

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

National Campaign Fund

ADDRESS (number and street) 30011 Ivy Glenn Drive, Suite 223

Check if different than previously reported. (ACC)

Laguna Niguel CA 92677

2. **FEC IDENTIFICATION NUMBER** C00437822

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 01 01 2008 through 03 31 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 James Lacy

Signature of Treasurer Electronically Filed by James Lacy Date 04 23 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							
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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
National Campaign Fund

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	3

D	D
3	1

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>0.00</td></tr></table>	0.00	<table border="1" style="width: 100%;"><tr><td>0.00</td></tr></table>	0.00
Y	Y	Y	Y									
2	0	0	8									
0.00												
0.00												
(b) Cash on Hand at Beginning of Reporting Period	<table border="1" style="width: 100%;"><tr><td>0.00</td></tr></table>	0.00										
0.00												
(c) Total Receipts (from Line 19)	<table border="1" style="width: 100%;"><tr><td>50550.50</td></tr></table>	50550.50	<table border="1" style="width: 100%;"><tr><td>50550.50</td></tr></table>	50550.50								
50550.50												
50550.50												
(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>50550.50</td></tr></table>	50550.50	<table border="1" style="width: 100%;"><tr><td>50550.50</td></tr></table>	50550.50								
50550.50												
50550.50												
7. Total Disbursements (from Line 31)	<table border="1" style="width: 100%;"><tr><td>36522.82</td></tr></table>	36522.82	<table border="1" style="width: 100%;"><tr><td>36522.82</td></tr></table>	36522.82								
36522.82												
36522.82												
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<table border="1" style="width: 100%;"><tr><td>14027.68</td></tr></table>	14027.68	<table border="1" style="width: 100%;"><tr><td>14027.68</td></tr></table>	14027.68								
14027.68												
14027.68												
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	<table border="1" style="width: 100%;"><tr><td>0.00</td></tr></table>	0.00										
0.00												
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	<table border="1" style="width: 100%;"><tr><td>0.00</td></tr></table>	0.00										
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**

Write or Type Committee Name
National Campaign Fund

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	3

D	D
3	1

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	14300.00	14300.00
(i) Itemized (use Schedule A)	36250.50	36250.50
(ii) Unitemized	50550.50	50550.50
(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)	50550.50	50550.50
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))	50550.50	50550.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	50550.50	50550.50

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.....	297.48	297.48
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	297.48	297.48
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)	36225.34	36225.34
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))..	36522.82	36522.82
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	36522.82	36522.82

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)	50550.50	50550.50
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	50550.50	50550.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	297.48	297.48
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	297.48	297.48

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 33
(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

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)
National Campaign Fund

A.

Full Name (Last, First, Middle Initial)
MR GEORGE BENNETT SMITH

Mailing Address 2300 AARON ST
APT 313 REGENCY HOUSE

City State Zip Code
PORT CHARLOTTE FL 33952

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

Name of Employer Occupation
N.Y.S.E.R.S. RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

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

Transaction ID: INC.A.15

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
MRS BETTY J ALSON

Mailing Address 819 PARADISE LN

City State Zip Code
BROOKINGS OR 97415

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

Name of Employer Occupation
US ARMY/FORT RICHARDSON, AL RETIRED BUDGET OFFICER/HOMEMAKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2300.00

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

Transaction ID: INC.A.13

Amount of Each Receipt this Period
2300.00

C.

Full Name (Last, First, Middle Initial)
MR SHERWIN H TERRY

Mailing Address 301 TIDEPOINTE WAY
VILLA 3306

City State Zip Code
HILTON HEAD ISLAND SC 29928

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: INC.A.5

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **2800.00**

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 / 33

(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)
National Campaign Fund

A.

Full Name (Last, First, Middle Initial)
MS JOSEPHINE E WOOD

Mailing Address 1400 ENTERPRISE DR APT N330

City State Zip Code
LYNCHBURG VA 24502

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

Name of Employer
FAIRFAX COUNTY SCHOOL BOARD

Occupation
RETIRED TEACHER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 07 / 2008

Transaction ID: INC.A.9

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
MR DONALD TAYLOR

Mailing Address 3500 NICHOLSON RD

City State Zip Code
WESTMINSTER MD 21157

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

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 11 / 2008

Transaction ID: INC.A.7

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)
MRS CARROLL K KING

Mailing Address 2432 WINDROW DR

City State Zip Code
PRINCETON NJ 8540

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

Name of Employer

Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 13 / 2008

Transaction ID: INC.A.26

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

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 / 33
	<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)
National Campaign Fund

A. Full Name (Last, First, Middle Initial)
MR L A MCDANIEL

Mailing Address 128 CARDINAL BLVD SE

City State Zip Code
CALHOUN GA 30701

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 14 / 2008

Transaction ID: INC.A.10

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
MR NORMAN E BECKER

Mailing Address 245 E US HIGHWAY 50 BYP

City State Zip Code
GARDEN CITY KS 67846

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 17 / 2008

Transaction ID: INC.A.27

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
MR OMER E BOWLUS

Mailing Address 3250 WALTON BLVD APT 203

City State Zip Code
ROCHESTER MI 48309

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

Name of Employer CHRYSLER CORP. Occupation RETIRED ENGINEER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 17 / 2008

Transaction ID: INC.A.19

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **850.00**

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 / 33
	<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)
National Campaign Fund

A.	Full Name (Last, First, Middle Initial) MRS FLORENCE C WEST		Date of Receipt
	Mailing Address 10710 W SARATOGA PL		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	LITTLETON	CO	80127
	FEC ID number of contributing federal political committee. C		Transaction ID: INC.A.23
Name of Employer RETIRED		Occupation RETIRED	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00
		<input type="text"/> 600.00	

B.	Full Name (Last, First, Middle Initial) MR J MICHAEL BILLIOU		Date of Receipt
	Mailing Address PO BOX 98		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	HAMILTON CITY	CA	95951
	FEC ID number of contributing federal political committee. C		Transaction ID: INC.A.4
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00
		<input type="text"/> 500.00	

C.	Full Name (Last, First, Middle Initial) MS PATRICIA A HUGHES		Date of Receipt
	Mailing Address 107 CASA LINDA DR		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	WOODLAND	CA	95695
	FEC ID number of contributing federal political committee. C		Transaction ID: INC.A.17
Name of Employer SELF-EMPLOYED		Occupation RET TENANT FARMER/LANDOWNER/HOMEMAKER	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 100.00
		<input type="text"/> 300.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1100.00
TOTAL 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 10 / 33
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
National Campaign Fund

A. Full Name (Last, First, Middle Initial)
MRS EILEEN H SONGSTAD

Mailing Address 31032 MONTESSA DR

City State Zip Code
LAGUNA BEACH CA 92677

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
200.00

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

Transaction ID: INC.A.21

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
DR FRANK G FIELDER

Mailing Address 2384 COUNTY ROAD 10

City State Zip Code
ALPINE NY 14805

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

Name of Employer Occupation
SELF-EMPLOYED RETIRED VETERINARIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

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

Transaction ID: INC.A.1

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
MISS MARY SALLY AYLWARD

Mailing Address 115 S RUTAN ST APT 10B

City State Zip Code
WICHITA KS 67218

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
0 3 / 2 4 / 2 0 0 8

Transaction ID: INC.A.28

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **850.00**

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 11 / 33
(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
							17

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NAME OF COMMITTEE (In Full)
National Campaign Fund

A.

Full Name (Last, First, Middle Initial)
MR GEORGE BENNETT SMITH

Mailing Address 2300 AARON ST
APT 313 REGENCY HOUSE

City State Zip Code
PORT CHARLOTTE FL 33952

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

Name of Employer Occupation
N.Y.S.E.R.S. RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
M M / D D / Y Y Y Y
0 3 / 2 4 / 2 0 0 8

Transaction ID: INC.A.16

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
MR HAROLD BERGSTROM

Mailing Address PO BOX 184

City State Zip Code
MOHALL ND 58761

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

Name of Employer Occupation
RETIRED HOMEMAKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt
M M / D D / Y Y Y Y
0 3 / 2 4 / 2 0 0 8

Transaction ID: INC.A.14

Amount of Each Receipt this Period
200.00

C.

Full Name (Last, First, Middle Initial)
MS CAROL G BOLCOF

Mailing Address 3731 DAFFODIL AVE

City State Zip Code
CORONA DEL MAR CA 92625

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
0 3 / 2 4 / 2 0 0 8

Transaction ID: INC.A.29

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 1200.00

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 12 / 33

(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)
National Campaign Fund

A.

Full Name (Last, First, Middle Initial)
MR OMER E BOWLUS

Mailing Address 3250 WALTON BLVD APT 203

City State Zip Code
ROCHESTER MI 48309

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

Name of Employer Occupation
CHRYSLER CORP. RETIRED ENGINEER

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 200.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 4 / 2 0 0 8

Transaction ID: INC.A.20

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)
MR ANTONIO C ESTEVE

Mailing Address 161 S OLD ALICE RD

City State Zip Code
BROWNSVILLE TX 78520

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

Name of Employer Occupation
SELF-EMPLOYED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 4 / 2 0 0 8

Transaction ID: INC.A.2

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)
MR EDWIN T HUBBARD

Mailing Address 4574 FM 1960 RD E

City State Zip Code
HUMBLE TX 77346

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 4 / 2 0 0 8

Transaction ID: INC.A.25

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

850.00

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 13 / 33

(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

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)
National Campaign Fund

A.

Full Name (Last, First, Middle Initial)
MRS JO D PROVINES

Mailing Address 2812 GRAY FOX LN

City State Zip Code
JACKSONVILLE AR 72076

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

Name of Employer Occupation
RETIRED OPTOMITRIST

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 4 / 2 0 0 8

Transaction ID: INC.A.30

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)
MRS EILEEN H SONGSTAD

Mailing Address 31032 MONTESSA DR

City State Zip Code
LAGUNA BEACH CA 92677

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 200.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 4 / 2 0 0 8

Transaction ID: INC.A.22

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)
MR JOHN HUEY BROUSSARD

Mailing Address 23193 LAUDERDALE HWY

City State Zip Code
JENNINGS LA 70546

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 5 / 2 0 0 8

Transaction ID: INC.A.31

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1600.00

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 14 / 33
(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)
National Campaign Fund

A.

Full Name (Last, First, Middle Initial)
MRS CAROLYN ELDRIDGE

Mailing Address 607 3RD KEY DR

City State Zip Code
FORT LAUDERDALE FL 33304

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
03 / 26 / 2008

Transaction ID: INC.A.32

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
MRS FLORENCE C WEST

Mailing Address 10710 W SARATOGA PL

City State Zip Code
LITTLETON CO 80127

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
MM / DD / YYYY
03 / 26 / 2008

Transaction ID: INC.A.24

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
MR BEN JOHNSON, III

Mailing Address PO BOX 632

City State Zip Code
MANSFIELD LA 71052

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

Name of Employer Occupation
SELF-EMPLOYED OIL & GAS PRODUCTION

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
03 / 27 / 2008

Transaction ID: INC.A.3

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **2100.00**

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 15 / 33
	<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	

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)
National Campaign Fund

A.	Full Name (Last, First, Middle Initial) MR RICHARD D RICHARDSON		Date of Receipt
	Mailing Address 9 FOXTAIL LN		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	CHADDS FORD	PA	19317
	FEC ID number of contributing federal political committee.		Transaction ID: INC.A.8
		Amount of Each Receipt this Period	
		<input type="text"/> 1000.00	
Name of Employer SOLID STATE EQUIPMENT CORPORATION		Occupation SELF-EMPLOYED EXECUTIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 1000.00	

B.	Full Name (Last, First, Middle Initial) MS PATRICIA A HUGHES		Date of Receipt
	Mailing Address 107 CASA LINDA DR		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	WOODLAND	CA	95695
	FEC ID number of contributing federal political committee.		Transaction ID: INC.A.18
		Amount of Each Receipt this Period	
		<input type="text"/> 200.00	
Name of Employer SELF-EMPLOYED		Occupation RET TENANT FARMER/LANDOWNER/HOMEMAKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 300.00	

C.	Full Name (Last, First, Middle Initial) MR BOYD L FUGAL		Date of Receipt
	Mailing Address 504 W 1100 N		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	PLEASANT GROVE	UT	84062
	FEC ID number of contributing federal political committee.		Transaction ID: INC.A.6
		Amount of Each Receipt this Period	
		<input type="text"/> 500.00	
Name of Employer SELF-EMPLOYED CONTRACTOR		Occupation RETIRED PUBLIC UTILITIES CONSTRUCTION	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 500.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1700.00
TOTAL 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 16 / 33
(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)
National Campaign Fund

A.

Full Name (Last, First, Middle Initial) MR L A MCDANIEL		Date of Receipt M M / D D / Y Y Y Y Y 03 / 31 / 2008	
Mailing Address 128 CARDINAL BLVD SE		Transaction ID: INC.A.11	
City CALHOUN	State GA	Zip Code 30701	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

B.

Full Name (Last, First, Middle Initial) MRS LILLIAN MEYER		Date of Receipt M M / D D / Y Y Y Y Y 03 / 31 / 2008	
Mailing Address 616 FOXWORTH LN		Transaction ID: INC.A.12	
City HOLMES BEACH	State FL	Zip Code 34217	Amount of Each Receipt this Period 200.00
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00		

SUBTOTAL of Receipts This Page (optional)	250.00
TOTAL This Period (last page this line number only)	14300.00

**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)

PAGE 17 / 33

<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)
National Campaign Fund

A. Full Name (Last, First, Middle Initial) Deluxe Business Systems <hr/> Mailing Address PO Box 1186 <hr/> City Lancaster State CA Zip Code 93584 <hr/> Purpose of Disbursement Check/Deposit Slips Candidate Name	Transaction ID: EXP.B.37 Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2008
	Amount of Each Disbursement this Period 48.01
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) ▼	Category/Type 001
B. Full Name (Last, First, Middle Initial) Washington Intelligence Bureau <hr/> Mailing Address 4128 Pepsi Place <hr/> City Chantilly State VA Zip Code 20151 <hr/> Purpose of Disbursement Admin Account Services Candidate Name	Transaction ID: EXP.B.38 Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2008
	Amount of Each Disbursement this Period 249.47
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) ▼	Category/Type 001

SUBTOTAL of Disbursements This Page (optional) ►

297.48

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

297.48

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) National Campaign Fund	FEC IDENTIFICATION NUMBER C C00437822
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Wide World Photos

Mailing Address
450 West 33rd Street

City New York	State NY	Zip Code 10001
------------------	-------------	-------------------

Purpose of Expenditure Photos	Category/ Type 003
----------------------------------	--------------------------

Name of Federal Candidate supported or Opposed by expenditure:
Hillary Clinton

Calendar Year-To-Date Per Election for Office Sought	3912.34
---	---------

Date
MM / DD / YYYY
02 / 25 / 2008

Amount
27.00

Transaction ID: EDT.EALC.29

Office Sought: House State: _____
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____

Full Name (Last, First, Middle, Initial) of Payee
Wide World Photos

Mailing Address
450 West 33rd Street

City New York	State NY	Zip Code 10001
------------------	-------------	-------------------

Purpose of Expenditure Photos	Category/ Type 003
----------------------------------	--------------------------

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

Calendar Year-To-Date Per Election for Office Sought	20565.12
---	----------

Date
MM / DD / YYYY
02 / 25 / 2008

Amount
141.93

Transaction ID: EDT.EALC.30

Office Sought: House State: _____
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____

(a) SUBTOTAL of Itemized Independent Expenditures	168.93
(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.

James Lacy
Signature

Date MM / DD / YYYY
04 / 23 / 2008

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) National Campaign Fund	FEC IDENTIFICATION NUMBER C C00437822
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Wide World Photos

Date
MM / DD / YYYY
02 / 25 / 2008

Mailing Address
450 West 33rd Street

Amount
81.07

City State Zip Code
New York NY 10001

Transaction ID: EDT.EALC.31
Office Sought: House State: _____
 Senate District: _____
 Presidential

Purpose of Expenditure Category/Type
Photos 003

Name of Federal Candidate supported or Opposed by expenditure:
Rudy Giuliani

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
11747.88

Disbursement For: Primary General
 Other (specify) : _____

Full Name (Last, First, Middle, Initial) of Payee
Response Dynamics, Inc.

Date
MM / DD / YYYY
03 / 19 / 2008

Mailing Address
2070 Chain Bridge Road Ste 520

Amount
640.75

City State Zip Code
Vienna VA 22182

Transaction ID: EDT.EALC.14
Office Sought: House State: _____
 Senate District: _____
 Presidential

Purpose of Expenditure Category/Type
Mailing services/pos- tage 003

Name of Federal Candidate supported or Opposed by expenditure:
Hillary Clinton

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
3912.34

Disbursement For: Primary General
 Other (specify) : _____

(a) SUBTOTAL of Itemized Independent Expenditures	721.82
(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.

James Lacy
Signature

Date MM / DD / YYYY
04 / 23 / 2008

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) National Campaign Fund	FEC IDENTIFICATION NUMBER C C00437822
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Response Dynamics, Inc.

Date
MM / DD / YYYY
03 / 19 / 2008

Mailing Address
2070 Chain Bridge Road Ste 520

Amount
3368.07

City State Zip Code
Vienna VA 22182

Transaction ID: EDT.EALC.15

Purpose of Expenditure
Mailing services/postage
Category/Type 003

Office Sought: House State: _____
 Senate District: _____
 Presidential

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

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
20565.12

Disbursement For: Primary General
 Other (specify) : _____

Full Name (Last, First, Middle, Initial) of Payee
Response Dynamics, Inc.

Date
MM / DD / YYYY
03 / 19 / 2008

Mailing Address
2070 Chain Bridge Road Ste 520

Amount
1924.02

City State Zip Code
Vienna VA 22182

Transaction ID: EDT.EALC.16

Purpose of Expenditure
Mailing services/postage
Category/Type 003

Office Sought: House State: _____
 Senate District: _____
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:
Rudy Giuliani

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
11747.88

Disbursement For: Primary General
 Other (specify) : _____

(a) SUBTOTAL of Itemized Independent Expenditures	5292.09
(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.

James Lacy
Signature

Date MM / DD / YYYY
04 / 23 / 2008

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) National Campaign Fund	FEC IDENTIFICATION NUMBER ▼ C C00437822
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Response Dynamics, Inc.

Date
MM / DD / YYYY
03 / 20 / 2008

Mailing Address
2070 Chain Bridge Road Ste 520

Amount
213.86

City State Zip Code
Vienna VA 22182

Transaction ID: EDT.EALC.17
Office Sought: House State: _____
 Senate District: _____
 Presidential

Purpose of Expenditure
Mailing services/postage
Category/Type 003

Name of Federal Candidate supported or Opposed by expenditure:
Hillary Clinton

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
3912.34

Disbursement For: Primary General
 Other (specify) : _____

Full Name (Last, First, Middle, Initial) of Payee
Response Dynamics, Inc.

Date
MM / DD / YYYY
03 / 20 / 2008

Mailing Address
2070 Chain Bridge Road Ste 520

Amount
1124.17

City State Zip Code
Vienna VA 22182

Transaction ID: EDT.EALC.18
Office Sought: House State: _____
 Senate District: _____
 Presidential

Purpose of Expenditure
Mailing services/postage
Category/Type 003

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

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
20565.12

Disbursement For: Primary General
 Other (specify) : _____

(a) SUBTOTAL of Itemized Independent Expenditures	1338.03
(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.

James Lacy
Signature

Date MM / DD / YYYY
04 / 23 / 2008

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

NAME OF COMMITTEE (In Full) National Campaign Fund	FEC IDENTIFICATION NUMBER ▼ C C00437822
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Response Dynamics, Inc.

Mailing Address
2070 Chain Bridge Road Ste 520

City State Zip Code
Vienna VA 22182

Purpose of Expenditure
Mailing services/pos-
tage

Category/
Type 003

Name of Federal Candidate supported or Opposed by expenditure:
Rudy Giuliani

Calendar Year-To-Date Per Election
for Office Sought 11747.88

Date
MM / DD / YYYY
03 / 20 / 2008

Amount
642.18

Transaction ID: EDT.EALC.19

Office Sought: House State: _____
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____

Full Name (Last, First, Middle, Initial) of Payee
Direct Response Data Mngt

Mailing Address
2070 Chain Bridge Rd # 520

City State Zip Code
Vienna VA 22182

Purpose of Expenditure
Data entry for mail-
ings

Category/
Type 003

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

Calendar Year-To-Date Per Election
for Office Sought 20565.12

Date
MM / DD / YYYY
03 / 24 / 2008

Amount
1676.33

Transaction ID: EDT.EALC.3

Office Sought: House State: _____
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____

(a) **SUBTOTAL** of Itemized Independent Expenditures 2318.51

(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.

James Lacy
Signature

Date MM / DD / YYYY
04 / 23 / 2008

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) National Campaign Fund	FEC IDENTIFICATION NUMBER C C00437822
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Direct Response Data Mngt

Date
MM / DD / YYYY
03 / 24 / 2008

Mailing Address
2070 Chain Bridge Rd # 520

Amount
318.91

City State Zip Code
Vienna VA 22182

Transaction ID: EDT.EALC.2
Office Sought: House State: _____
 Senate District: _____
 Presidential

Purpose of Expenditure
Data entry for mailings
Category/Type 003

Name of Federal Candidate supported or Opposed by expenditure:
Hillary Clinton

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
3912.34

Disbursement For: Primary General
 Other (specify) : _____

Full Name (Last, First, Middle, Initial) of Payee
Direct Response Data Mngt

Date
MM / DD / YYYY
03 / 24 / 2008

Mailing Address
2070 Chain Bridge Rd # 520

Amount
957.60

City State Zip Code
Vienna VA 22182

Transaction ID: EDT.EALC.4
Office Sought: House State: _____
 Senate District: _____
 Presidential

Purpose of Expenditure
Data entry for mailings
Category/Type 003

Name of Federal Candidate supported or Opposed by expenditure:
Rudy Giuliani

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
11747.88

Disbursement For: Primary General
 Other (specify) : _____

(a) SUBTOTAL of Itemized Independent Expenditures	1276.51
(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.

James Lacy
Signature

Date MM / DD / YYYY
04 / 23 / 2008

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) National Campaign Fund	FEC IDENTIFICATION NUMBER C C00437822
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Fullfillment Management Svc

Mailing Address
2070 Chain Bridge Rd # 520

City Vienna	State VA	Zip Code 22182
----------------	-------------	-------------------

Purpose of Expenditure Folding/inserting ma- il	Category/ Type 003
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Name of Federal Candidate supported or Opposed by expenditure:
Hillary Clinton

Calendar Year-To-Date Per Election for Office Sought	3912.34
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Date
03 / 24 / 2008

Amount
230.56

Transaction ID: EDT.EALC.5

Office Sought: House State: _____
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____

Full Name (Last, First, Middle, Initial) of Payee
Fullfillment Management Svc

Mailing Address
2070 Chain Bridge Rd # 520

City Vienna	State VA	Zip Code 22182
----------------	-------------	-------------------

Purpose of Expenditure Folding/inserting ma- il	Category/ Type 003
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Name of Federal Candidate supported or Opposed by expenditure:
John McCain

Calendar Year-To-Date Per Election for Office Sought	20565.12
---	--

Date
03 / 24 / 2008

Amount
1211.95

Transaction ID: EDT.EALC.6

Office Sought: House State: _____
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____

(a) SUBTOTAL of Itemized Independent Expenditures	1442.51
(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.

James Lacy
Signature

Date 04 / 23 / 2008

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) National Campaign Fund	FEC IDENTIFICATION NUMBER C C00437822
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Fullfillment Management Svc

Date
MM / DD / YYYY
03 / 24 / 2008

Mailing Address
2070 Chain Bridge Rd # 520

Amount
692.34

City State Zip Code
Vienna VA 22182

Transaction ID: EDT.EALC.7

Purpose of Expenditure
Folding/inserting ma-
il

Category/
Type 003

Office Sought: House State: _____
 Senate District: _____
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:
Rudy Giuliani

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 11747.88

Disbursement For: Primary General
 Other (specify) : _____

Full Name (Last, First, Middle, Initial) of Payee
Mid America Printing

Date
MM / DD / YYYY
03 / 25 / 2008

Mailing Address
2070 Chain Bridge Rd # 520

Amount
832.01

City State Zip Code
Vienna VA 22182

Transaction ID: EDT.EALC.8

Purpose of Expenditure
Printing

Category/
Type 003

Office Sought: House State: _____
 Senate District: _____
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:
Hillary Clinton

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 3912.34

Disbursement For: Primary General
 Other (specify) : _____

(a) SUBTOTAL of Itemized Independent Expenditures	1524.35
(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.

James Lacy
Signature

Date MM / DD / YYYY
04 / 23 / 2008

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) National Campaign Fund	FEC IDENTIFICATION NUMBER C C00437822
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Mid America Printing

Date

M	M
0	3

 /

D	D
2	5

 /

Y	Y	Y	Y
2	0	0	8

Mailing Address
2070 Chain Bridge Rd # 520

Amount
4373.46

City State Zip Code
Vienna VA 22182

Transaction ID: EDT.EALC.9

Purpose of Expenditure Category/Type
Printing 003

Office Sought: House State: _____
 Senate District: _____
 Presidential

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

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
20565.12

Disbursement For: Primary General
 Other (specify) : _____

Full Name (Last, First, Middle, Initial) of Payee
Mid America Printing

Date

M	M
0	3

 /

D	D
2	5

 /

Y	Y	Y	Y
2	0	0	8

Mailing Address
2070 Chain Bridge Rd # 520

Amount
2498.36

City State Zip Code
Vienna VA 22182

Transaction ID: EDT.EALC.10

Purpose of Expenditure Category/Type
Printing 003

Office Sought: House State: _____
 Senate District: _____
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:
Rudy Giuliani

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
11747.88

Disbursement For: Primary General
 Other (specify) : _____

(a) SUBTOTAL of Itemized Independent Expenditures	6871.82
(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.

James Lacy
Signature

Date

M	M
0	4

 /

D	D
2	3

 /

Y	Y	Y	Y
2	0	0	8

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) National Campaign Fund	FEC IDENTIFICATION NUMBER C C00437822
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Mid America Printing

Mailing Address
2070 Chain Bridge Rd # 520

City Vienna	State VA	Zip Code 22182
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Purpose of Expenditure Printing	Category/ Type 003
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Name of Federal Candidate supported or Opposed by expenditure:
Hillary Clinton

Calendar Year-To-Date Per Election for Office Sought	3912.34
---	---------

Date
MM / DD / YYYY
03 / 25 / 2008

Amount
518.50

Transaction ID: EDT.EALC.11

Office Sought: House State: _____
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____

Full Name (Last, First, Middle, Initial) of Payee
Mid America Printing

Mailing Address
2070 Chain Bridge Rd # 520

City Vienna	State VA	Zip Code 22182
----------------	-------------	-------------------

Purpose of Expenditure Printing	Category/ Type 003
------------------------------------	--------------------------

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

Calendar Year-To-Date Per Election for Office Sought	20565.12
---	----------

Date
MM / DD / YYYY
03 / 25 / 2008

Amount
2725.47

Transaction ID: EDT.EALC.12

Office Sought: House State: _____
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____

(a) SUBTOTAL of Itemized Independent Expenditures	3243.97
(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.

James Lacy
Signature

Date MM / DD / YYYY
04 / 23 / 2008

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) National Campaign Fund	FEC IDENTIFICATION NUMBER C C00437822
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Mid America Printing

Date
MM / DD / YYYY
03 / 25 / 2008

Mailing Address
2070 Chain Bridge Rd # 520

Amount
1556.93

City State Zip Code
Vienna VA 22182

Transaction ID: EDT.EALC.13
Office Sought: House State: _____
 Senate District: _____
 Presidential

Purpose of Expenditure Category/Type
Printing 003

Name of Federal Candidate supported or Opposed by expenditure:
Rudy Giuliani

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
11747.88

Disbursement For: Primary General
 Other (specify) : _____

Full Name (Last, First, Middle, Initial) of Payee
Response Dynamics, Inc.

Date
MM / DD / YYYY
03 / 25 / 2008

Mailing Address
2070 Chain Bridge Rd # 520

Amount
1480.72

City State Zip Code
Vienna VA 22182

Transaction ID: EDT.EALC.23
Office Sought: House State: _____
 Senate District: _____
 Presidential

Purpose of Expenditure Category/Type
Mailing services/pos-tage 003

Name of Federal Candidate supported or Opposed by expenditure:
Rudy Giuliani

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
11747.88

Disbursement For: Primary General
 Other (specify) : _____

(a) SUBTOTAL of Itemized Independent Expenditures	3037.65
(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.

James Lacy
Signature

Date MM / DD / YYYY
04 / 23 / 2008

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) National Campaign Fund	FEC IDENTIFICATION NUMBER ▼ C C00437822
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Response Dynamics, Inc.

Date
MM / DD / YYYY
03 / 25 / 2008

Mailing Address
2070 Chain Bridge Rd # 520

Amount
2592.06

City State Zip Code
Vienna VA 22182

Transaction ID: EDT.EALC.24
Office Sought: House State: _____
 Senate District: _____
 Presidential

Purpose of Expenditure
Mailing services/postage
Category/Type 003

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

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
20565.12

Disbursement For: Primary General
 Other (specify) : _____

Full Name (Last, First, Middle, Initial) of Payee
Response Dynamics, Inc.

Date
MM / DD / YYYY
03 / 25 / 2008

Mailing Address
2070 Chain Bridge Rd # 520

Amount
493.12

City State Zip Code
Vienna VA 22182

Transaction ID: EDT.EALC.25
Office Sought: House State: _____
 Senate District: _____
 Presidential

Purpose of Expenditure
Mailing services/postage
Category/Type 003

Name of Federal Candidate supported or Opposed by expenditure:
Hillary Clinton

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
3912.34

Disbursement For: Primary General
 Other (specify) : _____

(a) SUBTOTAL of Itemized Independent Expenditures	3085.18
(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.

James Lacy
Signature

Date MM / DD / YYYY
04 / 23 / 2008

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) National Campaign Fund	FEC IDENTIFICATION NUMBER ▼ C C00437822
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
The Best List, Inc.

Date

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

Mailing Address
2070 Chain Bridge Rd. # 520

Amount

103.73

City	State	Zip Code
Vienna	VA	22182

Transaction ID: EDT.EALC.26

Purpose of Expenditure Lists	Category/ Type
	003

Office Sought: House State: _____
 Senate District: _____
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:
Hillary Clinton

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought	3912.34
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Disbursement For: Primary General
 Other (specify) : _____

Full Name (Last, First, Middle, Initial) of Payee
The Best List, Inc.

Date

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

Mailing Address
2070 Chain Bridge Rd. # 520

Amount

545.26

City	State	Zip Code
Vienna	VA	22182

Transaction ID: EDT.EALC.27

Purpose of Expenditure Lists	Category/ Type
	003

Office Sought: House State: _____
 Senate District: _____
 Presidential

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

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought	20565.12
---	----------

Disbursement For: Primary General
 Other (specify) : _____

(a) SUBTOTAL of Itemized Independent Expenditures	648.99
(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.

James Lacy
Signature

Date

M M	/	D D	/	Y Y Y Y
0 4		2 3		2 0 0 8

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) National Campaign Fund	FEC IDENTIFICATION NUMBER ▼ C C00437822
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
The Best List, Inc.

Date

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

Mailing Address
2070 Chain Bridge Rd. # 520

Amount

311.49

City	State	Zip Code
Vienna	VA	22182

Transaction ID: EDT.EALC.28

Purpose of Expenditure Lists	Category/ Type	003
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Office Sought: House State: _____
 Senate District: _____
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:
Rudy Giuliani

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought	11747.88
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Disbursement For: Primary General
 Other (specify) : _____

Full Name (Last, First, Middle, Initial) of Payee
Response Dynamics, Inc.

Date

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

Mailing Address
2070 Chain Bridge Road Ste 520

Amount

533.90

City	State	Zip Code
Vienna	VA	22182

Transaction ID: EDT.EALC.20

Purpose of Expenditure Mailing services/pos- tage	Category/ Type	003
---	-------------------	-----

Office Sought: House State: _____
 Senate District: _____
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:
Hillary Clinton

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought	3912.34
---	---------

Disbursement For: Primary General
 Other (specify) : _____

(a) SUBTOTAL of Itemized Independent Expenditures	845.39
(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.

James Lacy
Signature

Date

M M	/	D D	/	Y Y Y Y
0 4		2 3		2 0 0 8

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) National Campaign Fund	FEC IDENTIFICATION NUMBER C C00437822
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Response Dynamics, Inc.

Date

M	M
0	3

 /

D	D
3	1

 /

Y	Y	Y	Y
2	0	0	8

Mailing Address
2070 Chain Bridge Road Ste 520

Amount
2806.42

City State Zip Code
Vienna VA 22182

Transaction ID: EDT.EALC.21

Purpose of Expenditure
Mailing services/pos-
tage

Category/
Type 003

Office Sought: House State: _____
 Senate District: _____
 Presidential

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

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 20565.12

Disbursement For: Primary General
 Other (specify) : _____

Full Name (Last, First, Middle, Initial) of Payee
Response Dynamics, Inc.

Date

M	M
0	3

 /

D	D
3	1

 /

Y	Y	Y	Y
2	0	0	8

Mailing Address
2070 Chain Bridge Road Ste 520

Amount
1603.17

City State Zip Code
Vienna VA 22182

Transaction ID: EDT.EALC.22

Purpose of Expenditure
Mailing services/pos-
tage

Category/
Type 003

Office Sought: House State: _____
 Senate District: _____
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:
Rudy Giuliani

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 11747.88

Disbursement For: Primary General
 Other (specify) : _____

(a) SUBTOTAL of Itemized Independent Expenditures	4409.59
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	36225.34

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.

James Lacy
Signature

Date

M	M
0	4

 /

D	D
2	3

 /

Y	Y	Y	Y
2	0	0	8

Image# 28931432386

Form/Schedule: **F3XA** Allocate independent expenditures
Transaction ID:
