

**FEC  
FORM 3X**

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

RECEIVED  
FEC MAIL CENTER

2009 JUN 11 A 9:13

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

CSL BEHRING EMPLOYEES POLITICAL ACTION COMMITTEE

ADDRESS (number and street) 1020 FIRST AVENUE  
PO BOX 61501  
Check if different than previously reported. (ACC) KING OF PRUSSIA PA 19406-0901

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C00422501

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 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- |                                      |   |                                       |  |
|--------------------------------------|---|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5)            | <input type="checkbox"/> Aug 20 (M8)  | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input checked="" type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9)  | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7)            | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE)                           |

- (c) 12-Day PRE-Election Report for the:
- |   |   |                                       |
|---|---|---------------------------------------|
| <input type="checkbox"/> Primary (12P)    | <input checked="" type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S)            |                                       |

Election on [MM/DD/YYYY] in the State of [ ]

- (d) 30-Day POST-Election Report for the:
- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on [MM/DD/YYYY] in the State of [ ]

5. Covering Period 05/01/2009 through 05/31/2009

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

Type or Print Name of Treasurer PATRICK COLLINS

Signature of Treasurer

*Patrick Collins*

Date

06/01/2009

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

Office Use Only

FEC FORM 3X  
Rev. 12/2004

29030101213

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

**CSL BEHRING EMPLOYEES POLITICAL ACTION COMMITTEE**

Report Covering the Period: From:

05 01 2009

To:

05 31 2009

**COLUMN A  
This Period**

**COLUMN B  
Calendar Year-to-Date**

6. (a) Cash on Hand January 1, 2009		9,594.00
(b) Cash on Hand at Beginning of Reporting Period.....	11,478.00	
(c) Total Receipts (from Line 19).....	1,325.00	6,959.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	12,803.00	16,553.00
7. Total Disbursements (from Line 31).....	0.00	3,750.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	12,803.00	12,803.00
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).....	0.00	



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

29030101214

**DETAILED SUMMARY PAGE  
of Receipts**

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**CSL BEHRING EMPLOYEES POLITICAL ACTION COMMITTEE**

Report Covering the Period: From:

05 / 01 / 2009

To:

05 / 31 / 2009

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	1,325.00	6,959.00
(ii) Unitemized.....		
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	1,325.00	6,959.00
(b) Political Party Committees.....		
(c) Other Political Committees (such as PACs).....		
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶	1,325.00	6,959.00
12. Transfers From Affiliated/Other Party Committees.....		
13. All Loans Received.....		
14. Loan Repayments Received.....		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....		
17. Other Federal Receipts (Dividends, Interest, etc.).....		
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....		
(b) Levin Funds (from Schedule H5).....		
(c) Total Transfers (add 18(a) and 18(b))..		
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	1,325.00	6,959.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	1,325.00	6,959.00

29030101215

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

**II. Disbursements**

**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....		
(ii) Non-Federal Share.....		
(b) Other Federal Operating Expenditures .....		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....		
22. Transfers to Affiliated/Other Party Committees.....		
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	3,750.00
24. Independent Expenditures (use Schedule E).....		
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....		
26. Loan Repayments Made.....		
27. Loans Made.....		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....		
(b) Political Party Committees .....		
(c) Other Political Committees (such as PACs).....		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....		
29. Other Disbursements .....		
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....		
(ii) "Levin" Share.....		
(b) Federal Election Activity Paid Entirely With Federal Funds .....		
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	0.00	3,750.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	3,750.00

29030101216

**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) .....	1,325.00	6,959.00
34. Total Contribution Refunds (from Line 28(d)) .....		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	1,325.00	6,959.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....		
37. Offsets to Operating Expenditures (from Line 15, page 3) .....		
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....		

29030101217

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**CSL BEHRING EMPLOYEES POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. BEATTY, BRUCE</b>		Date of Receipt M M / D D / Y Y Y Y <b>05 08 2009</b>
Mailing Address <b>3010 STILL MEADOW DRIVE</b>		Amount of Each Receipt this Period <b>1,000.00</b>
City <b>COLLEGEVILLE</b>	State Zip Code <b>PA 19426</b>	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer <b>CSL BEHRING</b>	Occupation <b>SR. DIRECTOR - LOGISTICS</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>500.00</b>	

Full Name (Last, First, Middle Initial) <b>B. SPUCKTI, CHRISTIAN</b>		Date of Receipt M M / D D / Y Y Y Y <b>05 08 2009</b>
Mailing Address <b>6 STONEYBROOK LANE</b>		Amount of Each Receipt this Period <b>500.00</b>
City <b>MALVERN</b>	State Zip Code <b>PA 19355</b>	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer <b>CSL BEHRING</b>	Occupation <b>DIRECTOR - PROGRAM MGMT.</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>250.00</b>	

Full Name (Last, First, Middle Initial) <b>C. ISENBERG, KIM</b>		Date of Receipt M M / D D / Y Y Y Y <b>05 08 2009</b>
Mailing Address <b>5038 BELMONT AVENUE SOUTH</b>		Amount of Each Receipt this Period <b>70.00</b>
City <b>MINNEAPOLIS</b>	State Zip Code <b>MN 55419</b>	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer <b>CSL BEHRING</b>	Occupation <b>MGR - STATE GOV'T AFFAIRS</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>350.00</b>	

SUBTOTAL of Receipts This Page (optional).....▶	<b>220.00</b>
TOTAL This Period (last page this line number only).....▶	

29030101218

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**CSL Behring Employees Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. BOWE, LYNDA**

Mailing Address  
**221 VILLA POINTE DRIVE**

City State Zip Code  
**SPRINGBORO OH 45066**

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

Name of Employer Occupation  
**CSL BEHRING REGIONAL SALES MGR.**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**2000.00**

Date of Receipt  
**05 08 2009**

Amount of Each Receipt this Period  
**40.00**

Full Name (Last, First, Middle Initial)  
**B. COWAN, LAURIE**

Mailing Address  
**325 PENNSYLVANIA AVE**

City State Zip Code  
**READING PA 19606**

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

Name of Employer Occupation  
**CSL BEHRING DIRECTOR - ORG. DEVELOP**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**1000.00**

Date of Receipt  
**05 08 2009**

Amount of Each Receipt this Period  
**20.00**

Full Name (Last, First, Middle Initial)  
**C. PASTINO, PATRICIA**

Mailing Address  
**1305 SPELLMAN DRIVE**

City State Zip Code  
**DOWNINGTOWN PA 19335**

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

Name of Employer Occupation  
**CSL BEHRING SR. SYSTEM ENGINEER**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**500.00**

Date of Receipt  
**05 08 2009**

Amount of Each Receipt this Period  
**100.00**

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

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

**70.00**

29030101219

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

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NAME OF COMMITTEE (In Full)  
**CSL Behring Employees Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. VOLLET, SCOTT**

Mailing Address  
**1851 DELOUCH DRIVE**

City State Zip Code  
**LINCOLN CA 95648**

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

Name of Employer Occupation  
**CSL BEHRING REGIONAL SALES MGR**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**10000**

Date of Receipt  
**05 / 08 / 2009**

Amount of Each Receipt this Period  
**20.00**

Full Name (Last, First, Middle Initial)  
**B. NEFF, JOHN**

Mailing Address  
**2 KENWOOD COURT**

City State Zip Code  
**MALVERN PA 19355**

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

Name of Employer Occupation  
**CSL BEHRING SENIOR COUNSEL**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**200.00**

Date of Receipt  
**05 / 08 / 2009**

Amount of Each Receipt this Period  
**40.00**

Full Name (Last, First, Middle Initial)  
**C. DANVERS, NANCY**

Mailing Address  
**1240 SW 19th AVENUE**

City State Zip Code  
**BOCA RATON FL 33486**

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

Name of Employer Occupation  
**CSL BEHRING SR. DIRECTOR - ZLB PLAS**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**100.00**

Date of Receipt  
**05 / 08 / 2009**

Amount of Each Receipt this Period  
**20.00**

SUBTOTAL of Receipts This Page (optional)..... ▶ **80.00**

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

29030101220

**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		OF	
<input 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)  
**CSL Behring Employees Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. POINTER, RODNEY, K**

Mailing Address  
**1132 E. 130<sup>th</sup> AVE. #D**

City State Zip Code  
**THORNTON CO 80241**

FEC ID number of contributing federal political committee.  
**0**

Name of Employer Occupation  
**CSL BEHRING SALES REP.**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**250.00**

Date of Receipt  
**05/08/2009**

Amount of Each Receipt this Period  
**50.00**

Full Name (Last, First, Middle Initial)  
**B. LAGER, SHANE**

Mailing Address  
**15416 COUNTRY RIDGE DRIVE**

City State Zip Code  
**CHESTERFIELD MO 63017**

FEC ID number of contributing federal political committee.  
**0**

Name of Employer Occupation  
**CSL BEHRING SALES REP.**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**640.00**

Date of Receipt  
**05/08/2009**

Amount of Each Receipt this Period  
**20.00**

Full Name (Last, First, Middle Initial)  
**C. WINN, JEFFREY, T**

Mailing Address  
**3511 PARKHILL CROSSING DRIVE**

City State Zip Code  
**HIGH POINT NC 27265**

FEC ID number of contributing federal political committee.  
**0**

Name of Employer Occupation  
**CSL BEHRING SALES REP.**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**150.00**

Date of Receipt  
**05/08/2009**

Amount of Each Receipt this Period  
**30.00**

SUBTOTAL of Receipts This Page (optional)..... ▶ **100.00**

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

29030101221

**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 OF	
	<input type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)  
**CSL Behring Employees Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. WILMOT, KEVIN**

Mailing Address  
**131 LINCOLN ROAD**

City State Zip Code  
**COLLEGEVILLE PA 19426**

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

Name of Employer Occupation  
**CSL BEHRING SALES REP**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**50.00**

Date of Receipt  
**05 / 08 / 2009**

Amount of Each Receipt this Period  
**10.00**

Full Name (Last, First, Middle Initial)  
**B. HURSTER, JAMES M.**

Mailing Address  
**1212 OAK STREET**

City State Zip Code  
**WINNETKA IL 60093**

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

Name of Employer Occupation  
**CSL BEHRING SALES REP**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**175.00**

Date of Receipt  
**05 / 08 / 2009**

Amount of Each Receipt this Period  
**50.00**

Full Name (Last, First, Middle Initial)  
**C. McDOWELL, LISA**

Mailing Address  
**P.O. BOX 1607**

City State Zip Code  
**SKIPPACK PA 19474**

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

Name of Employer Occupation  
**CSL BEHRING SR. DIRECTOR - SALES**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**100.00**

Date of Receipt  
**05 / 08 / 2009**

Amount of Each Receipt this Period  
**20.00**

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

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

**80.00**

29030101222

**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 OF	
	<input type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)  
**CSL BEHRING EMPLOYEES POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. PERREAU, PAUL R.</b>			Date of Receipt <b>05 / 08 / 2009</b>	
Mailing Address <b>104 CROTON CT.</b>				
City <b>SPRING CITY</b>	State <b>PA</b>	Zip Code <b>19475</b>	Amount of Each Receipt this Period <b>167.00</b>	
FEC ID number of contributing federal political committee. <b>C</b>				
Name of Employer <b>CSL BEHRING</b>		Occupation <b>EXECUTIVE VP</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <b>835.00</b>		

Full Name (Last, First, Middle Initial) <b>B. KUHINKA, CHRISTINE</b>			Date of Receipt <b>05 / 08 / 2009</b>	
Mailing Address <b>935 STROKE ROAD</b>				
City <b>VILLANOVA</b>	State <b>PA</b>	Zip Code <b>19085</b>	Amount of Each Receipt this Period <b>20.00</b>	
FEC ID number of contributing federal political committee. <b>C</b>				
Name of Employer <b>CSL BEHRING</b>		Occupation <b>MGR - CORP. COMMUNICATIONS</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <b>1,000.00</b>		

Full Name (Last, First, Middle Initial) <b>C. LEFEBVRE, ROBERT</b>			Date of Receipt <b>05 / 08 / 2009</b>	
Mailing Address <b>419 RIVERVIEW CIRCLE</b>				
City <b>NEW HOPE</b>	State <b>PA</b>	Zip Code <b>18938</b>	Amount of Each Receipt this Period <b>90.00</b>	
FEC ID number of contributing federal political committee. <b>C</b>				
Name of Employer <b>CSL BEHRING</b>		Occupation <b>VP + GM - US COM OPS</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <b>450.00</b>		

SUBTOTAL of Receipts This Page (optional).....▶	<b>277.00</b>
TOTAL This Period (last page this line number only).....▶	

29030101223

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

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NAME OF COMMITTEE (In Full)  
**CSL BEHRING EMPLOYEES POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. WOOTEN, LEIGH</b>		Date of Receipt MM / DD / YYYY <b>05 / 08 / 2009</b>
Mailing Address <b>3971 WALNUT GROVE</b>		Amount of Each Receipt this Period <b>1000</b>
City <b>MEMPHIS</b>	State Zip Code <b>TN 38111</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date ▼ <b>5000</b>
Name of Employer <b>CSL BEHRING</b>	Occupation <b>SALES MANAGER</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. WHITE, APRIL, LEIGH</b>		Date of Receipt MM / DD / YYYY <b>05 / 08 / 2009</b>
Mailing Address <b>133 DUNSTON DRIVE</b>		Amount of Each Receipt this Period <b>1000</b>
City <b>BIRMINGHAM</b>	State Zip Code <b>AL 35242</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date ▼ <b>5000</b>
Name of Employer <b>CSL BEHRING</b>	Occupation <b>SALES MANAGER</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. CLEMENT, TERRY</b>		Date of Receipt MM / DD / YYYY <b>05 / 08 / 2009</b>
Mailing Address <b>203 220 ALYENE DRIVE</b>		Amount of Each Receipt this Period <b>400</b>
City <b>LAFAYETTE</b>	State Zip Code <b>LA 70506</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date ▼ <b>2000</b>
Name of Employer <b>CSL BEHRING</b>	Occupation <b>SALES MANAGER</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<b>2400</b>
TOTAL This Period (last page this line number only).....▶	

29030101224

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

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NAME OF COMMITTEE (In Full)  
**CSL BEHRING EMPLOYEES POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)  
**A. SZOTT, LYNNE**

Mailing Address  
**1874 SE BOMA AVENUE**

City State Zip Code  
**PORT ST. LUCIE FL 34952**

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

Name of Employer Occupation  
**CSL BEHRING MGR - REIMBURSEMENT**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**10000**

Date of Receipt  
**05 / 08 / 2009**

Amount of Each Receipt this Period  
**20.00**

Full Name (Last, First, Middle Initial)  
**B. KOTZ, GENE**

Mailing Address  
**33 RUTH CIRCLE**

City State Zip Code  
**MALVERN PA 19355**

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

Name of Employer Occupation  
**CSL BEHRING SR. DIRECTOR - MARKETING**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**10000**

Date of Receipt  
**05 / 08 / 2009**

Amount of Each Receipt this Period  
**20.00**

Full Name (Last, First, Middle Initial)  
**C. LACEY, JULIE**

Mailing Address  
**6944 PILAR COURT**

City State Zip Code  
**DUBLIN OH 43017**

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

Name of Employer Occupation  
**CSL BEHRING COAGULATION SALES MGR**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**50.00**

Date of Receipt  
**05 / 08 / 2009**

Amount of Each Receipt this Period  
**10.00**

SUBTOTAL of Receipts This Page (optional).....▶ **50.00**

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

29030101225

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

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NAME OF COMMITTEE (In Full)  
**CSL BEHRING EMPLOYEES POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. CROSS, JERRY</b>		Date of Receipt <b>05 / 08 / 2009</b>
Mailing Address <b>2300 TWELVESTONES DRIVE</b>		Amount of Each Receipt this Period <b>10.00</b>
City <b>ROSWELL</b>	State Zip Code <b>GA 30076</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>10.00</b>
Name of Employer <b>CSL BEHRING</b>	Occupation <b>AREA SALES MGR.</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>50.00</b>	

Full Name (Last, First, Middle Initial) <b>B. SIMON, TOBY L.</b>		Date of Receipt <b>05 / 08 / 2009</b>
Mailing Address <b>2255 LINDELL BLVD.</b>		Amount of Each Receipt this Period <b>200.00</b>
City <b>DELRAY BEACH</b>	State Zip Code <b>FL 33444</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>200.00</b>
Name of Employer <b>CSL BEHRING</b>	Occupation <b>MEDICAL DIRECTOR</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>1000.00</b>	

Full Name (Last, First, Middle Initial) <b>C. KUNZE, GERALD</b>		Date of Receipt <b>05 / 08 / 2009</b>
Mailing Address <b>1020 FIRST AVENUE</b>		Amount of Each Receipt this Period <b>200.00</b>
City <b>KING OF RUSSIA</b>	State Zip Code <b>PA 19406</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>200.00</b>
Name of Employer <b>CSL BEHRING</b>	Occupation <b>ASSOCIATE DIRECTOR-MKT.</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>1000.00</b>	

SUBTOTAL of Receipts This Page (optional).....▶	<b>50.00</b>
TOTAL This Period (last page this line number only).....▶	

29030101226

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

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NAME OF COMMITTEE (In Full)  
**CSL BEHRING EMPLOYEES POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. TEMPLE, LAUREEN</b>		Date of Receipt <b>05 / 08 / 2009</b>
Mailing Address <b>1008 DEARBROOK LANE</b>		Amount of Each Receipt this Period <b>20.00</b>
City <b>OAKDALE</b>	State Zip Code <b>PA 15071</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>75.00</b>
Name of Employer <b>CSL BEHRING</b>	Occupation <b>COAGULATION SALES MGR</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>75.00</b>	

Full Name (Last, First, Middle Initial) <b>B. FALKE, SCOTT</b>		Date of Receipt <b>05 / 08 / 2009</b>
Mailing Address <b>14910 LAKEVIEW DRIVE</b>		Amount of Each Receipt this Period <b>4.00</b>
City <b>JERSEY VILLAGE</b>	State Zip Code <b>TX 77040</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>20.00</b>
Name of Employer <b>CSL BEHRING</b>	Occupation <b>SALES MANAGER</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>20.00</b>	

Full Name (Last, First, Middle Initial) <b>C. JACKMAN, DENNIS</b>		Date of Receipt <b>05 / 08 / 2009</b>
Mailing Address <b>403 M<sup>C</sup>CLENAGHAN MILL ROAD</b>		Amount of Each Receipt this Period <b>100.00</b>
City <b>WYNNEWOOD</b>	State Zip Code <b>PA 19096</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>500.00</b>
Name of Employer <b>CSL BEHRING</b>	Occupation <b>SR VP - PUBLIC AFFAIRS</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>500.00</b>	

SUBTOTAL of Receipts This Page (optional).....▶	<b>124.00</b>
TOTAL This Period (last page this line number only).....▶	

29050101227

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

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NAME OF COMMITTEE (In Full)  
**CSL BEHRING EMPLOYEES POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. O'KEEFE, DONNA</b>			Date of Receipt M M / D D / Y Y Y Y <b>05 08 2009</b>	
Mailing Address <b>433 WATER TOWER S</b>			Amount of Each Receipt this Period  <b>, , 10.00</b>	
City <b>MANTENO</b>	State <b>IL</b>	Zip Code <b>60950</b>		
FEC ID number of contributing federal political committee. <b>C</b>			Amount of Each Receipt this Period  <b>, , 50.00</b>	
Name of Employer <b>CSL BEHRING</b>		Occupation <b>MGR - OCCUPATIONAL HEALTH</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <b>, , 50.00</b>		

Full Name (Last, First, Middle Initial) <b>B. ROSENE, DALE</b>			Date of Receipt M M / D D / Y Y Y Y <b>05 08 2009</b>	
Mailing Address <b>436 N. THAMES CT.</b>			Amount of Each Receipt this Period  <b>, , 20.00</b>	
City <b>BOURBONNAIS</b>	State <b>IL</b>	Zip Code <b>60914</b>		
FEC ID number of contributing federal political committee. <b>C</b>			Amount of Each Receipt this Period  <b>, , 100.00</b>	
Name of Employer <b>CSL BEHRING</b>		Occupation <b>HSE and DIRECTOR - RISK MGMT.</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <b>, , 100.00</b>		

Full Name (Last, First, Middle Initial) <b>C. RAMSEYER, SCOTT</b>			Date of Receipt M M / D D / Y Y Y Y <b>05 08 2009</b>	
Mailing Address <b>8 LAWRENCE DRIVE</b>			Amount of Each Receipt this Period  <b>, , 10.00</b>	
City <b>KANKAKEE</b>	State <b>IL</b>	Zip Code <b>60901</b>		
FEC ID number of contributing federal political committee. <b>C</b>			Amount of Each Receipt this Period  <b>, , 50.00</b>	
Name of Employer <b>CSL BEHRING</b>		Occupation <b>DIRECTOR - SUPPLIER MGMT</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <b>, , 50.00</b>		

SUBTOTAL of Receipts This Page (optional).....▶	<b>, , 40.00</b>
TOTAL This Period (last page this line number only).....▶	<b>, ,</b>

29030101228

**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 OF

<input 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)

**CSL BEHRING EMPLOYEES POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. CLARKE, KIMBERLY**

Mailing Address

**915 CARLISLE AVE**

City

**WESTMONT**

State

**IL**

Zip Code

**60559**

FEC ID number of contributing federal political committee.

**C**

Name of Employer

**CSL BEHRING**

Occupation

**SALES REP**

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

, , **50.00**

Date of Receipt

**05 08 2009**

Amount of Each Receipt this Period

, , **10.00**

Full Name (Last, First, Middle Initial)

**B. ATKINSON-THOMAS, DENISE**

Mailing Address

**6189 CAMINITO DEL OESTE**

City

**SAN DIEGO**

State

**CA**

Zip Code

**92111**

FEC ID number of contributing federal political committee.

**C**

Name of Employer

**CSL BEHRING**

Occupation

**SALES REP**

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

, , **50.00**

Date of Receipt

**05 08 2009**

Amount of Each Receipt this Period

, , **10.00**

Full Name (Last, First, Middle Initial)

**C. ALEXANDER, KIM**

Mailing Address

**14 BAYCREST DRIVE**

City

**GRANBY**

State

**CT**

Zip Code

**06035**

FEC ID number of contributing federal political committee.

**C**

Name of Employer

**CSL BEHRING**

Occupation

**REGIONAL SALES MGR**

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

, , **125.00**

Date of Receipt

**05 08 2009**

Amount of Each Receipt this Period

, , **50.00**

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

, , **70.00**

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

, ,

29030101229

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

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NAME OF COMMITTEE (In Full)  
**CSL BEHRING EMPLOYEES POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)  
**A. SEVCHIK, MARK**

Mailing Address  
**8508 TINTINHULL LANE**

City State Zip Code  
**WAXHAW NC 28173**

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

Name of Employer Occupation  
**CSL BEHRING SALES REP.**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**, , 100.00**

Date of Receipt  
M M / D D / Y Y Y Y  
**05 08 2009**

Amount of Each Receipt this Period  
**, , 20.00**

Full Name (Last, First, Middle Initial)  
**B. SOSIN, JERRY**

Mailing Address  
**1796 MILBORO DRIVE**

City State Zip Code  
**POTOMAC MD 20854**

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

Name of Employer Occupation  
**CSL BEHRING DIRECTOR - SALES**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**, , 50.00**

Date of Receipt  
M M / D D / Y Y Y Y  
**05 08 2009**

Amount of Each Receipt this Period  
**, , 10.00**

Full Name (Last, First, Middle Initial)  
**C. MAYFIELD, HAROLD**

Mailing Address  
**13410 PROVIDENCE LAKE DRIVE**

City State Zip Code  
**ALPHARETTA GA 30004**

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

Name of Employer Occupation  
**CSL BEHRING REMOTE SALES FORCE**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**, , 25.00**

Date of Receipt  
M M / D D / Y Y Y Y  
**05 08 2009**

Amount of Each Receipt this Period  
**, , 10.00**

SUBTOTAL of Receipts This Page (optional).....▶	, , <b>40.00</b>
TOTAL This Period (last page this line number only).....▶	, ,

29030101230

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

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NAME OF COMMITTEE (In Full)  
**CSL Behring Employees Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. ROMBERG, VAL</b>		Date of Receipt M M / D D / Y Y Y Y <b>05 08 2009</b>
Mailing Address <b>BREICHTENSTRASSE 13</b>		Amount of Each Receipt this Period  <b>, 100.00</b>
City <b>BERN</b>	State <b>SWITZERLAND</b>	
FEC ID number of contributing federal political committee. <b>C</b>		US CITIZEN
Name of Employer <b>CSL BEHRING</b>	Occupation <b>RESEARCH + SR VP - DEVELOPMENT</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>, 200.00</b>	

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Receipt M M / D D / Y Y Y Y
Mailing Address		Amount of Each Receipt this Period
City	State Zip Code	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Receipt M M / D D / Y Y Y Y
Mailing Address		Amount of Each Receipt this Period
City	State Zip Code	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional).....▶	<b>, 100.00</b>
TOTAL This Period (last page this line number only).....▶	<b>, 1,325.00</b>

29030101231

**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.

29030101232

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> USPS First Class Mail	Postmarked 6/11/09
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<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

	6/11/09
<b>PREPARER</b>	<b>DATE PREPARED</b>