

**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

MATTHEW 25 NETWORK

ADDRESS (number and street)

25 E STREET NW SUITE 200

☐Check if different
than previously
reported. (ACC)

WASHINGTON

DC

20001

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00449801

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☒October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

07

01

2008

through

09

30

2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

MARA VANDERSLICE

Signature of Treasurer

Electronically Filed by MARA VANDERSLICE

Date

10

14

2008

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

Office
Use
Only**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
MATTHEW 25 NETWORK

Report Covering the Period:

From:

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

To:

M	M		D	D		Y	Y	Y	Y
0	9		3	0		2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2008		0.00
(b) Cash on Hand at Beginning of Reporting Period	18729.10	
(c) Total Receipts (from Line 19)	99590.56	144109.50
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	118319.66	144109.50
7. Total Disbursements (from Line 31)	96544.91	122334.75
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	21774.75	21774.75
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)	4931.64	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name
MATTHEW 25 NETWORK

Report Covering the Period:

From:

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

To:

M M D D Y Y W Y
0 9 3 0 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	59879.00	93629.00
(i) Itemized (use Schedule A)	29687.56	35456.13
(ii) Unitemized	89566.56	129085.13
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➤	0.00	0.00
(b) Political Party Committees	10000.00	15000.00
(c) Other Political Committees (such as PACs)	99566.56	144085.13
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) ➤		
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)	24.00	24.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.37
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	99590.56	144109.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	99590.56	144109.50

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) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	64675.79	76986.41
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	64675.79	76986.41
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)	31869.12	45348.34
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))..	96544.91	122334.75
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	96544.91	122334.75

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)	99566.56	144085.13
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	99566.56	144085.13
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	64675.79	76986.41
37. Offsets to Operating Expenditures (from Line 15, page 3)	24.00	24.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	64651.79	76962.41

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 6 / 54

☒ 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)
MATTHEW 25 NETWORK

A.

Full Name (Last, First, Middle Initial)

Alan Appelbaum

Mailing Address 500 Croton Lake Road

City

Mount Kisco

State

NY

Zip Code

10549

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Lawyer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.5364

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Alison Baldwin

Mailing Address 1415 E. 54th Place

City

Chicago

State

IL

Zip Code

60615

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Opinion Research
Center

Occupation
Statistician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.5411

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Emmanuel Blackwell

Mailing Address 949 S St. NW

City

Washington

State

DC

Zip Code

20007

FEC ID number of contributing
federal political committee.

C

Name of Employer
Raining Institute of DC

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.5904

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1300.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 7 / 54

(check only one)

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

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NAME OF COMMITTEE (In Full)

MATTHEW 25 NETWORK

A.

Full Name (Last, First, Middle Initial)

Ananias Blocker

Mailing Address 10204 Waterwall Way

City

Laurel

State

MD

Zip Code

20708

FEC ID number of contributing
federal political committee.

C

Name of Employer
NYSE Euronext

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.4718

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Andy Blocker

Mailing Address 10204 Waterwall Way

City

Laurel

State

MD

Zip Code

20708

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Stock Exchange

Occupation

Lobbyist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

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

Transaction ID: SA11AI.6016

Amount of Each Receipt this Period

4000.00

C.

Full Name (Last, First, Middle Initial)

Clarke Camper

Mailing Address 6 Primrose Street

City

Chevy Chase

State

MD

Zip Code

20815

FEC ID number of contributing
federal political committee.

C

Name of Employer
GE Money

Occupation

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.5298

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 8 / 54

(check only one)

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

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NAME OF COMMITTEE (In Full)

MATTHEW 25 NETWORK

A.

Full Name (Last, First, Middle Initial)

David Carlin

Mailing Address 642 C Street, NE

City

Washington

State

DC

Zip Code

20002

FEC ID number of contributing
federal political committee.

C

Name of Employer
Akin Gump

Occupation
Lawyer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.5362

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Alice Chenault

Mailing Address PO Box 2088

City

Huntsville

State

AL

Zip Code

35804

FEC ID number of contributing
federal political committee.

C

Name of Employer
none

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.5358

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Eva Clayton

Mailing Address 3100 Roundtree Court #420

City

Raleigh

State

NC

Zip Code

27604

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eva Clayton Associates

Occupation
Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.5906

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 9 / 54

(check only one)

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

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NAME OF COMMITTEE (In Full)

MATTHEW 25 NETWORK

A.

Full Name (Last, First, Middle Initial)

Edda Coleman

Mailing Address 8425 Laiy Creek Court

City

Springfield

State

VA

Zip Code

22153

FEC ID number of contributing
federal political committee.

C

Name of Employer
Polsinelli Shahan Flanigan
Suehaus PC

Occupation

Legislative Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.4694

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Marcus Conrad

Mailing Address 6051 Medici Court, #110

City

Sarasota

State

FL

Zip Code

34243

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Personal Financial Advisor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.5068

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

William Conway

Mailing Address 10600 River Road

City

Potomac

State

MD

Zip Code

20854

FEC ID number of contributing
federal political committee.

C

Name of Employer
Skadden, Arps et al.

Occupation

attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.5654

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 10 / 54

(check only one)

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

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NAME OF COMMITTEE (In Full)

MATTHEW 25 NETWORK

A.

Full Name (Last, First, Middle Initial)

Janel Curry

Mailing Address 2511 Godwin Se

City

Grand Rapids

State

MI

Zip Code

49507

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.6053

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Michael Davis

Mailing Address 21 Ludlow Road

City

Westport

State

CT

Zip Code

06880

FEC ID number of contributing
federal political committee.

C

Name of Employer
AIG Financial Products

Occupation
Computer Programmer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.4708

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

BJ Deering

Mailing Address 13563 22nd Avenue NE

City

Seattle

State

WA

Zip Code

98125

FEC ID number of contributing
federal political committee.

C

Name of Employer
none

Occupation
not employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.5675

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 54

(check only one)

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

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NAME OF COMMITTEE (In Full)

MATTHEW 25 NETWORK

A.

Full Name (Last, First, Middle Initial)

James Duffy

Mailing Address 116 East 68th St

City

New York

State

NY

Zip Code

10065

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfOccupation
writer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.5251

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Susann Edwards

Mailing Address 1226 Rhode Island Ave NE

City

Washington, DC

State

DC

Zip Code

20018

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Rhoads GroupOccupation
Lobbyist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.5929

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Susann Edwards

Mailing Address 1226 Rhode Island Ave NE

City

Washington, DC

State

DC

Zip Code

20018

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Rhoads GroupOccupation
Lobbyist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.4621

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 12 / 54

(check only one)

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

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NAME OF COMMITTEE (In Full)

MATTHEW 25 NETWORK

A.

Full Name (Last, First, Middle Initial)

Max and Kate Finberg

Mailing Address 311 Whittier St., NW

City

Washington

State

DC

Zip Code

20012

FEC ID number of contributing
federal political committee.

C

Name of Employer
Alliance to End Hunger

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: SA11AI.5354

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

William Flanagan

Mailing Address 2230 California St NW Apt 6C-E

City

Washington

State

DC

Zip Code

20008

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.5884

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Isaac Fordjour

Mailing Address 1212 New York Avenue NW; Suite 105

City

Washington

State

DC

Zip Code

20005

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tarplin, Downs and Young
LLC

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.6012

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

950.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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

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NAME OF COMMITTEE (In Full)

MATTHEW 25 NETWORK

A.

Full Name (Last, First, Middle Initial)

Wes and Karen Granberg-Michaelson

Mailing Address 5977 W Lyn Haven Dr

City

Kentwood

State

MI

Zip Code

49512

FEC ID number of contributing
federal political committee.

C

Name of Employer
Reformed Church of America

Occupation
Pastor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.6039

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Wesley Granberg-Michaelson

Mailing Address 5977 W. Lyn Haven Dr. SE

City

Kentwood

State

MI

Zip Code

49512

FEC ID number of contributing
federal political committee.

C

Name of Employer
Reformed Church in America

Occupation
Pastor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.5179

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Tony Hall

Mailing Address 2560 N. 23rd Rd.

City

Arlington

State

VA

Zip Code

22207

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mercy Corps; Opportunity
International

Occupation
consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.5046

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 54

(check only one)

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

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NAME OF COMMITTEE (In Full)

MATTHEW 25 NETWORK

A.

Full Name (Last, First, Middle Initial)

Rosa Lee Harden

Mailing Address 2601 Mission, Suite 400

City

San Francisco

State

CA

Zip Code

94110

FEC ID number of contributing
federal political committee.

C

Name of Employer
Episcopal Diocese of Cali-
fornia

Occupation

rosalee@everyvoice.net

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.5668

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Steven Heyman

Mailing Address 1415 E. 54th Place

City

Chicago

State

IL

Zip Code

60615

FEC ID number of contributing
federal political committee.

C

Name of Employer
Illinois Institute of Tec-
hnology

Occupation

Law professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.5466

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Guy Hoagland

Mailing Address PO Box 410024

City

Melbourne

State

FL

Zip Code

32941

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

self-employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.5258

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1600.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 15 / 54

(check only one)

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

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NAME OF COMMITTEE (In Full)

MATTHEW 25 NETWORK

A.

Full Name (Last, First, Middle Initial)

Alethia Jackson

Mailing Address 523 Somerset Place, NW

City

Washington

State

DC

Zip Code

20011

FEC ID number of contributing
federal political committee.

C

Name of Employer
America's Health Insurance
Plans

Occupation

Federal Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.4668

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Broderick D. Johnson

Mailing Address 5901 NW Nebraska Ave

City

Washington

State

DC

Zip Code

20015

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bryan Cave Strategies

Occupation

President, Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

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

Transaction ID: SA11AI.6027

Amount of Each Receipt this Period

1500.00

C.

Full Name (Last, First, Middle Initial)

Albert J. Kaneb

Mailing Address 2 Newton Executive Park Ste 302

City

Newton

State

MA

Zip Code

02462

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.5986

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 54

(check only one)

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

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NAME OF COMMITTEE (In Full)

MATTHEW 25 NETWORK

A.

Full Name (Last, First, Middle Initial)

David Keyes

Mailing Address 1045 Mason Street #502

City

San Francisco

State

CA

Zip Code

94108

FEC ID number of contributing
federal political committee.

C

Name of Employer
Unitarian Church

Occupation
minister

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.5281

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Frances Kieschnick

Mailing Address 1467 Hamilton Avenue

City

Palo Alto

State

CA

Zip Code

94301

FEC ID number of contributing
federal political committee.

C

Name of Employer
Trinity Parish

Occupation
clergy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.4660

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Phillip Kronstein

Mailing Address 4835 Cordell Ave., Apt. 1010

City

Bethesda

State

MD

Zip Code

20814

FEC ID number of contributing
federal political committee.

C

Name of Employer
FDA

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

264.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 6 / 2 0 0 8

Transaction ID: SA11AI.4552

Amount of Each Receipt this Period

64.00

SUBTOTAL of Receipts This Page (optional)

1564.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 54

(check only one)

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

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NAME OF COMMITTEE (In Full)

MATTHEW 25 NETWORK

A.

Full Name (Last, First, Middle Initial)

Phillip Kronstein

Mailing Address 4835 Cordell Ave., Apt. 1010

City

Bethesda

State

MD

Zip Code

20814

FEC ID number of contributing
federal political committee.

C

Name of Employer
FDA

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

304.00

Date of Receipt

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

Transaction ID: SA11AI.4611

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

Phillip Kronstein

Mailing Address 4835 Cordell Ave., Apt. 1010

City

Bethesda

State

MD

Zip Code

20814

FEC ID number of contributing
federal political committee.

C

Name of Employer
FDA

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

354.00

Date of Receipt

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

Transaction ID: SA11AI.4728

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Peter and Lynne Kuhl

Mailing Address 2060 Wilshire Dr Se

City

Grand Rapids

State

MI

Zip Code

49506

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.6055

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

340.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 18 / 54

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

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NAME OF COMMITTEE (In Full)

MATTHEW 25 NETWORK

A.

Full Name (Last, First, Middle Initial)

Timothy Lee

Mailing Address 2511 Bennington Drive

City

San Bruno

State

CA

Zip Code

94066

FEC ID number of contributing
federal political committee.

C

Name of Employer
City & County of San Fran-
cisco

Occupation
attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.5064

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Del Lewis

Mailing Address 770 Potomac River Rd

City

Mclean

State

VA

Zip Code

22102

FEC ID number of contributing
federal political committee.

C

Name of Employer
Advanced Technology Systems

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: SA11AI.5999

Amount of Each Receipt this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

Joan Lewis

Mailing Address 770 Potomac River Rd

City

Mclean

State

VA

Zip Code

22102

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: SA11AI.6001

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

10250.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

MATTHEW 25 NETWORK

A.

Full Name (Last, First, Middle Initial)

Patrick Lewis

Mailing Address 6212 North Morgan St.

City

Alexandria

State

VA

Zip Code

22312

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: SA11AI.4390

Amount of Each Receipt this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Robert Loudon

Mailing Address 19325 sw 25th ct

City

miramar

State

FL

Zip Code

33029

FEC ID number of contributing
federal political committee.

C

Name of Employer
Diageo

Occupation

Auditor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.5095

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Rebecca Lyman

Mailing Address 115 Sheridan Way

City

Woodside

State

CA

Zip Code

94062

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

not employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.5432

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

5750.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MATTHEW 25 NETWORK

A.

Full Name (Last, First, Middle Initial)

Margaret Macleod

Mailing Address 424 Brookside Dr SE

City

Grand Rapids

State

MI

Zip Code

49507

FEC ID number of contributing
federal political committee.

C

Name of Employer
retired

Occupation
retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.6026

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Jack McDaniel

Mailing Address 3760 Market ST NE #275

City

Salem

State

OR

Zip Code

97301

FEC ID number of contributing
federal political committee.

C

Name of Employer
none

Occupation
not employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: SA11AI.5605

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Brian McLaren

Mailing Address 8229 Rippling Branch Rd

City

Laurel

State

MD

Zip Code

20723

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
author

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.5177

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 21 / 54

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

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NAME OF COMMITTEE (In Full)

MATTHEW 25 NETWORK

A.

Full Name (Last, First, Middle Initial)

Fiona McMahon

Mailing Address 6212 North Morgan St.

City

Alexandria

State

VA

Zip Code

22312

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: SA11AI.4394

Amount of Each Receipt this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Edward McNicholas

Mailing Address 1131 Bayliss Drive

City

Alexandria

State

VA

Zip Code

22302

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sidley Austin LLP

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.5569

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Derek Miller

Mailing Address 1630 Herbert St. NW

City

Washington

State

DC

Zip Code

20009

FEC ID number of contributing
federal political committee.

C

Name of Employer
US Senate

Occupation
Committee Staff

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.5898

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

5750.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MATTHEW 25 NETWORK

A.

Full Name (Last, First, Middle Initial)

Matthew Newell-Ching

Mailing Address 6815 N Vancouver Ave

City

Portland

State

OR

Zip Code

97217

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bread for the World

Occupation

Regional Organizer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: SA11AI.4662

Amount of Each Receipt this Period

225.00

B.

Full Name (Last, First, Middle Initial)

Rodney Page

Mailing Address 6318 Stoneham Lane

City

McLean

State

VA

Zip Code

22101

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bryan Cave LLP

Occupation

Lawyer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.4720

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Donald Pratt

Mailing Address 337 Harper Pl

City

Highland Park

State

NJ

Zip Code

08904

FEC ID number of contributing
federal political committee.

C

Name of Employer
Telcordia Technologies

Occupation

Consultant

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.4649

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

975.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 23 / 54

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

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NAME OF COMMITTEE (In Full)

MATTHEW 25 NETWORK

A.

Full Name (Last, First, Middle Initial)

Walter Pryor

Mailing Address 1400 Iris St NW

City

Washington, DC

State

DC

Zip Code

20012

FEC ID number of contributing
federal political committee.

C

Name of Employer
Podesta Group

Occupation

Lobbyist/Lawyer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.5984

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Christopher Revere

Mailing Address 8101 Wingfield PI

City

Alexandria

State

VA

Zip Code

22303

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.5953

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Alfred M. Rotondaro

Mailing Address 5904 Ashby Manor

City

Alexandria

State

VA

Zip Code

22310

FEC ID number of contributing
federal political committee.

C

Name of Employer
Center for American

Occupation

Senior Fellow

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: SA11AI.5888

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 24 / 54

(check only one)

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

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NAME OF COMMITTEE (In Full)

MATTHEW 25 NETWORK

A.

Full Name (Last, First, Middle Initial)

Kathleen Rotondaro

Mailing Address 5904 Ashby Manor Rd

City

Alexandria

State

VA

Zip Code

22310

FEC ID number of contributing
federal political committee.

C

Name of Employer
Quadel Consulting

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: SA11AI.6061

Amount of Each Receipt this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Sharon Salzberg

Mailing Address 1230 Pleasant St

City

Barre

State

MA

Zip Code

01005

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
author

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.4726

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Sharon Salzberg

Mailing Address 1230 Pleasant St

City

Barre

State

MA

Zip Code

01005

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
author

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: SA11AI.5348

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

5200.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 25 / 54

(check only one)

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

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NAME OF COMMITTEE (In Full)

MATTHEW 25 NETWORK

A.

Full Name (Last, First, Middle Initial)

Enemus Samuels

Mailing Address 14426 Fairdale Rd

City

Silver Spring

State

MD

Zip Code

20905

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Self Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.4731

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Janine Smith

Mailing Address 310 Opera Ct

City

Silver Spring

State

MD

Zip Code

20901

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Lawyer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.5370

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Greta Snider

Mailing Address 54 Bonview Street

City

San Francisco

State

CA

Zip Code

94110

FEC ID number of contributing
federal political committee.

C

Name of Employer
teacher

Occupation

SFSU

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.5399

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 26 / 54

(check only one)

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

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NAME OF COMMITTEE (In Full)

MATTHEW 25 NETWORK

A.

Full Name (Last, First, Middle Initial)

Ron Michael Stief

Mailing Address 1807 10th St Apt 6

City

Santa Monica

State

CA

Zip Code

90404

FEC ID number of contributing
federal political committee.

C

Name of Employer
Faith in Public Life

Occupation

Program Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.5926

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Daniella Landau Strother

Mailing Address 3036 New Mexico Ave NW

City

Washington

State

DC

Zip Code

20016

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.5937

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Dan Tate

Mailing Address 4510 Wethwill Rd

City

Bethesda

State

MD

Zip Code

20816

FEC ID number of contributing
federal political committee.

C

Name of Employer
Capital Solutions

Occupation

Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.4625

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 27 / 54

(check only one)

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

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NAME OF COMMITTEE (In Full)

MATTHEW 25 NETWORK

A.

Full Name (Last, First, Middle Initial)

Ronald Tompkins

Mailing Address 81-05 35th Avenue #2K

City

Jackson Heights

State

NY

Zip Code

11372

FEC ID number of contributing
federal political committee.

C

Name of Employer
Community Churh

Occupation
Clergy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.5232

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Ronald Tompkins

Mailing Address 81-05 35th Avenue #2K

City

Jackson Heights

State

NY

Zip Code

11372

FEC ID number of contributing
federal political committee.

C

Name of Employer
Community Churh

Occupation
Clergy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.5596

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Karen and Bob VanStright

Mailing Address 5765 Arroyo Vista Dr NE

City

Rockford

State

MI

Zip Code

49341

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Educator/Business Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

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

Transaction ID: SA11AI.6035

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 28 / 54

(check only one)

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

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NAME OF COMMITTEE (In Full)

MATTHEW 25 NETWORK

A.

Full Name (Last, First, Middle Initial)

Thomas Ward

Mailing Address 218 Chestnut Ave.

City

Jamaica Plain

State

MA

Zip Code

02130

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auctive, Inc.

Occupation

President, Beverage & Food Consulting

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

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

Transaction ID: SA11AI.4608

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Thomas Ward

Mailing Address 218 Chestnut Ave.

City

Jamaica Plain

State

MA

Zip Code

02130

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auctive, Inc.

Occupation

President, Beverage & Food Consulting

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

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

Transaction ID: SA11AI.5326

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

James Wickett

Mailing Address 142 Patricia Drive

City

Atherton

State

CA

Zip Code

94027

FEC ID number of contributing
federal political committee.

C

Name of Employer
Macrovision Corporation

Occupation

Businessman: EVP Corp. Dev.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.4610

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

59879.00

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

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

FOR LINE NUMBER: PAGE 29 / 54

(check only one)

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

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NAME OF COMMITTEE (In Full)

MATTHEW 25 NETWORK

A.

Full Name (Last, First, Middle Initial)

BUILDING RELATIONSHIPS IN DIVERSE GEOGRAPHIC ENVIRONMENTS PAC (BRIDGE PAC)

Mailing Address 499 SOUTH CAPITOL ST SW SUITE 412

City

WASHINGTON

State

DC

Zip Code

20003

FEC ID number of contributing
federal political committee.

C C00399196

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 4 / 2 0 0 8

Transaction ID: SA11C.4541

Amount of Each Receipt this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

FRIENDS OF ROSA DELAURO

Mailing Address 12 TRUMBULL STREET

City

NEW HAVEN

State

CT

Zip Code

06511

FEC ID number of contributing
federal political committee.

C C00238865

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: SA11C.4538

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

10000.00

TOTAL This Period (last page this line number only)

10000.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 30 / 54

<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)
MATTHEW 25 NETWORK

A. Full Name (Last, First, Middle Initial) Advance Audio Visual	Transaction ID: SB21B.5722 Date of Disbursement
Mailing Address 10739 Tucker Street	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 6 / 2 0 0 8</div> </div>
City State Zip Code Beltsville MD 20805 Purpose of Disbursement Audio Visual for Event Candidate Name	Amount of Each Disbursement this Period <div>407.36</div>
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) ▼	<div>Category/Type</div>
B. Full Name (Last, First, Middle Initial) Amtrak	Transaction ID: SB21B.5783 Date of Disbursement
Mailing Address 60 Massachusetts Ave, NE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 0 / 2 0 0 8</div> </div>
City State Zip Code Washington DC 20002 Purpose of Disbursement Travel Candidate Name	Amount of Each Disbursement this Period <div>76.00</div>
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) ▼	<div>Category/Type</div>
C. Full Name (Last, First, Middle Initial) Amtrak	Transaction ID: SB21B.5796 Date of Disbursement
Mailing Address 60 Massachusetts Ave, NE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 5 / 2 0 0 8</div> </div>
City State Zip Code Washington DC 20002 Purpose of Disbursement Travel Candidate Name	Amount of Each Disbursement this Period <div>45.00</div>
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) ▼	<div>Category/Type</div>

SUBTOTAL of Disbursements This Page (optional)

528.36

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 31 / 54

<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)
MATTHEW 25 NETWORK

A. Full Name (Last, First, Middle Initial) Amtrak	Transaction ID: SB21B.5835 Date of Disbursement
Mailing Address 60 Massachusetts Ave, NE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 8 / 2 0 0 8</div> </div>
City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period
Purpose of Disbursement Travel	<div>76.00</div>
Candidate Name	<div>Category/Type</div>
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) AP/World Wide Photos	Transaction ID: SB21B.5728 Date of Disbursement
Mailing Address 450 West 33rd Street	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 8 / 2 0 0 8</div> </div>
City New York State NY Zip Code 10001	Amount of Each Disbursement this Period
Purpose of Disbursement Photos	<div>375.00</div>
Candidate Name	<div>Category/Type</div>
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) Apple Store	Transaction ID: SB21B.5739 Date of Disbursement
Mailing Address 1100 South Hayes Street	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 2 1 / 2 0 0 8</div> </div>
City Arlington State VA Zip Code 22202	Amount of Each Disbursement this Period
Purpose of Disbursement Computer	<div>2254.35</div>
Candidate Name	<div>Category/Type</div>
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)

2705.35

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 32 / 54

<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)
MATTHEW 25 NETWORK

A. Full Name (Last, First, Middle Initial) Auburn Quad, Inc. <hr/> Mailing Address PO Box 390728	Transaction ID: SB21B.5862 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 3 0 / 2 0 0 8</div> </div>
<div> <div>City State Zip Code</div> <div>Cambridge MA 02139</div> </div> <div> <div>Purpose of Disbursement</div> <div>Credit Card Processing Charges</div> </div> <div> <div>Candidate Name</div> <div></div> </div> <div> <div>Office Sought:</div> <div> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President </div> <div> <div>Disbursement For:</div> <div> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </div> </div> </div> <div> <div>State: District:</div> <div></div> </div>	Amount of Each Disbursement this Period <div>1661.47</div>
B. Full Name (Last, First, Middle Initial) Dewey Digital <hr/> Mailing Address 1001 G Street, NW	Transaction ID: SB21B.5815 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 1 / 2 0 0 8</div> </div>
<div> <div>City State Zip Code</div> <div>Washington DC 20001</div> </div> <div> <div>Purpose of Disbursement</div> <div>Website</div> </div> <div> <div>Candidate Name</div> <div></div> </div> <div> <div>Office Sought:</div> <div> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President </div> <div> <div>Disbursement For:</div> <div> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </div> </div> </div> <div> <div>State: District:</div> <div></div> </div>	Amount of Each Disbursement this Period <div>5000.00</div>
C. Full Name (Last, First, Middle Initial) Dewey Digital <hr/> Mailing Address 1001 G Street, NW	Transaction ID: SB21B.5837 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 2 / 2 0 0 8</div> </div>
<div> <div>City State Zip Code</div> <div>Washington DC 20001</div> </div> <div> <div>Purpose of Disbursement</div> <div>Website</div> </div> <div> <div>Candidate Name</div> <div></div> </div> <div> <div>Office Sought:</div> <div> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President </div> <div> <div>Disbursement For:</div> <div> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </div> </div> </div> <div> <div>State: District:</div> <div></div> </div>	Amount of Each Disbursement this Period <div>1050.00</div>

SUBTOTAL of Disbursements This Page (optional) ►

7711.47

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 33 / 54

<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)
MATTHEW 25 NETWORK

<p>A. Full Name (Last, First, Middle Initial) Dewey Digital</p> <p>Mailing Address 1001 G Street, NW</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement Website</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.5838</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1050.00"/></p>
<p>B. Full Name (Last, First, Middle Initial) FedexKinko's</p> <p>Mailing Address 5225 Wisconsin Avenue</p> <p>City Washington State DC Zip Code 20015</p> <p>Purpose of Disbursement Copying</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.5858</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="39.28"/></p>
<p>C. Full Name (Last, First, Middle Initial) Fresh Start Catering</p> <p>Mailing Address 425 Second Street, NW</p> <p>City Washington State DC Zip Code 20008</p> <p>Purpose of Disbursement Catering</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.5736</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1212.21"/></p>

SUBTOTAL of Disbursements This Page (optional)

2301.49

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)

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

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NAME OF COMMITTEE (In Full)
MATTHEW 25 NETWORK

A. Full Name (Last, First, Middle Initial) Google Adwords	Transaction ID: SB21B.5778 Date of Disbursement
Mailing Address 1600 Ampitheater Pkwy	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 8 / 2 0 0 8</div> </div>
City Mountain View State CA Zip Code 94043	Amount of Each Disbursement this Period
Purpose of Disbursement Web Advertising	<div>224.23</div>
Candidate Name	<div>Category/Type</div>
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) Google Adwords	Transaction ID: SB21B.5819 Date of Disbursement
Mailing Address 1600 Ampitheater Pkwy	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 2 / 2 0 0 8</div> </div>
City Mountain View State CA Zip Code 94043	Amount of Each Disbursement this Period
Purpose of Disbursement Web Advertising	<div>363.39</div>
Candidate Name	<div>Category/Type</div>
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 Adwords	Transaction ID: SB21B.5851 Date of Disbursement
Mailing Address 1600 Ampitheater Pkwy	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 5 / 2 0 0 8</div> </div>
City Mountain View State CA Zip Code 94043	Amount of Each Disbursement this Period
Purpose of Disbursement Web Advertising	<div>514.37</div>
Candidate Name	<div>Category/Type</div>
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)

1101.99

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)

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

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)
MATTHEW 25 NETWORK

A. Full Name (Last, First, Middle Initial) Abigail Heimach	Transaction ID: SB21B.5759 Date of Disbursement
Mailing Address 7253 Ponderosa Pines Place	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 3 0 / 2 0 0 8</div> </div>
City Indianapolis State IN Zip Code 46239	Amount of Each Disbursement this Period
Purpose of Disbursement Computer	<div>1451.10</div>
Candidate Name	<div>Category/Type</div>
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) National Women's Party	Transaction ID: SB21B.5692 Date of Disbursement
Mailing Address 144 Consitution Avenue, NE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 9 / 2 0 0 8</div> </div>
City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period
Purpose of Disbursement Catering	<div>3250.00</div>
Candidate Name	<div>Category/Type</div>
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) Network Lobby	Transaction ID: SB21B.5687 Date of Disbursement
Mailing Address 25 E Street, NW	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 7 / 2 0 0 8</div> </div>
City Washington State DC Zip Code 20001	Amount of Each Disbursement this Period
Purpose of Disbursement Office Rent	<div>1875.00</div>
Candidate Name	<div>Category/Type</div>
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)

6576.10

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)

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

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NAME OF COMMITTEE (In Full)
MATTHEW 25 NETWORK

A. Full Name (Last, First, Middle Initial) Network Lobby	Transaction ID: SB21B.5814 Date of Disbursement
Mailing Address 25 E Street, NW	<input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/>
City Washington State DC Zip Code 20001	Amount of Each Disbursement this Period
Purpose of Disbursement Office Rent	<input type="text" value="1100.00"/>
Candidate Name	<input type="text"/> 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) Nix & Associates	Transaction ID: SB21B.5700 Date of Disbursement
Mailing Address 7219 Manchester Rd	<input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/>
City St. Louis State MO Zip Code 63143	Amount of Each Disbursement this Period
Purpose of Disbursement Lodging	<input type="text" value="225.00"/>
Candidate Name	<input type="text"/> 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) Nix & Associates	Transaction ID: SB21B.5702 Date of Disbursement
Mailing Address 7219 Manchester Rd	<input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/>
City St. Louis State MO Zip Code 63143	Amount of Each Disbursement this Period
Purpose of Disbursement Lodging	<input type="text" value="225.00"/>
Candidate Name	<input type="text"/> 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)

1550.00

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)

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

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NAME OF COMMITTEE (In Full)
MATTHEW 25 NETWORK

A.

Full Name (Last, First, Middle Initial)
Northwest Airlines

Mailing Address 2700 Lone Oak Pkwy

City Eagan State MN Zip Code 55121

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.5696

Date of Disbursement

/ /

Amount of Each Disbursement this Period

269.00

B.

Full Name (Last, First, Middle Initial)
Poste Restaurant

Mailing Address 555 8th Street, NW

City Washington State DC Zip Code 20004

Purpose of Disbursement
Food

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.5752

Date of Disbursement

/ /

Amount of Each Disbursement this Period

220.33

C.

Full Name (Last, First, Middle Initial)
Priceline.com

Mailing Address 800 Connecticut Ave

City Norwalk State CT Zip Code 06854

Purpose of Disbursement
Lodging

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.5741

Date of Disbursement

/ /

Amount of Each Disbursement this Period

98.16

SUBTOTAL of Disbursements This Page (optional)

587.49

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)

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

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NAME OF COMMITTEE (In Full)
MATTHEW 25 NETWORK

A.

Full Name (Last, First, Middle Initial)
Priceline.com

Mailing Address 800 Connecticut Ave

City Norwalk State CT Zip Code 06854

Purpose of Disbursement
Lodging

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.5830

Date of Disbursement

09 / 04 / 2008

Amount of Each Disbursement this Period

57.22

B.

Full Name (Last, First, Middle Initial)
Priceline.com

Mailing Address 800 Connecticut Ave

City Norwalk State CT Zip Code 06854

Purpose of Disbursement
Lodging

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.5833

Date of Disbursement

09 / 08 / 2008

Amount of Each Disbursement this Period

104.89

C.

Full Name (Last, First, Middle Initial)
Priceline.com

Mailing Address 800 Connecticut Ave

City Norwalk State CT Zip Code 06854

Purpose of Disbursement
Lodging

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.5857

Date of Disbursement

09 / 30 / 2008

Amount of Each Disbursement this Period

93.59

SUBTOTAL of Disbursements This Page (optional)

255.70

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)

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

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NAME OF COMMITTEE (In Full)
MATTHEW 25 NETWORK

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Rise-Up International</p> <p>Mailing Address 869 Tin Pan Alley</p> <p>City Bend State OR Zip Code 97701</p> <p>Purpose of Disbursement T-Shirt Design</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.5840</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 5 / 2 0 0 8</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div></div> <div>675.00</div> </div> </p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Sandler, Reiff & Young, PC</p> <p>Mailing Address 300 M Street, SE Suite 1102</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Legal Services</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.5842</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 5 / 2 0 0 8</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div></div> <div>1000.00</div> </div> </p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Eric Sapp</p> <p>Mailing Address 1603 Kirby Rd</p> <p>City McLean State VA Zip Code 22101</p> <p>Purpose of Disbursement Ad Production</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.5845</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 2 / 2 0 0 8</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div></div> <div>759.55</div> </div> </p>

SUBTOTAL of Disbursements This Page (optional)

2434.55

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)

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

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NAME OF COMMITTEE (In Full)
MATTHEW 25 NETWORK

A. Full Name (Last, First, Middle Initial) Schneider's Liquor	Transaction ID: SB21B.5726 Date of Disbursement																				
Mailing Address 300 Massachusetts Ave., NE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	7		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		1	7		2	0	0	8												
City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period																				
Purpose of Disbursement Beverages	<table border="1"> <tr> <td>862.71</td> </tr> </table>	862.71																			
862.71																					
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) Sheraton Philadelphia	Transaction ID: SB21B.5715 Date of Disbursement																				
Mailing Address 36th & Chestnut Streets	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		1	5		2	0	0	8												
City Philadelphia State PA Zip Code 19104	Amount of Each Disbursement this Period																				
Purpose of Disbursement Lodging	<table border="1"> <tr> <td>385.32</td> </tr> </table>	385.32																			
385.32																					
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) Sheraton Philadelphia	Transaction ID: SB21B.5717 Date of Disbursement																				
Mailing Address 36th & Chestnut Streets	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		1	5		2	0	0	8												
City Philadelphia State PA Zip Code 19104	Amount of Each Disbursement this Period																				
Purpose of Disbursement Lodging	<table border="1"> <tr> <td>385.32</td> </tr> </table>	385.32																			
385.32																					
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)

1633.35

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)

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

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NAME OF COMMITTEE (In Full)
MATTHEW 25 NETWORK

A. Full Name (Last, First, Middle Initial) Staples	Transaction ID: SB21B.5698 Date of Disbursement																				
Mailing Address 1250 H Street, NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		0	9		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		0	9		2	0	0	8												
City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period																				
Purpose of Disbursement Office Supplies	<table border="1"> <tr> <td>2</td><td>5</td><td>0</td><td>.</td><td>5</td><td>3</td> </tr> </table>	2	5	0	.	5	3														
2	5	0	.	5	3																
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) Sharee Taylor	Transaction ID: SB21B.5734 Date of Disbursement																				
Mailing Address 3536 Park Place, NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		2	1		2	0	0	8												
City Washington State DC Zip Code 20010	Amount of Each Disbursement this Period																				
Purpose of Disbursement Office Supplies	<table border="1"> <tr> <td>2</td><td>0</td><td>7</td><td>.</td><td>3</td><td>1</td> </tr> </table>	2	0	7	.	3	1														
2	0	7	.	3	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) ▼																				
C. Full Name (Last, First, Middle Initial) Sharee Taylor	Transaction ID: SB21B.5747 Date of Disbursement																				
Mailing Address 3536 Park Place, NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	3		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		2	3		2	0	0	8												
City Washington State DC Zip Code 20010	Amount of Each Disbursement this Period																				
Purpose of Disbursement Strategic Consulting	<table border="1"> <tr> <td>3</td><td>0</td><td>0</td><td>.</td><td>0</td><td>0</td> </tr> </table>	3	0	0	.	0	0														
3	0	0	.	0	0																
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)

3457.84

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MATTHEW 25 NETWORK

A. Full Name (Last, First, Middle Initial) Sharee Taylor	Transaction ID: SB21B.5764 Date of Disbursement																				
Mailing Address 3536 Park Place, NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	4		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		0	4		2	0	0	8												
City Washington State DC Zip Code 20010	Amount of Each Disbursement this Period																				
Purpose of Disbursement Strategic Consulting	<table border="1"> <tr> <td>3</td><td>3</td><td>0</td><td>0</td><td>.</td><td>0</td><td>0</td> </tr> </table>	3	3	0	0	.	0	0													
3	3	0	0	.	0	0															
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) Sharee Taylor	Transaction ID: SB21B.5789 Date of Disbursement																				
Mailing Address 3536 Park Place, NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	2		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	2		2	0	0	8												
City Washington State DC Zip Code 20010	Amount of Each Disbursement this Period																				
Purpose of Disbursement Strategic Consulting	<table border="1"> <tr> <td>4</td><td>0</td><td>0</td><td>0</td><td>.</td><td>0</td><td>0</td> </tr> </table>	4	0	0	0	.	0	0													
4	0	0	0	.	0	0															
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) United Airlines	Transaction ID: SB21B.5775 Date of Disbursement																				
Mailing Address 77 W Wacker Drive	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	2		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	2		2	0	0	8												
City Chicago State IL Zip Code 60601	Amount of Each Disbursement this Period																				
Purpose of Disbursement Travel	<table border="1"> <tr> <td>7</td><td>9</td><td>8</td><td>.</td><td>4</td><td>9</td> </tr> </table>	7	9	8	.	4	9														
7	9	8	.	4	9																
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)

8098.49

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)

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

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NAME OF COMMITTEE (In Full)
MATTHEW 25 NETWORK

A.

Full Name (Last, First, Middle Initial)
United Airlines

Mailing Address 77 W Wacker Drive

City Chicago State IL Zip Code 60601

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.5829

Date of Disbursement

/ /

Amount of Each Disbursement this Period

59.00

B.

Full Name (Last, First, Middle Initial)
United Airlines

Mailing Address 77 W Wacker Drive

City Chicago State IL Zip Code 60601

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.5852

Date of Disbursement

/ /

Amount of Each Disbursement this Period

438.01

C.

Full Name (Last, First, Middle Initial)
US Airways

Mailing Address 400 E. Sky Harbor Blvd.

City Phoenix State AZ Zip Code 85034

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.5790

Date of Disbursement

/ /

Amount of Each Disbursement this Period

482.00

SUBTOTAL of Disbursements This Page (optional)

979.01

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 44 / 54

<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)
MATTHEW 25 NETWORK

A.

Full Name (Last, First, Middle Initial)
US Airways

Mailing Address 400 E. Sky Harbor Blvd.

City Phoenix State AZ Zip Code 85034

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.5797

Date of Disbursement

08 / 25 / 2008

Amount of Each Disbursement this Period

17.00

B.

Full Name (Last, First, Middle Initial)
MARA VANDERSLICE

Mailing Address 25 E STREET, NW
SUITE 200

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement
Strategic Consulting

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.5682

Date of Disbursement

07 / 01 / 2008

Amount of Each Disbursement this Period

4000.00

C.

Full Name (Last, First, Middle Initial)
MARA VANDERSLICE

Mailing Address 25 E STREET, NW
SUITE 200

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement
Strategic Consulting

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.5738

Date of Disbursement

07 / 21 / 2008

Amount of Each Disbursement this Period

3000.00

SUBTOTAL of Disbursements This Page (optional)

7017.00

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 PageFOR LINE NUMBER:
(check only one)

PAGE 45 / 54

<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)
MATTHEW 25 NETWORK**A.**Full Name (Last, First, Middle Initial)
MARA VANDERSLICEMailing Address 25 E STREET, NW
SUITE 200

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement
Strategic Consulting

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.5760

Date of Disbursement

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

Amount of Each Disbursement this Period

1500.00

B.Full Name (Last, First, Middle Initial)
MARA VANDERSLICEMailing Address 25 E STREET, NW
SUITE 200

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement
Strategic Consulting

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.5765

Date of Disbursement

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

Amount of Each Disbursement this Period

4000.00

C.Full Name (Last, First, Middle Initial)
MARA VANDERSLICEMailing Address 25 E STREET, NW
SUITE 200

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement
Strategic Consulting

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.5777

Date of Disbursement

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

Amount of Each Disbursement this Period

3000.00

SUBTOTAL of Disbursements This Page (optional) ►

8500.00

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 46 / 54

<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)
MATTHEW 25 NETWORK

<p>A.</p> <p>Full Name (Last, First, Middle Initial) MARIA VANDERSLICE</p> <p>Mailing Address 25 E STREET, NW SUITE 200</p> <p>City WASHINGTON State DC Zip Code 20001</p> <p>Purpose of Disbursement Strategic Consulting</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.5817</p> <p>Date of Disbursement 09 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) MARIA VANDERSLICE</p> <p>Mailing Address 25 E STREET, NW SUITE 200</p> <p>City WASHINGTON State DC Zip Code 20001</p> <p>Purpose of Disbursement Strategic Consulting</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.5839</p> <p>Date of Disbursement 09 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 4000.00</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Verizon</p> <p>Mailing Address 140 West Street</p> <p>City New York State NY Zip Code 10007</p> <p>Purpose of Disbursement Phones</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.5853</p> <p>Date of Disbursement 09 / 25 / 2008</p> <p>Amount of Each Disbursement this Period 378.50</p>

SUBTOTAL of Disbursements This Page (optional)

5378.50

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 47 / 54

<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)
MATTHEW 25 NETWORK

A. Full Name (Last, First, Middle Initial) WACHOVIA	Transaction ID: SB21B.5782 Date of Disbursement																				
Mailing Address 444 NORTH CAPITOL STREET, NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td> <td>D</td><td>D</td><td>/</td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td> <td>2</td><td>0</td><td></td> <td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	0		2	0	0	8												
City WASHINGTON State DC Zip Code 20001	Amount of Each Disbursement this Period																				
Purpose of Disbursement Bank Charges Candidate Name	<table border="1"> <tr> <td colspan="10">105.00</td> </tr> </table>	105.00																			
105.00																					
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) WACHOVIA	Transaction ID: SB21B.5786 Date of Disbursement																				
Mailing Address 444 NORTH CAPITOL STREET, NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td> <td>D</td><td>D</td><td>/</td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td> <td>2</td><td>1</td><td></td> <td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	1		2	0	0	8												
City WASHINGTON State DC Zip Code 20001	Amount of Each Disbursement this Period																				
Purpose of Disbursement Bank Charges Candidate Name	<table border="1"> <tr> <td colspan="10">35.00</td> </tr> </table>	35.00																			
35.00																					
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) WACHOVIA	Transaction ID: SB21B.5836 Date of Disbursement																				
Mailing Address 444 NORTH CAPITOL STREET, NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td> <td>D</td><td>D</td><td>/</td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td> <td>1</td><td>0</td><td></td> <td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		1	0		2	0	0	8												
City WASHINGTON State DC Zip Code 20001	Amount of Each Disbursement this Period																				
Purpose of Disbursement Bank Charges Candidate Name	<table border="1"> <tr> <td colspan="10">27.80</td> </tr> </table>	27.80																			
27.80																					
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)

167.80

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)

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

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)
MATTHEW 25 NETWORK

A.

Full Name (Last, First, Middle Initial)

Yahoo Search

Mailing Address 701 First Avenue

City Sunnyvale State CA Zip Code 94089

Purpose of Disbursement
Online Marketing

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.5834

Date of Disbursement

/ /

Amount of Each Disbursement this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Yahoo Search

Mailing Address 701 First Avenue

City Sunnyvale State CA Zip Code 94089

Purpose of Disbursement
Online Marketing

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.5855

Date of Disbursement

/ /

Amount of Each Disbursement this Period

100.00

SUBTOTAL of Disbursements This Page (optional)

200.00

TOTAL This Period (last page this line number only)

61184.49

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)☐ 9
☒ 10NAME OF COMMITTEE (In Full)
MATTHEW 25 NETWORK**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
Suzette CaldwellNature of Debt (Purpose):
Newspaper Advertisement

Mailing Address PO Box 130876

City State ZIP Code
Spring TX 77393

Outstanding Balance Beginning This Period

4931.64

Transaction ID: SD10.4515

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4931.64

1) **SUBTOTALS** This Period This Page (optional)..... ▶

4931.64

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

4931.64

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) ▶

4931.64

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) MATTHEW 25 NETWORK		FEC IDENTIFICATION NUMBER C C00449801	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Buying Time, LLC		Date M M / D D / Y Y Y Y 0 8 / 1 5 / 2 0 0 8	
Mailing Address 2715 M Street, NW		Amount 4959.75	
City State Zip Code Washington DC 20007		Transaction ID: SE.4521	
Purpose of Expenditure TV Ad - Disseminated 8/16/08		Office Sought: <input type="checkbox"/> House State: DC <input checked="" type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 39817.14		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008	
Full Name (Last, First, Middle, Initial) of Payee Eleison Group		Date M M / D D / Y Y Y Y 0 7 / 2 3 / 2 0 0 8	
Mailing Address 1665 North Fort Meyer; Suite 700		Amount 5000.00	
City State Zip Code Arlington VA 22209		Transaction ID: SE.4523	
Purpose of Expenditure Radio Ad Production		Office Sought: <input type="checkbox"/> House State: DC <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 25158.39		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008	
(a) SUBTOTAL of Itemized Independent Expenditures		9959.75	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
MARA VANDERSLICE Signature		Date M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 8	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) MATTHEW 25 NETWORK		FEC IDENTIFICATION NUMBER ▼ C C00449801	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee National Catholic Reporter		Date M M / D D / Y Y Y Y 0 8 / 1 5 / 2 0 0 8	
Mailing Address 115 E. Armour Blvd.		Amount 2265.60	
City State Zip Code Kansas City MO 64111		Transaction ID: SE.4527	
Purpose of Expenditure Newspaper Ad		Office Sought: <input type="checkbox"/> House State: DE <input checked="" type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: BARACK OBAMA		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 2265.60		2008	
Full Name (Last, First, Middle, Initial) of Payee Ohio Christian Radio		Date M M / D D / Y Y Y Y 0 9 / 2 3 / 2 0 0 8	
Mailing Address PO Box 2396		Amount 505.60	
City State Zip Code Sandusky OH 44870		Transaction ID: SE.5846	
Purpose of Expenditure Radio Ad		Office Sought: <input type="checkbox"/> House State: DC <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: BARACK OBAMA		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 40322.74		2008	
(a) SUBTOTAL of Itemized Independent Expenditures		2771.20	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
MARA VANDERSLICE Signature		Date M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 8	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) MATTHEW 25 NETWORK		FEC IDENTIFICATION NUMBER C C00449801	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Ohio Christian Radio		Date M M / D D / Y Y Y Y 0 9 / 2 4 / 2 0 0 8	
Mailing Address PO Box 2396		Amount 2760.00	
City State Zip Code Sandusky OH 44870		Transaction ID: SE.5850	
Purpose of Expenditure Radio Ad		Office Sought: <input type="checkbox"/> House State: DC <input checked="" type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 43082.74		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008	
Full Name (Last, First, Middle, Initial) of Payee pTV Media		Date M M / D D / Y Y Y Y 0 8 / 1 5 / 2 0 0 8	
Mailing Address P.O. Box 65273		Amount 6988.00	
City State Zip Code Washington DC 20035		Transaction ID: SE.4519	
Purpose of Expenditure TV Ad Production - Disseminated 8/18/08		Office Sought: <input type="checkbox"/> House State: DC <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 34857.39		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008	
(a) SUBTOTAL of Itemized Independent Expenditures		9748.00	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
MARA VANDERSLICE Signature		Date M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 8	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) MATTHEW 25 NETWORK		FEC IDENTIFICATION NUMBER C C00449801	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Alfred M. Rotondaro		Date M M / D D / Y Y Y Y 0 7 / 1 4 / 2 0 0 8	
Mailing Address 5904 Ashby Manor		Amount 1186.67	
City State Zip Code Alexandria VA 22310		Transaction ID: SE.5708	
Purpose of Expenditure Newspaper Advertisement		Office Sought: <input type="checkbox"/> House State: DC <input checked="" type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 14665.89		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008	
Full Name (Last, First, Middle, Initial) of Payee Eric Sapp		Date M M / D D / Y Y Y Y 0 7 / 2 2 / 2 0 0 8	
Mailing Address 1603 Kirby Rd		Amount 2851.36	
City State Zip Code McLean VA 22101		Transaction ID: SE.5744	
Purpose of Expenditure Radio Ad Production		Office Sought: <input type="checkbox"/> House State: DC <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 17517.25		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008	
(a) SUBTOTAL of Itemized Independent Expenditures		4038.03	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
MARA VANDERSLICE Signature		Date M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 8	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) MATTHEW 25 NETWORK		FEC IDENTIFICATION NUMBER C C00449801	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Eric Sapp		Date M M / D D / Y Y Y Y 0 7 / 2 2 / 2 0 0 8	
Mailing Address 1603 Kirby Rd		Amount 2641.14	
City McLean State VA Zip Code 22101		Transaction ID: SE.5746	
Purpose of Expenditure Radio Ad Production		Office Sought: <input type="checkbox"/> House State: DC <input checked="" type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 20158.39		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008	
Full Name (Last, First, Middle, Initial) of Payee Eric Sapp		Date M M / D D / Y Y Y Y 0 8 / 0 2 / 2 0 0 8	
Mailing Address 1603 Kirby Rd		Amount 2711.00	
City McLean State VA Zip Code 22101		Transaction ID: SE.5763	
Purpose of Expenditure Radio Ad Production		Office Sought: <input type="checkbox"/> House State: DC <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 27869.39		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008	
(a) SUBTOTAL of Itemized Independent Expenditures		5352.14	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures		31869.12	
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.			
MARA VANDERSLICE Signature		Date M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 8	