTOTAL of Disbursements This Page (optional)	▶	390.00
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) Chase	Transaction ID: SB21B.8003 Date of Disbursement 06 / 18 / 2009
	Mailing Address PO Box 260180	Amount of Each Disbursement this Period 207.04
	City Baton Rouge State LA Zip Code 70826	
	Purpose of Disbursement Finance Charges - Credit Card 1 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) Chase	Transaction ID: SB21B.8033 Date of Disbursement 06 / 23 / 2009
	Mailing Address PO Box 260180	Amount of Each Disbursement this Period 680.06
	City Baton Rouge State LA Zip Code 70826	
	Purpose of Disbursement CC Payment - Credit Card 2 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) Google	Transaction ID: SB21B.8038 Date of Disbursement 01 / 26 / 2009
	Mailing Address 1600 Ampitheatre Parkway	Amount of Each Disbursement this Period 7.89
	City Mountain View State CA Zip Code 94043	
	Purpose of Disbursement Advertising - Credit Card 2 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)	680.06
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) NYC Taxi	Transaction ID: SB21B.7979 Date of Disbursement 01 / 07 / 2009
	Mailing Address 40 Rector Street	Amount of Each Disbursement this Period 25.00
	City New York State NY Zip Code 10006	
	Purpose of Disbursement Travel - Credit Card 1	
	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) Portatronics	Transaction ID: SB21B.7998 Date of Disbursement 05 / 16 / 2009
	Mailing Address 169 Thompson Street	Amount of Each Disbursement this Period 31.43
	City New York State NY Zip Code 10012	
	Purpose of Disbursement Phone - Credit Card 1	
	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) Verizon	Transaction ID: SB21B.7982 Date of Disbursement 01 / 16 / 2009
	Mailing Address 140 West Street	Amount of Each Disbursement this Period 153.06
	City New York State NY Zip Code 10007	
	Purpose of Disbursement Phones-Credit Card 1	
	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)	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) Vonage	Transaction ID: SB21B.7984
	Mailing Address 23 Main Street	Date of Disbursement 01 / 25 / 2009
	City Holmdel State NJ Zip Code 07733	Amount of Each Disbursement this Period 22.25
	Purpose of Disbursement Phones - Credit Card 1	[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) Vonage	Transaction ID: SB21B.7992
	Mailing Address 23 Main Street	Date of Disbursement 03 / 24 / 2009
	City Holmdel State NJ Zip Code 07733	Amount of Each Disbursement this Period 25.05
	Purpose of Disbursement Phones - Credit Card 1	[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) Vonage	Transaction ID: SB21B.7997
	Mailing Address 23 Main Street	Date of Disbursement 04 / 25 / 2009
	City Holmdel State NJ Zip Code 07733	Amount of Each Disbursement this Period 25.02
	Purpose of Disbursement Phones - Credit Card 1	[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:	

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 22 / 30

<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) Vonage		Transaction ID: SB21B.8001	
	Mailing Address 23 Main Street		Date of Disbursement 05 / 25 / 2009	
	City Holmdel	State NJ	Zip Code 07733	Amount of Each Disbursement this Period 24.73
	Purpose of Disbursement Phones - Credit Card 1		Category/ Type	[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:		

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	13941.96

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor American Express			Nature of Debt (Purpose): Credit Card
Mailing Address P.O.I. Box 2855			
City New York	State NY	ZIP Code 10116	

Outstanding Balance Beginning This Period <input type="text" value="40100.89"/>		Transaction ID: SD10.7925	
Amount Incurred This Period <input type="text" value="-30065.99"/>	Payment This Period <input type="text" value="10034.90"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Chase			Nature of Debt (Purpose): Credit Card 1
Mailing Address PO Box 260180			
City Baton Rouge	State LA	ZIP Code 70826	

Outstanding Balance Beginning This Period <input type="text" value="384.72"/>		Transaction ID: SD10.7861	
Amount Incurred This Period <input type="text" value="2283.47"/>	Payment This Period <input type="text" value="2003.00"/>	Outstanding Balance at Close of This Period <input type="text" value="665.19"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Chase			Nature of Debt (Purpose): Credit Card 2
Mailing Address PO Box 260180			
City Baton Rouge	State LA	ZIP Code 70826	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>		Transaction ID: SD10.8023	
Amount Incurred This Period <input type="text" value="31792.06"/>	Payment This Period <input type="text" value="2420.06"/>	Outstanding Balance at Close of This Period <input type="text" value="29372.00"/>	

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="30037.19"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) 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

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

Outstanding Balance Beginning This Period 911.80		Transaction ID: SD10.7872	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 911.80	

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

Outstanding Balance Beginning This Period 2000.00		Transaction ID: SD10.7796	
Amount Incurred This Period 0.00	Payment This Period 500.00	Outstanding Balance at Close of This Period 1500.00	

C. 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 Washington	State DC	ZIP Code 20003	

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

1) SUBTOTALS This Period This Page (optional).....	5104.30
2) TOTALS This Period (last page this line number only).....	[]
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	[]
4) ADD 2) and 3) 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

A. 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 St. Louis	State MO	ZIP Code 63146	

Outstanding Balance Beginning This Period 16898.00		Transaction ID: SD10.7860	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 16898.00	

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 New York	State NY	ZIP Code 10001	

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

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor 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 1480.00		Transaction ID: SD10.7793	
Amount Incurred This Period 0.00	Payment This Period 1480.00	Outstanding Balance at Close of This Period 0.00	

1) SUBTOTALS This Period This Page (optional).....	18248.00
2) TOTALS This Period (last page this line number only).....	53389.49
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	53389.49

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

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

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

Date
M M / D D / Y Y Y Y
0 3 / 1 8 / 2 0 0 9

Mailing Address
Rechov HaRav

Amount
500.00

City State Zip Code
Jerusalem ZZ

Transaction ID: SE.8049

Purpose of Expenditure Category/Type
Video Production

Office Sought: House State: DC
 Senate District: _____
 Presidential

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

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
1980.00

Disbursement For: Primary General
 Other (specify) : _____
2008

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

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

Mailing Address
2935 Birch Hollow Drive

Amount
1480.00

City State Zip Code
Ann Arbor MI 48108

Transaction ID: SE.8058

Purpose of Expenditure Category/Type
Advertising

Office Sought: House State: DC
 Senate District: _____
 Presidential

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

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
1480.00

Disbursement For: Primary General
 Other (specify) : _____
2008

(a) SUBTOTAL of Itemized Independent Expenditures	1980.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	1980.00

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
0 7 / 1 4 / 2 0 0 9

METHOD OF ALLOCATION FOR:

- **SHARED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS**
- **SHARED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES** (State, District and Local Party Committees Only)
- **ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE)**(Separate Segregated Funds And Nonconnected Committees Only)

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

USE ONLY ONE SECTION, A or B

A. State and Local Party Committees

Fixed Percentage (select one)

- _____ Presidential-Only Election Year (28% Federal)
- _____ Presidential and Senate Election Year (36% Federal)
- _____ Senate-Only Election Year (21% Federal)
- _____ Non-Presidential and Non-Senate Election Year (15% Federal)

B. Separate Segregated Funds and Nonconnected Committees

Flat Minimum Federal Percentage

If the committee will allocate using the flat minimum percentage of 50% federal funds, check

or

If the committee is spending more than 50% federal funds, indicate ratio below

Federal..... %

Nonfederal..... %

This ratio applies to (check all that apply):

Administrative Generic Voter Drive Public Communications Referencing Party Only

**SCHEDULE H3 (FEC Form 3X)
 TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
 ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

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

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
JCER Non-Federal Account	M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 9	100.00

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative	Transaction ID: H3.8048	100.00
ii) Generic Voter Drive	Transaction ID:	
iii) Exempt Activities	Transaction ID:	
iv) Direct Fundraising (List Activity or Event Identifier)		
a) _____	Transaction ID:	
b) _____	Transaction ID:	
c) Total Amount Transferred for Direct Fundraising		
v) Direct Candidate Support (List of Activity or Event Identifier)		
a) _____	Transaction ID:	
b) _____	Transaction ID:	
c) Total Amount Transferred For Direct Candidate Support		
vi) Public Communications Referring Only to Party (Made by PAC)	Transaction ID:	

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)	100.00
TOTAL This Period (Generic Voter Drive)	0.00
TOTAL This Period (Exempt Activities)	0.00
TOTAL This Period (Direct Fundraising)	0.00
TOTAL This Period (Direct Candidate Support)	0.00
TOTAL This Period (Public Communications Referring Only to Party)	0.00
TOTAL This Period (Total Amount Transferred)	100.00

**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) Vonage			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 23 Main Street			Allocated Activity or Event Year-To-Date [0.00]		
City Holmdel	State NJ	Zip Code 07733	Date M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 0 9		
Purpose of Disbursement: Phones - Credit Card 1			Transaction ID: H4.7987		
Activity or Event Identifier: Administrative [MEMO ITEM]					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
[11.13]		[11.12]		[22.25]

B. Full Name (Last, First, Middle Initial) Chase			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address PO Box 260180			Allocated Activity or Event Year-To-Date [0.00]		
City Baton Rouge	State LA	Zip Code 70826	Date M M / D D / Y Y Y Y 0 3 / 1 1 / 2 0 0 9		
Purpose of Disbursement: Finance Charge - Credit Card 1			Transaction ID: H4.7989		
Activity or Event Identifier: Administrative [MEMO ITEM]					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
[19.50]		[19.50]		[39.00]

C. Full Name (Last, First, Middle Initial) Chase			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address PO Box 260180			Allocated Activity or Event Year-To-Date [0.00]		
City Baton Rouge	State LA	Zip Code 70826	Date M M / D D / Y Y Y Y 0 3 / 1 8 / 2 0 0 9		
Purpose of Disbursement: Finance Charge - Credit Card 1			Transaction ID: H4.7991		
Activity or Event Identifier: Administrative [MEMO ITEM]					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
[96.25]		[96.25]		[192.50]

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
[0.00]		[0.00]		[0.00]

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

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT
[]	[]	[]

**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) Chase			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address PO Box 260180			Allocated Activity or Event Year-To-Date 418.00		
City Baton Rouge	State LA	Zip Code 70826	Category/ Type		
Purpose of Disbursement: Credit Card Payment- Credit Card 1			Date M M / D D / Y Y Y Y 03 / 27 / 2009		
Activity or Event Identifier: Administrative			Transaction ID: H4.7971		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
209.00		209.00		418.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
209.00		209.00		418.00

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
209.00		209.00		418.00