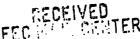
**FEC FORM 5** 



## REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nongrofit Cogoorations 2: 58 1. (a) Name of Individual, Organization or Corporation ANDREW L. SCHLAFLY

(b) Address (number and street) check if different than previously reported 939 OLD CHESTER RD 3. FEC Identification Number (c) City, State and ZIP Code FAR HILLS, NJ 07931 C Corporate filers only ☐ No Is the filer a qualified nonprofit corporation? Yes Individual filers only Name of Employer Occupation SELF-EMPLOYED ATTORNEY 4. TYPE OF REPORT (check appropriate boxes): (a) April 15 Quarterly Report July 15 Quarterly Report 24-Hour Report .. October 15 Quarterly Report January 31 Year-End Report 48-Hour Report b) Is this Report an amendment? Yes ... No 5. COVERING PERIOD: FROM 6. TOTAL CONTRIBUTIONS..... 0.00 7. 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 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 ANDREW L. SCHLAFLY Andre L. Solly 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

SCHEDULE 5-E TEMIZED INDEPENDENT EXPENDITURES		PAGE OF FOR LINE 7 OF FORM 5
NAME OF FILER (In Full)  ANDREW L. SCHL	AFLY	
Full Name (Last. First, Middle Initial) of Payee  DR. DON'S BUTTE  Mailing Address  3906 W. MURR		Date 13 2 008
City GLENDALE AZ	Zip Code 85308	
Purpose of Expenditure  PURCHASE BUMPER STICKERS  Name of Federal Candidate Supported or Opposed by Expendit  JOHN McCAIN		Office Sought: House State: Senate District: President  Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	33040	Disbursement For: Primary General Other (specify)
Full Name (Last, First, Middle Initial) of Payee  Mailing Address		Date
City State	Zip Code	Amount
Purpose of Expenditure  Name of Federal Candidate Supported or Opposed by Expendi	Category/ Type ture:	Office Sought: House State: Senate District: President  Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	# v .	Disbursement For: Primary General
Full Name (Last, First, Middle Initial) of Payee  Mailing Address		Date  E w : e e e v v v v
City State	Zip Code	Amount
Purpose of Expenditure	Category/ Type	Office Sought: House State:
Name of Federal Candidate Supported or Opposed by Expendi	iture:	Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary   General
(a) SUBTOTAL of Itemized Independent Expenditures		33040
(b) SUBTOTAL of Uniternized Independent Expenditures	,	,330.40
(c) TOTAL Independent Expenditures(carry total from last page forward to Line 7)		,330.40

Federal Election Commissio ENVELOPE REPLACEMENT PAGE FOR INCO The FEC added this page to the end of this filing to income.	MING DOCUMENTS
Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature	Confirmation™ Label
USPS Express Mail	Postmarked ,
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next B	usiness Day Delivery
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	e of Receipt or Postmarked
EB	1/26/09
PREPARER (3/2005)	DATE PREPARED