

**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

80-20 PAC

ADDRESS (number and street)

5 Farm House Rd

☐Check if different
than previously
reported. (ACC)

Newark

DE

19711

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00346015

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

04

01

2008

through

06

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

Jing-Li Yu

Signature of Treasurer

Electronically Filed by Jing-Li Yu

Date

07

20

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
80-20 PAC

Report Covering the Period:

From:

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

To:

M	M	D	D	Y	Y	Y	Y
0	6	3	0	2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2008		145695.27
(b) Cash on Hand at Beginning of Reporting Period	151479.68	
(c) Total Receipts (from Line 19)	14912.75	65090.59
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	166392.43	210785.86
7. Total Disbursements (from Line 31)	24827.94	69221.37
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	141564.49	141564.49
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

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name
80-20 PAC

Report Covering the Period:

From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
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	3762.50	21112.50
(i) Itemized (use Schedule A)		
(ii) Unitemized	10976.00	37609.47
(iii) TOTAL (add Lines 11(a)(i) and (ii)	14738.50	58721.97
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5)	14738.50	58721.97
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	5960.86
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	174.25	407.76
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))	14912.75	65090.59
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	14912.75	65090.59

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.....	24827.94	43292.16
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	24827.94	43292.16
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	6000.00
24. Independent Expenditure (use Schedule E)	0.00	19929.21
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))..	24827.94	69221.37
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	24827.94	69221.37

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)	14738.50	58721.97
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	14738.50	58721.97
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	24827.94	43292.16
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	5960.86
38. Net Operating Expenditures (subtract Line 37 from Line 36)	24827.94	37331.30

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

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

FOR LINE NUMBER: PAGE 6 / 20

(check only one)

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

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

NAME OF COMMITTEE (In Full)

80-20 PAC

A.

Full Name (Last, First, Middle Initial)

Teresa Chan

Mailing Address 24 Brittany Rd

City

Montville

State

NJ

Zip Code

07045

FEC ID number of contributing
federal political committee.

C

Name of Employer
real estate broker

Occupation
RE MAX

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 5 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.30957

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Edward Cheng

Mailing Address 6691 Leyland Park Drive

City

San Jose

State

CA

Zip Code

95120

FEC ID number of contributing
federal political committee.

C

Name of Employer
physician

Occupation
Kaiser Permanente

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Date of Receipt

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

Transaction ID: SA11AI.30955

Amount of Each Receipt this Period

405.00

C.

Full Name (Last, First, Middle Initial)

Ming Fang

Mailing Address 1105 Lantern Bay

City

Hercules

State

CA

Zip Code

94547

FEC ID number of contributing
federal political committee.

C

Name of Employer
faculty

Occupation
Harvard Medical School

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 5 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.30961

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1905.00

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 / 20

(check only one)

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

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NAME OF COMMITTEE (In Full)

80-20 PAC

A.

Full Name (Last, First, Middle Initial)

Tak-Chuen Kwan

Mailing Address 30 West Street #5B

City

New York

State

NY

Zip Code

10004

FEC ID number of contributing
federal political committee.

C

Name of Employer
national managing partner

Occupation
Deloitte

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 4 / 1 0 / 2 0 0 8

Transaction ID: SA11AI.30959

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Heng Lao

Mailing Address 10476 Valley Blvd. Suite 9

City

El Monte

State

CA

Zip Code

91731-2459

FEC ID number of contributing
federal political committee.

C

Name of Employer
entertainment

Occupation
self

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.50

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 0 / 2 0 0 8

Transaction ID: SA11AI.30951

Amount of Each Receipt this Period

202.50

C.

Full Name (Last, First, Middle Initial)

Henry J. Lee

Mailing Address 400 East 56th St. Apt 3A

City

New York

State

NY

Zip Code

10022

FEC ID number of contributing
federal political committee.

C

Name of Employer
management consultant

Occupation
self

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 5 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.30953

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1452.50

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 / 20

(check only one)

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

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NAME OF COMMITTEE (In Full)

80-20 PAC

A.

Full Name (Last, First, Middle Initial)

Shou Ling Leong

Mailing Address 639 Zurich Dr.

City

Hummelstown

State

PA

Zip Code

17036

FEC ID number of contributing
federal political committee.

C

Name of Employer
physician

Occupation
self

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.50

Date of Receipt

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

Transaction ID: SA11AI.30947

Amount of Each Receipt this Period

202.50

B.

Full Name (Last, First, Middle Initial)

Harvey Wong

Mailing Address 47647 Gable Commom

City

Fremont

State

CA

Zip Code

94539

FEC ID number of contributing
federal political committee.

C

Name of Employer
property manager

Occupation
M Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.50

Date of Receipt

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

Transaction ID: SA11AI.30949

Amount of Each Receipt this Period

202.50

SUBTOTAL of Receipts This Page (optional)

405.00

TOTAL This Period (last page this line number only)

3762.50

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

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

FOR LINE NUMBER: PAGE 9 / 20

(check only one)

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

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NAME OF COMMITTEE (In Full)

80-20 PAC

A.

Full Name (Last, First, Middle Initial)

PNC Bank

Mailing Address P.O. Box 609

City

Pittsburgh

State

PA

Zip Code

15230

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

244.41

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: SA17.30833

Amount of Each Receipt this Period

58.02

SUBTOTAL of Receipts This Page (optional)

58.02

TOTAL This Period (last page this line number only)

58.02

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 10 / 20

<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)
80-20 PAC

A. Full Name (Last, First, Middle Initial) Crowne Plaza Foster City Mailing Address 1221 Chess Drive	Transaction ID: SB21B.30928 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 1 5 / 2 0 0 8</div> </div>
City Foster City State CA Zip Code 94404 Purpose of Disbursement board meeting expenses Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>750.00</div>
B. Full Name (Last, First, Middle Initial) Crowne Plaza Foster City Mailing Address 1221 Chess Drive City Foster City State CA Zip Code 94404 Purpose of Disbursement board meeting expenses Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.30930 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 5 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>3949.13</div>
C. Full Name (Last, First, Middle Initial) Frank Lee Mailing Address P.O. Box 1612 City San Leandro State CA Zip Code 94577 Purpose of Disbursement reimbursement banner Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.30931 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 6 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>271.88</div>

SUBTOTAL of Disbursements This Page (optional)

4971.01

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 11 / 20

<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)
80-20 PAC

A.

Full Name (Last, First, Middle Initial)
Seechung Lee

Mailing Address 2195 Canyon Oak Lane

City Danville State CA Zip Code 94506

Purpose of Disbursement
web design

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.30925

Date of Disbursement

/ /

Amount of Each Disbursement this Period

187.50

B.

Full Name (Last, First, Middle Initial)
Edward Lin

Mailing Address 1109 Millpond Court

City Osprey State FL Zip Code 34229

Purpose of Disbursement
reimbursement travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.30935

Date of Disbursement

/ /

Amount of Each Disbursement this Period

203.50

C.

Full Name (Last, First, Middle Initial)
Paychex

Mailing Address 1100 Adams Ave

City Norristown State PA Zip Code 19403

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.30901

Date of Disbursement

/ /

Amount of Each Disbursement this Period

82.13

SUBTOTAL of Disbursements This Page (optional)

473.13

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 12 / 20

<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)
80-20 PAC

A. Full Name (Last, First, Middle Initial) Paychex	Transaction ID: SB21B.30904 Date of Disbursement																				
Mailing Address 1100 Adams Ave	<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>4</td><td></td><td>3</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	4		3	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		3	0		2	0	0	8												
City Norristown State PA Zip Code 19403	Amount of Each Disbursement this Period																				
Purpose of Disbursement	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>6.38</td> </tr> </table>																				6.38
									6.38												
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) Paychex	Transaction ID: SB21B.30910 Date of Disbursement																				
Mailing Address 1100 Adams Ave	<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>5</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	5		1	2		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	2		2	0	0	8												
City Norristown State PA Zip Code 19403	Amount of Each Disbursement this Period																				
Purpose of Disbursement	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>85.13</td> </tr> </table>																				85.13
									85.13												
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) Paychex	Transaction ID: SB21B.30917 Date of Disbursement																				
Mailing Address 1100 Adams Ave	<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>6</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	6		1	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	0		2	0	0	8												
City Norristown State PA Zip Code 19403	Amount of Each Disbursement this Period																				
Purpose of Disbursement	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>87.22</td> </tr> </table>																				87.22
									87.22												
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)

178.73

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)
80-20 PAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) PNC Bank</p> <p>Mailing Address P.O. Box 609</p> <p>City Pittsburgh State PA Zip Code 15230</p> <p>Purpose of Disbursement</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.30905</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <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"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="5.00"/></p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) PNC Bank</p> <p>Mailing Address P.O. Box 609</p> <p>City Pittsburgh State PA Zip Code 15230</p> <p>Purpose of Disbursement service fees</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.30906</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <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="415.04"/></p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) PNC Bank</p> <p>Mailing Address P.O. Box 609</p> <p>City Pittsburgh State PA Zip Code 15230</p> <p>Purpose of Disbursement</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.30907</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <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="46.77"/></p>

SUBTOTAL of Disbursements This Page (optional)

466.81

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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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
80-20 PAC

A.

Full Name (Last, First, Middle Initial)
PNC Bank

Mailing Address P.O. Box 609

City Pittsburgh State PA Zip Code 15230

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.30908

Date of Disbursement

/ /

Amount of Each Disbursement this Period

41.05

B.

Full Name (Last, First, Middle Initial)
PNC Bank

Mailing Address P.O. Box 609

City Pittsburgh State PA Zip Code 15230

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.30909

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1.00

C.

Full Name (Last, First, Middle Initial)
PNC Bank

Mailing Address P.O. Box 609

City Pittsburgh State PA Zip Code 15230

Purpose of Disbursement
service fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.30914

Date of Disbursement

/ /

Amount of Each Disbursement this Period

174.24

SUBTOTAL of Disbursements This Page (optional)

216.29

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)
80-20 PAC

A. Full Name (Last, First, Middle Initial) PNC Bank Mailing Address P.O. Box 609	Transaction ID: SB21B.30915 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 0 2 / 2 0 0 8</div> </div>
City Pittsburgh State PA Zip Code 15230 Purpose of Disbursement <div>Category/Type</div> Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Amount of Each Disbursement this Period <div>90.39</div>
B. Full Name (Last, First, Middle Initial) PNC Bank Mailing Address P.O. Box 609 City Pittsburgh State PA Zip Code 15230 Purpose of Disbursement <div>Category/Type</div> Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB21B.30916 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 0 2 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>26.29</div>
C. Full Name (Last, First, Middle Initial) PNC Bank Mailing Address P.O. Box 609 City Pittsburgh State PA Zip Code 15230 Purpose of Disbursement <div>Category/Type</div> Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB21B.30920 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 2 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>73.12</div>

SUBTOTAL of Disbursements This Page (optional)

189.80

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

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NAME OF COMMITTEE (In Full)
80-20 PAC

A.

Full Name (Last, First, Middle Initial)
PNC Bank

Mailing Address P.O. Box 609

City Pittsburgh State PA Zip Code 15230

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.30921

Date of Disbursement

/ /

Amount of Each Disbursement this Period

22.87

B.

Full Name (Last, First, Middle Initial)
PNC Bank

Mailing Address P.O. Box 609

City Pittsburgh State PA Zip Code 15230

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.30922

Date of Disbursement

/ /

Amount of Each Disbursement this Period

17.70

C.

Full Name (Last, First, Middle Initial)
PNC Bank

Mailing Address P.O. Box 609

City Pittsburgh State PA Zip Code 15230

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.30923

Date of Disbursement

/ /

Amount of Each Disbursement this Period

50.00

SUBTOTAL of Disbursements This Page (optional)

90.57

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)
80-20 PAC

A.

Full Name (Last, First, Middle Initial)
Stuart Thomas

Mailing Address 3701 Wilshire Blvd Suite 1135

City Los Angeles State CA Zip Code 90010

Purpose of Disbursement
May & June internet service

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.30933

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1100.00

B.

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

Mailing Address Internal Revenue Service Center

City Ogden State UT Zip Code 84201-0027

Purpose of Disbursement
levy on past due tax

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.30924

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2704.88

C.

Full Name (Last, First, Middle Initial)
Yi Wang

Mailing Address 804 Lehigh Ave.

City Vestal State NY Zip Code 13850

Purpose of Disbursement
reimbursement press conference etc.

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.30929

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1186.71

SUBTOTAL of Disbursements This Page (optional)

4991.59

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)
80-20 PAC

A.

Full Name (Last, First, Middle Initial)

Yi Wang

Mailing Address 804 Lehigh Ave.

City Vestal State NY Zip Code 13850

Purpose of Disbursement
paycheck

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.30902

Date of Disbursement

04 / 29 / 2008

Amount of Each Disbursement this Period

2785.07

B.

Full Name (Last, First, Middle Initial)

Yi Wang

Mailing Address 804 Lehigh Ave.

City Vestal State NY Zip Code 13850

Purpose of Disbursement
tax withholdings

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.30903

Date of Disbursement

04 / 30 / 2008

Amount of Each Disbursement this Period

1162.10

C.

Full Name (Last, First, Middle Initial)

Yi Wang

Mailing Address 804 Lehigh Ave.

City Vestal State NY Zip Code 13850

Purpose of Disbursement
paycheck

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.30911

Date of Disbursement

05 / 29 / 2008

Amount of Each Disbursement this Period

2785.07

SUBTOTAL of Disbursements This Page (optional)

6732.24

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)
80-20 PAC

A. Full Name (Last, First, Middle Initial) Yi Wang Mailing Address 804 Lehigh Ave.	Transaction ID: SB21B.30912 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 3 0 / 2 0 0 8</div> </div>
City Vestal State NY Zip Code 13850 Purpose of Disbursement tax withholdings Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>1162.10</div>
B. Full Name (Last, First, Middle Initial) Yi Wang Mailing Address 804 Lehigh Ave.	Transaction ID: SB21B.30934 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 3 / 2 0 0 8</div> </div>
City Vestal State NY Zip Code 13850 Purpose of Disbursement meeting & conference calls Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>705.24</div>
C. Full Name (Last, First, Middle Initial) Yi Wang Mailing Address 804 Lehigh Ave.	Transaction ID: SB21B.30918 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 7 / 2 0 0 8</div> </div>
City Vestal State NY Zip Code 13850 Purpose of Disbursement paycheck Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>2785.07</div>

SUBTOTAL of Disbursements This Page (optional)

4652.41

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)
80-20 PAC

A.

Full Name (Last, First, Middle Initial)

Yi Wang

Mailing Address 804 Lehigh Ave.

City Vestal State NY Zip Code 13850

Purpose of Disbursement
tax withholdings

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.30919

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1162.10

B.

Full Name (Last, First, Middle Initial)

Jing-Li Yu

Mailing Address 43-34 Union St. Apt 6D

City Flushing State NY Zip Code 11355

Purpose of Disbursement
reimbursement conference calls and softw

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.30932

Date of Disbursement

/ /

Amount of Each Disbursement this Period

583.86

SUBTOTAL of Disbursements This Page (optional)

1745.96

TOTAL This Period (last page this line number only)

24708.54