

# FEC FORM 5

## REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

FEC MAIL CENTER

1. (a) Name of Individual, Organization or Corporation <b>DNC Reform</b>		2009 MAR 31 A 11:14
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported <b>PO BOX 16</b>		
(c) City, State and ZIP Code <b>Flat Rock, NJ 48134</b>		3. FEC Identification Number <b>000453167</b>
2. Corporate filers only <b>N/A</b>	Is the filer a qualified nonprofit corporation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Individual filers only <b>N/A</b>	Name of Employer	Occupation

### 4. TYPE OF REPORT (check appropriate boxes):

- (a) ☐ April 15 Quarterly Report  
☐ July 15 Quarterly Report  
☐ October 15 Quarterly Report  
☒ January 31 Year-End Report  
☐ 24-Hour Report  
☐ 48-Hour Report

b) Is this Report an amendment? Yes ☐ No ☒

### 5. COVERING PERIOD: FROM

**01 01 2008**  
THROUGH  
**01 31 2008**

6. TOTAL CONTRIBUTIONS .....

**78732**

7. TOTAL INDEPENDENT EXPENDITURES .....

**78732**

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 any political party committee or its agent. In addition, (if the independent expenditures reported herein were made by a corporation) I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

**Steven Hill**

*[Signature]*

**1/30/08**

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

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530. Local 202-694-1100

29030061181

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 4 OF 5  
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

DNC Reform

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

Home Depot

Date

Mailing Address

2300 West Allen

Amount

City

Woodhaven

State

MI

Zip Code

48183

70.64

Purpose of Expenditure

SIGNAGE MATERIAL

Category/  
Type

Office Sought:

House

State: \_\_\_\_\_

Senate

District: \_\_\_\_\_

☒ President

Check One:

☐ Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

McCain

Calendar Year-To-Date Per Election  
for Office Sought

Disbursement For:

Primary

☒ General

Other (specify) \_\_\_\_\_

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

Flat Rock Post Office

Date

06 23 2008

Mailing Address

Amount

City

Flat Rock

State

MI

Zip Code

48134

3000

Purpose of Expenditure

PO BOX

Category/  
Type

Office Sought:

House

State: \_\_\_\_\_

Senate

District: \_\_\_\_\_

☒ President

Check One:

☐ Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

McCain

Calendar Year-To-Date Per Election  
for Office Sought

Disbursement For:

Primary

☒ General

Other (specify) \_\_\_\_\_

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

Best Buy

Date

Mailing Address

EUREKA Rd

Amount

City

Taylor

State

MI

Zip Code

48181

4239

Purpose of Expenditure

Utility Computer

Category/  
Type

Office Sought:

House

State: MI

Senate

District: \_\_\_\_\_

☒ President

Check One:

☐ Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

McCain

Calendar Year-To-Date Per Election  
for Office Sought

Disbursement For:

Primary

☒ General

Other (specify) \_\_\_\_\_

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶

143.03

(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶

(c) TOTAL Independent Expenditures..... ▶  
(carry total from last page forward to Line 7)

787.32

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 5 OF 55  
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

DNC Reform

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

Office Depot

Date

Mailing Address

23420 Allen Rd

Amount

City

Woodhaven

State

MI

Zip Code

48183

48.72

Purpose of Expenditure

flyer & DVD supplies

Category/  
Type

Office Sought:

House

State: MI

Senate

District: \_\_\_\_\_

☒ President

Check One:

☐ Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

McCain

Calendar Year-To-Date Per Election  
for Office Sought

Disbursement For:

Primary

☒ General

Other (specify) \_\_\_\_\_

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

Walmart

Date

Mailing Address

Allen Rd

Amount

City

Woodhaven

State

MI

Zip Code

121.93

Purpose of Expenditure

Printer Cartridge / sweat shirt supp

Category/  
Type

Office Sought:

House

State: MI

Senate

District: \_\_\_\_\_

☒ President

Check One:

☐ Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

McCain

Calendar Year-To-Date Per Election  
for Office Sought

Disbursement For:

Primary

☒ General

Other (specify) \_\_\_\_\_

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

Kmart

Date

Mailing Address

West Rd

Amount

City

Taylor

State

MI

Zip Code

48183

23.99

Purpose of Expenditure

Print cartridge

Category/  
Type

Office Sought:

House

State: MI

Senate

District: \_\_\_\_\_

☒ President

Check One:

☐ Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

McCain

Calendar Year-To-Date Per Election  
for Office Sought

Disbursement For:

Primary

☒ General

Other (specify) \_\_\_\_\_

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶

244.64

(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶

(c) TOTAL Independent Expenditures..... ▶  
(carry total from last page forward to Line 7)

787.32

29030061183

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3 OF 105  
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)  
DNC Reform

Full Name (Last, First, Middle Initial) of Payee <u>Federal EXPRESS</u>		Date
Mailing Address <u>23077 EUREKA Rd</u>		Amount
City <u>TAYLOR</u>	State <u>MI</u>	Zip Code <u>48180</u>
Purpose of Expenditure <u>Printing</u>	Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: <u>MI</u> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <u>MCCAIN</u>		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <u>FEDERAL EXPRESS</u>		Date
Mailing Address <u>23077 EUREKA Rd</u>		Amount
City <u>TAYLOR</u>	State <u>MI</u>	Zip Code <u>48180</u>
Purpose of Expenditure <u>Shipping DVD's &amp; Flyers</u>	Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: <u>MI</u> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <u>MCCAIN</u>		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <u>Redi Print</u>		Date
Mailing Address <u>23196 Northline</u>		Amount
City <u>TAYLOR</u>	State <u>MI</u>	Zip Code <u>48180</u>
Purpose of Expenditure <u>Printing</u>	Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: <u>MI</u> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <u>MCCAIN</u>		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	<u>20392</u>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	<u>78732</u>

29030061184

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 2 OF 65  
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

DNC Reform

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

Michael's

Date

Mailing Address

14501 EUREKA RD

Amount

City

Southgate

State

MI

Zip Code

48193

11/20

Purpose of Expenditure

signage supplies

Category/  
Type

Office Sought:

House

State:

Senate

District:

☒ President

Check One:

☐ Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

McCain

Calendar Year-To-Date Per Election  
for Office Sought

Disbursement For:

☐ Primary

☒ General

Other (specify)

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

CVS

Date

Mailing Address

27000 Telegraph

Amount

City

Flat Rock

State

MI

Zip Code

48134

9/53

Purpose of Expenditure

DVD'S BLANK

Category/  
Type

Office Sought:

House

State:

Senate

District:

☒ President

Check One:

☐ Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

McCain

Calendar Year-To-Date Per Election  
for Office Sought

Disbursement For:

☐ Primary

☒ General

Other (specify)

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

ACT BLUE

Date

Mailing Address

14 ARROW ST Suite 11

Amount

City

Cambridge

State

MA

Zip Code

02138

12/27

Purpose of Expenditure

DC processing

Category/  
Type

Office Sought:

House

State:

Senate

District:

☒ President

Check One:

☐ Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

McCain

Calendar Year-To-Date Per Election  
for Office Sought

Disbursement For:

☐ Primary

☒ General

Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....

3300

(b) SUBTOTAL of Unitemized Independent Expenditures.....

(c) TOTAL Independent Expenditures.....  
(carry total from last page forward to Line 7)

78730

29030061185

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 1 OF 5  
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)  
**Dnc Reform**

Full Name (Last, First, Middle Initial) of Payee <b>DONOR SAVANE</b>		Date
Mailing Address <b>PO Box 156</b>		Amount <b>1110</b>
City <b>CROZET</b>	State <b>VA</b> Zip Code <b>22930</b>	
Purpose of Expenditure <b>etc processing fee</b>	Category/Type	Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input checked="" type="checkbox"/> State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <b>McCain</b>		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>AT&amp;T Internet</b>		Date
Mailing Address <b>PO Box 930170</b>		Amount <b>10500</b>
City <b>Dallas</b>	State <b>TX</b> Zip Code <b>75393</b>	
Purpose of Expenditure <b>int.net communica</b>	Category/Type	Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input checked="" type="checkbox"/> State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <b>McCain</b>		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>USPS</b>		Date
Mailing Address		Amount <b>4663</b>
City <b>Flat Rock</b>	State <b>MI</b> Zip Code <b>48134</b>	
Purpose of Expenditure <b>mailing</b>	Category/Type	Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input checked="" type="checkbox"/> State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <b>McCain</b>		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures..... **16273**

(b) SUBTOTAL of Unitemized Independent Expenditures.....

(c) TOTAL Independent Expenditures..... **78732**  
(carry total from last page forward to Line 7)

29030061186

**SCHEDULE 5-A**  
**ITEMIZED RECEIPTS**

PAGE 1 OF 5

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NAME OF FILER (In Full)

DNCR Reform

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

SPERK, CY

Mailing Address

PO Box 168

City

Brady

State

TX

Zip Code

76825

FEC ID number of contributing federal political committee.

C

Date of Receipt

10/11/2008

Amount of Each Receipt this Period

50.00

Name of Employer

N/A

Occupation

N/A

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

DeSean William

Mailing Address

59 E Cedar St #1A

City

Chicago

State

IL

Zip Code

60611

FEC ID number of contributing federal political committee.

C

Date of Receipt

09/29/2008

Amount of Each Receipt this Period

25.00

Name of Employer

Self

Occupation

Dentist

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

Carter Patricia

Mailing Address

504 Pleasant Grove Dr

City

Winter Springs

State

FL

Zip Code

32708

FEC ID number of contributing federal political committee.

C

Date of Receipt

09/22/2008

Amount of Each Receipt this Period

50.00

Name of Employer

N/A

Occupation

N/A

D. Full Name (Last, First, Middle Initial)

DeSean William

Mailing Address

59 E Cedar St #1A

City

Chicago

State

IL

Zip Code

60611

FEC ID number of contributing federal political committee.

C

Date of Receipt

09/22/08

Amount of Each Receipt this Period

15.00

Name of Employer

Self

Occupation

Dentist

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

140.00

TOTAL This Period (last page carry total to Line 6) .....

29030061187

**SCHEDULE 5-A**  
**ITEMIZED RECEIPTS**

PAGE 2 OF 5

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NAME OF FILER (If Full)

DNC Reform

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

SERIE LeVitt

Mailing Address

8 Lakeville Rd

City

Samarca Plains

State

Zip Code

MA

FEC ID number of contributing federal political committee.

C

Date of Receipt

07 22 2008

Amount of Each Receipt this Period

1500

Name of Employer

SELF ESTEEM BOSTON

Occupation

Self esteem

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

Volanda Heitman

Mailing Address

409 162nd Ave RPS

City

Long Branch

State

Zip Code

WA 98351

FEC ID number of contributing federal political committee.

C

Date of Receipt

07 24 2008

Amount of Each Receipt this Period

25.00

Name of Employer

Franciscan Health Syst

Occupation

R.N.

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

Gerardine McCoy

Mailing Address

5336 NW 46th

City

WARR ACRES

State

Zip Code

OK 73122

FEC ID number of contributing federal political committee.

C

Date of Receipt

07 24 2008

Amount of Each Receipt this Period

50.00

Name of Employer

N/A

Occupation

N/A

D. Full Name (Last, First, Middle Initial)

William DeJean

Mailing Address

39 E Cedar St

City

Chicago

State

Zip Code

IL 60611

FEC ID number of contributing federal political committee.

C

Date of Receipt

07 24 2008

Amount of Each Receipt this Period

25.00

Name of Employer

Occupation

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

11500

TOTAL This Period (last page carry total to Line 6).....▶

29030061188



**SCHEDULE 5-A**  
**ITEMIZED RECEIPTS**

PAGE 3 OF 5

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NAME OF FILER (In Full)

DNCR Reform

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

Joan Mathews

Mailing Address

3126 NE 11th Ave

City

Portland

State

OR

Zip Code

97212

Date of Receipt

08 07 2008

Amount of Each Receipt this Period

20.00

FEC ID number of contributing federal political committee.

C

Name of Employer

N/A

Occupation

N/A

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

William DeJean

Mailing Address

59 E. Cedar St

City

Chicago

State

IL

Zip Code

60611

Date of Receipt

09/14/2008

Amount of Each Receipt this Period

15.00

FEC ID number of contributing federal political committee.

C

Name of Employer

Self

Occupation

Dentist

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

Pat Kniffen

Mailing Address

4541 W. MONTANA

City

Chicago

State

IL

Zip Code

60639

Date of Receipt

08/04/2008

Amount of Each Receipt this Period

60.00

FEC ID number of contributing federal political committee.

C

Name of Employer

N/A

Occupation

N/A

D. Full Name (Last, First, Middle Initial)

Jensen Louise

Mailing Address

2852 St Andrews Rd

City

Fairfield

State

CT

Zip Code

064534

Date of Receipt

10/27/2008

Amount of Each Receipt this Period

100.00

FEC ID number of contributing federal political committee.

C

Name of Employer

N/A

Occupation

N/A

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

195.00

TOTAL This Period (last page carry total to Line 6) .....

29030061189

**SCHEDULE 5-A**  
**ITEMIZED RECEIPTS**

PAGE 4 OF 5

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 FILER (In Full)

Dnc Reform

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

DeSean William

Mailing Address

59 E. Cedar St.

City

CHICAGO

State

IL

Zip Code

60611

Date of Receipt

06 28 2008

Amount of Each Receipt this Period

25.00

FEC ID number of contributing federal political committee.

C

Name of Employer

Self

Occupation

dentist

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

Sean Matthews

Mailing Address

3926 NE 11th Ave

City

Portland

State

OR

Zip Code

97212

Date of Receipt

06 28 2008

Amount of Each Receipt this Period

25.00

FEC ID number of contributing federal political committee.

C

Name of Employer

N/A

Occupation

N/A

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

John Hall

Mailing Address

25863 Oakwood

City

Flat Rock

State

NC

Zip Code

48734

Date of Receipt

06 28 2008

Amount of Each Receipt this Period

10.00

FEC ID number of contributing federal political committee.

C

Name of Employer

N/A

Occupation

N/A

D. Full Name (Last, First, Middle Initial)

James Holloway

Mailing Address

2010 E. Young St

City

Pensacola

State

FL

Zip Code

32503

Date of Receipt

07 08 2008

Amount of Each Receipt this Period

100.00

FEC ID number of contributing federal political committee.

C

Name of Employer

N/A

Occupation

N/A

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

160.00

TOTAL This Period (last page carry total to Line 6) .....

29030051190

**SCHEDULE 5-A**  
**ITEMIZED RECEIPTS**

PAGE 5 OF 5

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 FILER (In Full)

Dnc Reform

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

B Hill R.

Mailing Address

28863 Oakwood

City

Flat

State

Rock Mt

Zip Code

48134

Date of Receipt

10/15/2008

Amount of Each Receipt this Period

177.32

FEC ID number of contributing federal political committee.

C

Name of Employer

NA

Occupation

NA

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

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Date of Receipt

Amount of Each Receipt this Period

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

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Date of Receipt

Amount of Each Receipt this Period

D. Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Date of Receipt

Amount of Each Receipt this Period

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

TOTAL This Period (last page carry total to Line 6) .....

177.32  
787.32

29030061191

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

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C) <i>3/21/09</i>
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>[Signature]</i> PREPARER	<i>3/21/09</i> DATE PREPARED

(3/2005)

29030061192