

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 OurGreatestFear.Org

ADDRESS (number and street) 419 N.Larchmont Blvd. #154 Los Angeles CA 90004 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00455501 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Convention, Special, Runoff (d) 30-Day Post -Election Report for the: General, Runoff, Special Election on 11 04 2008 in the State of CA

5. Covering Period 10 16 2008 through 11 24 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 Melissa Karaban

Signature of Treasurer Electronically Filed by Melissa Karaban Date 12 04 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  
OurGreatestFear.Org

Report Covering the Period: From: 

M	M
1	0

D	D
1	6

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
1	1

D	D
2	4

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date										
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8	<table border="1" style="width: 100%;"><tr><td> </td></tr></table>		<table border="1" style="width: 100%;"><tr><td align="right">0.00</td></tr></table>	0.00
Y	Y	Y	Y									
2	0	0	8									
0.00												
(b) Cash on Hand at Beginning of Reporting Period .....	<table border="1" style="width: 100%;"><tr><td align="right">37543.96</td></tr></table>	37543.96										
37543.96												
(c) Total Receipts (from Line 19) .....	<table border="1" style="width: 100%;"><tr><td align="right">17465.00</td></tr></table>	17465.00	<table border="1" style="width: 100%;"><tr><td align="right">56340.00</td></tr></table>	56340.00								
17465.00												
56340.00												
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	<table border="1" style="width: 100%;"><tr><td align="right">55008.96</td></tr></table>	55008.96	<table border="1" style="width: 100%;"><tr><td align="right">56340.00</td></tr></table>	56340.00								
55008.96												
56340.00												
7. Total Disbursements (from Line 31) .....	<table border="1" style="width: 100%;"><tr><td align="right">46151.54</td></tr></table>	46151.54	<table border="1" style="width: 100%;"><tr><td align="right">47482.58</td></tr></table>	47482.58								
46151.54												
47482.58												
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<table border="1" style="width: 100%;"><tr><td align="right">8857.42</td></tr></table>	8857.42	<table border="1" style="width: 100%;"><tr><td align="right">8857.42</td></tr></table>	8857.42								
8857.42												
8857.42												
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	<table border="1" style="width: 100%;"><tr><td align="right">0.00</td></tr></table>	0.00										
0.00												
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	<table border="1" style="width: 100%;"><tr><td align="right">1000.00</td></tr></table>	1000.00										
1000.00												

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**

Write or Type Committee Name  
OurGreatestFear.Org

Report Covering the Period: From: 

M	M
1	0

D	D
1	6

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
1	1

D	D
2	4

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	11875.00	50325.00
(i) Itemized (use Schedule A) .....	5590.00	6015.00
(ii) Unitemized .....	17465.00	56340.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	17465.00	56340.00
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	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
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)) .....	17465.00	56340.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	17465.00	56340.00

**DETAILED SUMMARY PAGE**

of Disbursements

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.....	17189.63	17189.63
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	17189.63	17189.63
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E) .....	28961.91	30292.95
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))..	46151.54	47482.58
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	46151.54	47482.58

**DETAILED SUMMARY PAGE**  
of Disbursements

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) .....	17465.00	56340.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	17465.00	56340.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	17189.63	17189.63
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	17189.63	17189.63

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 22
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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)  
OurGreatestFear.Org

<b>A.</b>	Full Name (Last, First, Middle Initial) Amy Atkins		Date of Receipt
	Mailing Address 219 East 69th #3L		<input type="text" value="10"/> / <input type="text" value="18"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	New York	NY	10021
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer FreeFall Productions		Occupation Journalist	<b>Transaction ID:</b> A2008-2105217
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="500.00"/>	<input type="text" value="500.00"/>

<b>B.</b>	Full Name (Last, First, Middle Initial) Lauren Elfman		Date of Receipt
	Mailing Address 2421 Cheromoya Ave		<input type="text" value="10"/> / <input type="text" value="17"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Los Angeles	CA	90068
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Buzzine.com		Occupation Senior Managing Editor/Photo	<b>Transaction ID:</b> A2008-2076481
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="500.00"/>	<input type="text" value="500.00"/>

<b>C.</b>	Full Name (Last, First, Middle Initial) Kraft-Engel Management LLC		Date of Receipt
	Mailing Address 15233 Ventura Blvd Suite 200		<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Sherman Oak	CA	91403
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer		Occupation	<b>Transaction ID:</b> A2008-2297011a
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="5000.00"/>	<input type="text" value="5000.00"/>

**[MEMO ITEM]**  
See Partner Distribution Below

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="1000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 22  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
OurGreatestFear.Org

**A.**

Full Name (Last, First, Middle Initial)  
Laura Engel

Mailing Address 15233 Venture Blvd. Suite 200

City Sherman Oak State CA Zip Code 91403

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

Name of Employer Kraft-Engel Management Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

**Transaction ID:** A2008-2297011

Amount of Each Receipt this Period  
2500.00

**B.**

Full Name (Last, First, Middle Initial)  
Richard Kraft

Mailing Address 15233 Ventura Blvd Suite 200

City Sherman Oak State CA Zip Code 91403

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

Name of Employer Kraft-Engel Management Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

**Transaction ID:** A2008-2297012

Amount of Each Receipt this Period  
2500.00

**C.**

Full Name (Last, First, Middle Initial)  
Emberly Modine

Mailing Address 2429 Cheremoya Ave

City Los Angles State CA Zip Code 90068

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

Name of Employer Digital Chisel Occupation Creative Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 7 / 2 0 0 8

**Transaction ID:** A2008-2076496

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **5250.00**

**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: (check only one)	PAGE 8 / 22
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
OurGreatestFear.Org

**A.** Full Name (Last, First, Middle Initial)  
Karen Reiser

Mailing Address 418 Iris Place

City State Zip Code  
Davis CA 95616

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

Name of Employer: Berkeley Advanced Biomaterials  
Occupation: Medical Dir/Tissue Bank

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 31 / 2008  
Transaction ID: A2008-2297013  
Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)  
Karen Reiser

Mailing Address 418 Iris Place

City State Zip Code  
Davis CA 95616

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

Name of Employer: Berkeley Advanced Biomaterials  
Occupation: Medical Dir/Tissue Bank

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt: 11 / 01 / 2008  
Transaction ID: A2008-2297014  
Amount of Each Receipt this Period: 500.00

**C.** Full Name (Last, First, Middle Initial)  
Karen Reiser

Mailing Address 418 Iris Place

City State Zip Code  
Davis CA 95616

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

Name of Employer: Berkeley Advanced Biomaterials  
Occupation: Medical Dir/Tissue Bank

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt: 11 / 03 / 2008  
Transaction ID: A2008-2297015  
Amount of Each Receipt this Period: 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1250.00

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



**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 9 / 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
OurGreatestFear.Org

**A.**

Full Name (Last, First, Middle Initial)  
Kevin Riepl

Mailing Address 20158 Hartland Street

City State Zip Code  
Winnetka CA 91306

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

Name of Employer Kevin Riepl Music Inc. Occupation Composer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

**Transaction ID:** A2008-2297016

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Ellen Segal

Mailing Address 3800 La Crescenta Ave. #205

City State Zip Code  
La Crescenta CA 91214

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

Name of Employer Video Streams Occupation Music Editor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

**Transaction ID:** A2008-2297017

Amount of Each Receipt this Period  
225.00

**C.**

Full Name (Last, First, Middle Initial)  
Jessica Silva

Mailing Address 5309 Agnes Ave #8

City State Zip Code  
Valley Village CA 91607

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

Name of Employer Morte Surgical Instruments Inc. Occupation Personal Assistant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

**Transaction ID:** A2008-2076494

Amount of Each Receipt this Period  
900.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1375.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 / 22
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
OurGreatestFear.Org

<b>A.</b>	Full Name (Last, First, Middle Initial) Mang Ling Tan		Date of Receipt MM / DD / YYYY 10 / 23 / 2008		
	Mailing Address 160 E 26th St. Apt 4A		<b>Transaction ID:</b> A2008-2105216		
	City New York	State NY	Zip Code 10010	Amount of Each Receipt this Period 2500.00	
	FEC ID number of contributing federal political committee. C		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
	Name of Employer Self Employed		Occupation Fashion Model	Aggregate Year-to-Date ▼ 2500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Hans Zimmer		Date of Receipt MM / DD / YYYY 10 / 30 / 2008		
	Mailing Address 1547 14th Street		<b>Transaction ID:</b> A2008-2297018		
	City Santa Monica	State CA	Zip Code 90404	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
	Name of Employer Remote Control Productions		Occupation Composer	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	11875.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<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)  
OurGreatestFear.Org

A.	Full Name (Last, First, Middle Initial) TransFirst ePayment Services	Transaction ID: B243338 Date of Disbursement 10 / 31 / 2008
	Mailing Address 12120 Shamrock Plaza Suite 100	Amount of Each Disbursement this Period 237.25
	City Omaha State NE Zip Code 68154	
	Purpose of Disbursement Account Service Fees Candidate Name	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable

B.	Full Name (Last, First, Middle Initial) Click and Pledge	Transaction ID: B243336 Date of Disbursement 11 / 01 / 2008
	Mailing Address 2200 Kraft Drive #1175	Amount of Each Disbursement this Period 424.78
	City Blacksburg State VA Zip Code 24060	
	Purpose of Disbursement Website fundraising fees Candidate Name	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable

C.	Full Name (Last, First, Middle Initial) Click and Pledge	Transaction ID: B243337 Date of Disbursement 11 / 15 / 2008
	Mailing Address 2200 Kraft Drive #1175	Amount of Each Disbursement this Period 61.23
	City Blacksburg State VA Zip Code 24060	
	Purpose of Disbursement Website fundraising fees Candidate Name	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	723.26
<b>TOTAL</b> 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)

<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)  
OurGreatestFear.Org

<p><b>A.</b> Full Name (Last, First, Middle Initial) Danny Elfman</p> <p>Mailing Address 1601 Cloverfield Blvd. 5000N</p> <p>City Santa Monica State CA Zip Code 90404</p> <p>Purpose of Disbursement Reimburse for footage licensing, etc.</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p> <p>Not Applicable</p>	<p><b>Transaction ID:</b> B240439</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1757.32"/></p> <p>See Schedule E memos and Debt1 on Schedule D</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Melissa Karaban</p> <p>Mailing Address 5501 Noble Avenue</p> <p>City Sherman Oaks State CA Zip Code 91411</p> <p>Purpose of Disbursement Reimburse for PAC mail box, footage pymts</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p> <p>Not Applicable</p>	<p><b>Transaction ID:</b> B240440</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2140.29"/></p> <p>Covers payment for Debt2 on Schedule D</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Wildfire Post</p> <p>Mailing Address 640 S. San Vicente Blvd.</p> <p>City Los Angeles State CA Zip Code 90048</p> <p>Purpose of Disbursement ADR Sessions for Voice Over Record</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CA District: Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p> <p>Not Applicable</p>	<p><b>Transaction ID:</b> B241737</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="750.00"/></p> <p>See Debt7 on Schedule D: Payment for 10/8/08 I.E. reported on Pre-General with transID B239789</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**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 13 / 22

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

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

NAME OF COMMITTEE (In Full)  
OurGreatestFear.Org

**A.** Full Name (Last, First, Middle Initial)  
Barbara Harris of The Looping Group

Mailing Address P.O. Box 846

City Burbank State CA Zip Code 91503

Purpose of Disbursement  
Voice Over Casting - Pymt for Debt8

Candidate Name

004  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: CA District:

Not Applicable

Transaction ID: B239790A  
Date of Disbursement

10 / 27 / 2008

Amount of Each Disbursement this Period

250.00

See Debt8 on Schedule D:P-  
ayment for 10/6/08 I.E.  
reported on Pre-General  
with transID B239790

**B.** Full Name (Last, First, Middle Initial)  
Steve Savitsky

Mailing Address 1601 Cloverfield Blvd. 5000N

City Santa Monica State CA Zip Code 90404

Purpose of Disbursement  
Professional Business Mgmt Services

Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: CA District:

Not Applicable

Transaction ID: B241742  
Date of Disbursement

11 / 12 / 2008

Amount of Each Disbursement this Period

1110.00

See Debt4 on Schedule D

**C.** Full Name (Last, First, Middle Initial)  
Morte Surgical Instruments Inc.

Mailing Address 5501 Noble Avenue

City Sherman Oaks State CA Zip Code 91411

Purpose of Disbursement  
Provide staff for Treasurer Services

Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: CA District:

Not Applicable

Transaction ID: B241749  
Date of Disbursement

11 / 21 / 2008

Amount of Each Disbursement this Period

1663.79

See Debt2 on Schedule D:C-  
overs full payment of debt  
plus new invoice

**SUBTOTAL** of Disbursements This Page (optional) .....

3023.79

**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 14 / 22

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

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

NAME OF COMMITTEE (In Full)  
OurGreatestFear.Org

A.	Full Name (Last, First, Middle Initial) Danny Elfman	Transaction ID: B241750 Date of Disbursement MM / DD / YYYY 11 / 24 / 2008
	Mailing Address 1601 Cloverfield Blvd. 5000N	Amount of Each Disbursement this Period 425.46
	City Santa Monica State CA Zip Code 90404	
	Purpose of Disbursement Reimburse:web hosting,commercial delivery Candidate Name	004 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable
		Also see Schedule E for DG payment this period

B.	Full Name (Last, First, Middle Initial) Laurence Gold of Lichtman Trister and Ross PLLC	Transaction ID: B241740 Date of Disbursement MM / DD / YYYY 11 / 12 / 2008
	Mailing Address 1666 Connecticut Ave. NW 5th Fl.	Amount of Each Disbursement this Period 7196.83
	City Washington State DC Zip Code 20009	
	Purpose of Disbursement Attorney Services Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: DC District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable
		See Debt3 on Schedule D:C-overs full payment of debt plus new invoice

C.	Full Name (Last, First, Middle Initial) Public Affairs Support Services Inc.	Transaction ID: B241747 Date of Disbursement MM / DD / YYYY 11 / 19 / 2008
	Mailing Address 1020 North Fairfax St. 5th Floor	Amount of Each Disbursement this Period 1172.68
	City Alexandria State VA Zip Code 22314	
	Purpose of Disbursement Campaign Finance Report Prep Services Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>8794.97</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>17189.63</b>

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

NAME OF COMMITTEE (In Full) OurGreatestFear.Org	FEC IDENTIFICATION NUMBER <b>C</b> C00455501
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

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

Date  

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

Mailing Address  
450 W. 33rd Street

Amount  
2000.00

Transaction ID: B240441

City State Zip Code  
New York NY 10010

Office Sought:  House State: US  
 Senate District: \_\_\_\_\_  
 Presidential

Purpose of Expenditure  
Footage Licensing:  
Ad Airing 10/28-11/3

Category/  
Type 004

Check One:  Support  Oppose

Name of Federal Candidate supported or Opposed by expenditure:  
John McCain

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_

Calendar Year-To-Date Per Election  
for Office Sought 4581.04

2008  
**[MEMO ITEM]**  
 Part of payment to Melissa Karaban on Schedule B (transID B240441)

Full Name (Last, First, Middle, Initial) of Payee  
DG Fast Channel

Date  

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

Mailing Address  
3330 Cahuenga Blvd. West 4th Flr.

Amount  
237.50

Transaction ID: B240442

City State Zip Code  
Los Angeles CA 90068

Office Sought:  House State: US  
 Senate District: \_\_\_\_\_  
 Presidential

Purpose of Expenditure  
Commercial Delivery:-  
Ad Airing 10/28-11/3

Category/  
Type 004

Check One:  Support  Oppose

Name of Federal Candidate supported or Opposed by expenditure:  
John McCain

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_

Calendar Year-To-Date Per Election  
for Office Sought 30125.72

2008  
**[MEMO ITEM]**  
 Part of payment fo Danny Elfman on Schedule B (transID B241750)

(a) SUBTOTAL of Itemized Independent Expenditures .....	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures .....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Melissa Karaban  
Signature

Date  

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

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

NAME OF COMMITTEE (In Full) OurGreatestFear.Org	FEC IDENTIFICATION NUMBER <b>C</b> C00455501
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

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

---

Mailing Address  
11150 Santa Monica Blvd. 9th Floor

---

City Los Angeles	State CA	Zip Code 90025
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---

Purpose of Expenditure Media Purchase for Ad Airing 10/28-11/3	Category/Type 004
---	----------------------

---

Name of Federal Candidate supported or Opposed by expenditure:  
John McCain

---

Calendar Year-To-Date Per Election for Office Sought	30125.72
--	----------

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

---

Amount  
23500.00

**Transaction ID:** B240443

---

Office Sought:  House State: US  
 Senate District: \_\_\_\_\_  
 Presidential

---

Check One:  Support  Oppose

---

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2008

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

---

Mailing Address  
20745 Clarendon St.

---

City Woodland Hills	State CA	Zip Code 91367
------------------------	-------------	-------------------

---

Purpose of Expenditure Talent Wages for Ad airing 10/28-11/3	Category/Type 004
---	----------------------

---

Name of Federal Candidate supported or Opposed by expenditure:  
John McCain

---

Calendar Year-To-Date Per Election for Office Sought	30125.72
--	----------

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

---

Amount  
1807.18

**Transaction ID:** B240444

---

Office Sought:  House State: US  
 Senate District: \_\_\_\_\_  
 Presidential

---

Check One:  Support  Oppose

---

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2008

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	25307.18
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures .....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Melissa Karaban  
Signature

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



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

NAME OF COMMITTEE (In Full) OurGreatestFear.Org	FEC IDENTIFICATION NUMBER <b>C</b> C00455501
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
Barbara Harris of The Looping Group

Date

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

Mailing Address  
P.O. Box 846

Amount

250.00
--------

City	State	Zip Code
Burbank	CA	91503

**Transaction ID:** B239790

Office Sought:  House State: US  
 Senate District: \_\_\_\_\_  
 Presidential

Purpose of Expenditure Voice Over Casting - Pymt for Debt8	Category/Type
	004

Check One:  Support  Oppose

Name of Federal Candidate supported or Opposed by expenditure:  
John McCain

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
 2008

Calendar Year-To-Date Per Election for Office Sought	32079.72
--	----------

**[MEMO ITEM]**  
See Schedule B and Schedule D

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

Date

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

Mailing Address  
122 S. Michigan Avenue Suite 900

Amount

284.00
--------

City	State	Zip Code
Chicago	IL	60603

**Transaction ID:** B239785

Office Sought:  House State: US  
 Senate District: \_\_\_\_\_  
 Presidential

Purpose of Expenditure Website Images	Category/Type
	004

Check One:  Support  Oppose

Name of Federal Candidate supported or Opposed by expenditure:  
John McCain

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
 2008

Calendar Year-To-Date Per Election for Office Sought	32079.72
--	----------

**[MEMO ITEM]**  
Debt1 paid by Danny Elfman

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	0.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures .....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Melissa Karaban  
Signature

Date

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

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

NAME OF COMMITTEE (In Full) OurGreatestFear.Org	FEC IDENTIFICATION NUMBER <b>C</b> C00455501
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

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

Mailing Address  
450 W. 33rd Street

City State Zip Code  
New York NY 10010

Purpose of Expenditure Category/Type  
Footage Licensing 004

Name of Federal Candidate supported or Opposed by expenditure:  
John McCain

Calendar Year-To-Date Per Election for Office Sought  
32079.72

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

Mailing Address  
11150 Santa Monica Blvd. 9th Fl.

City State Zip Code  
Los Angeles CA 90025

Purpose of Expenditure Category/Type  
Media Purchase 004

Name of Federal Candidate supported or Opposed by expenditure:  
John McCain

Calendar Year-To-Date Per Election for Office Sought  
35166.07

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

Amount  
1420.00

Transaction ID: B239781

Office Sought:  House State: US  
 Senate District: \_\_\_\_\_  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2008

**[MEMO ITEM]**  
Part of payment to Melissa Karaban on Schedule B (trans ID B2-4044)

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

Amount  
3086.35

Transaction ID: B241739

Office Sought:  House State: US  
 Senate District: \_\_\_\_\_  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2008

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	3086.35
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures .....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Melissa Karaban  
Signature

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

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

NAME OF COMMITTEE (In Full) OurGreatestFear.Org		FEC IDENTIFICATION NUMBER <b>C</b> C00455501	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee DSG		Date M M / D D / Y Y Y Y 1 1 / 1 2 / 2 0 0 8	
Mailing Address 20745 Clarendon St.		Amount 568.38	
City State Zip Code Woodland Hills CA 91367		Transaction ID: B241745	
Purpose of Expenditure Talent Wages		Office Sought: <input type="checkbox"/> House State: US <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: John McCain		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008	
Calendar Year-To-Date Per Election for Office Sought		35734.45	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	568.38
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures .....	28961.91
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Signature Melissa Karaban	Date M M / D D / Y Y Y Y 1 2 / 0 4 / 2 0 0 8

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
OurGreatestFear.Org

<b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Danny Elfman			Nature of Debt (Purpose): Footage Licensing, Website Hosting and Domain Name, Mailbox Rental
Mailing Address 114 Fremont Place			
City Los Angeles	State CA	ZIP Code 90005	

Outstanding Balance Beginning This Period <input type="text" value="1757.32"/>		<b>Transaction ID: Debt1</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="1757.32"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

<b>B. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Morte Surgical Instruments Inc.			Nature of Debt (Purpose): Providing Staff for Treasurer Services
Mailing Address 1601 Cloverfield Blvd. 5000N			
City Santa Monica	State CA	ZIP Code 90404	

Outstanding Balance Beginning This Period <input type="text" value="1350.00"/>		<b>Transaction ID: Debt2</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="1350.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

<b>C. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Laurence Gold			Nature of Debt (Purpose): Attorney Fees
Mailing Address Lichtman, Trister & Ross, PLLC 1666 Connecticut Ave. NW, 5th Flr			
City Washington	State DC	ZIP Code 20009	

Outstanding Balance Beginning This Period <input type="text" value="3818.75"/>		<b>Transaction ID: Debt3</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="3818.75"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<input type="text" value="0.00"/>
<b>2) TOTALS</b> This Period (last page this line number only).....	<input type="text"/>
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
OurGreatestFear.Org

<b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Steve Savitsky			Nature of Debt (Purpose): Business Management Services
Mailing Address 1601 Cloverfield Blvd. 5000N			
City Santa Monica	State CA	ZIP Code 90404	

Outstanding Balance Beginning This Period <input type="text" value="1000.00"/>		<b>Transaction ID: Debt4</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="1000.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

<b>B. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Melissa Karaban			Nature of Debt (Purpose): Mailbox Rental for PAC
Mailing Address 5501 Noble Avenue			
City Sherman Oaks	State CA	ZIP Code 91411	

Outstanding Balance Beginning This Period <input type="text" value="133.30"/>		<b>Transaction ID: Debt5</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="133.30"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

<b>C. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> 20Twenty VFX			Nature of Debt (Purpose): Visual Effects
Mailing Address 1419 Second St.			
City Santa Monica	State CA	ZIP Code 90401	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>		<b>Transaction ID: Debt6</b>	
Amount Incurred This Period <input type="text" value="500.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="500.00"/>	

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<input type="text" value="500.00"/>
<b>2) TOTALS</b> This Period (last page this line number only).....	<input type="text"/>
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
OurGreatestFear.Org

<b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Wildfire Post			Nature of Debt (Purpose): Sound Recording & Mixing
Mailing Address 640 S. San Vincente Blvd.			
City Los Angeles	State CA	ZIP Code 90048	

Outstanding Balance Beginning This Period <input type="text" value="750.00"/>		<b>Transaction ID: Debt7</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="750.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

<b>B. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Barbara Harris			Nature of Debt (Purpose): Casting
Mailing Address P.O. Box 846			
City Burbank	State CA	ZIP Code 91503	

Outstanding Balance Beginning This Period <input type="text" value="250.00"/>		<b>Transaction ID: Debt8</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="250.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

<b>C. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Shelia Shirazi			Nature of Debt (Purpose): Media Outreach/Coordinator
Mailing Address 241 Saint James Place #3			
City Brooklyn	State NY	ZIP Code 11238	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>		<b>Transaction ID: Debt9</b>	
Amount Incurred This Period <input type="text" value="500.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="500.00"/>	

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<input type="text" value="500.00"/>
<b>2) TOTALS</b> This Period (last page this line number only).....	<input type="text" value="1000.00"/>
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text" value="0.00"/>
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	<input type="text" value="1000.00"/>