

# FEC FORM 9 24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

## 1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations

(a) Name Defenders of Wildlife Action Fund 527		<b>2. FEC Identification Number</b> <b>C</b> C30001010
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1130 17th St NW		
(c) City, State and ZIP Code Washington DC 20036		
(d) Name of Employer or Principal Place of Business		(e) Occupation

<b>3. Is This Statement</b> <input checked="" type="checkbox"/> <b>New</b> or <input type="checkbox"/> <b>Amended</b>	<b>4. Covering Period</b>					
	<table border="0"> <tr> <td>M M / D D / Y Y Y Y</td> <td>through</td> <td>M M / D D / Y Y Y Y</td> </tr> <tr> <td>0 9 / 1 2 / 2 0 0 8</td> <td></td> <td>1 0 / 0 8 / 2 0 0 8</td> </tr> </table>	M M / D D / Y Y Y Y	through	M M / D D / Y Y Y Y	0 9 / 1 2 / 2 0 0 8	
M M / D D / Y Y Y Y	through	M M / D D / Y Y Y Y				
0 9 / 1 2 / 2 0 0 8		1 0 / 0 8 / 2 0 0 8				

**5. (a) Date of Public Distribution(s)** M M / D D / Y Y Y Y **(b) Communication Title** Musgrave Walk Card

0 9 / 2 2 / 2 0 0 8

**6. The filer is a(n):** (a)  Individual (b)  Unincorporated Organization (c)  Qualified Nonprofit Corporation (11 CFR 114.10)

(d)  Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15

(e)  Other, specify: \_\_\_\_\_

**7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account?** Yes  No

**8. Custodian of Records**

(a) Name  
William Lutz

(b) Address (number and street)  
1130 17th St NW

(c) City, State and ZIP Code  
Washington DC 20036

(d) Name of Employer or Principal Place of Business  
Defenders of Wildlife Action F

(e) Occupation  
Senior Director

**9. Total Donations This Statement** 0.00

**10. Total Disbursements/Obligations This Statement** 32186.57

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM William Lutz

SIGNATURE Electronically Filed by William Lutz DATE 10/09/2008

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

**SCHEDULE 9-B**

**Disbursement(s) Made or Obligations**

<p><b>A.</b> Full Name (Last, First, Middle Initial) of Payee AT&amp;T</p> <hr/> <p>Mailing Address of Payee PO Box 8100</p> <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Aurora</td> <td>IL</td> <td>60507</td> </tr> </table> <hr/> <p>Name of Employer _____ Occupation _____</p>	City	State	Zip Code	Aurora	IL	60507	<p>Date of Disbursement or Obligation  <table style="width:100%; border: none;"> <tr> <td style="border: 1px solid black; padding: 2px;">M M</td> <td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">D D</td> <td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">Y Y Y Y</td> </tr> <tr> <td style="text-align: center;">1 0</td> <td></td> <td style="text-align: center;">0 4</td> <td></td> <td style="text-align: center;">2 0 0 8</td> </tr> </table> </p> <p>Amount  <table style="width:100%; border: none;"> <tr> <td style="border: 1px solid black; padding: 2px;">_____</td> <td style="border: 1px solid black; padding: 2px;">100.00</td> </tr> </table> </p> <p>Communication Date  <table style="width:100%; border: none;"> <tr> <td style="border: 1px solid black; padding: 2px;">M M</td> <td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">D D</td> <td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">Y Y Y Y</td> </tr> <tr> <td style="text-align: center;">0 9</td> <td></td> <td style="text-align: center;">2 2</td> <td></td> <td style="text-align: center;">2 0 0 8</td> </tr> </table> </p> <p><b>Transaction ID :</b> F93.4160</p>	M M	/	D D	/	Y Y Y Y	1 0		0 4		2 0 0 8	_____	100.00	M M	/	D D	/	Y Y Y Y	0 9		2 2		2 0 0 8
City	State	Zip Code																											
Aurora	IL	60507																											
M M	/	D D	/	Y Y Y Y																									
1 0		0 4		2 0 0 8																									
_____	100.00																												
M M	/	D D	/	Y Y Y Y																									
0 9		2 2		2 0 0 8																									

Purpose of Disbursement (including title(s) of communication(s))  
cell phone bill

Name of Federal Candidate MARILYN MUSGRAVE	Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>CO</u>	District: <u>04</u>	Disbursement/Obligation For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
F94.4101					
Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____	District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____	District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

<p><b>B.</b> Full Name (Last, First, Middle Initial) of Payee Avogadros Number</p> <hr/> <p>Mailing Address of Payee 605 S Mason St</p> <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Fort Collins</td> <td>CO</td> <td>80521</td> </tr> </table> <hr/> <p>Name of Employer _____ Occupation _____</p>	City	State	Zip Code	Fort Collins	CO	80521	<p>Date of Disbursement or Obligation  <table style="width:100%; border: none;"> <tr> <td style="border: 1px solid black; padding: 2px;">M M</td> <td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">D D</td> <td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">Y Y Y Y</td> </tr> <tr> <td style="text-align: center;">1 0</td> <td></td> <td style="text-align: center;">0 7</td> <td></td> <td style="text-align: center;">2 0 0 8</td> </tr> </table> </p> <p>Amount  <table style="width:100%; border: none;"> <tr> <td style="border: 1px solid black; padding: 2px;">_____</td> <td style="border: 1px solid black; padding: 2px;">44.00</td> </tr> </table> </p> <p>Communication Date  <table style="width:100%; border: none;"> <tr> <td style="border: 1px solid black; padding: 2px;">M M</td> <td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">D D</td> <td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">Y Y Y Y</td> </tr> <tr> <td style="text-align: center;">0 9</td> <td></td> <td style="text-align: center;">2 2</td> <td></td> <td style="text-align: center;">2 0 0 8</td> </tr> </table> </p> <p><b>Transaction ID :</b> F93.4170</p>	M M	/	D D	/	Y Y Y Y	1 0		0 7		2 0 0 8	_____	44.00	M M	/	D D	/	Y Y Y Y	0 9		2 2		2 0 0 8
City	State	Zip Code																											
Fort Collins	CO	80521																											
M M	/	D D	/	Y Y Y Y																									
1 0		0 7		2 0 0 8																									
_____	44.00																												
M M	/	D D	/	Y Y Y Y																									
0 9		2 2		2 0 0 8																									

Purpose of Disbursement (including title(s) of communication(s))  
dinner for canvassers

Name of Federal Candidate MARILYN MUSGRAVE	Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>CO</u>	District: <u>04</u>	Disbursement/Obligation For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
F94.4101					
Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____	District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____	District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

<b>SUBTOTAL</b> of Disbursement/Obligation This Page (optional) .....	144.00
<b>TOTAL</b> This Period (last page this line number only) ..... (carry total from last page to line 10)	_____

**SCHEDULE 9-B**

**Disbursement(s) Made or Obligations**

<b>A.</b> Full Name (Last, First, Middle Initial) of Payee Comcast <hr/> Mailing Address of Payee PO Box 34744 <hr/> City State Zip Code Seattle WA 98124 <hr/> Name of Employer Occupation	Date of Disbursement or Obligation <table border="1" style="width:100%; text-align: center;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>0</td><td>9</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr> </table> Amount <table border="1" style="width:100%; text-align: right;"> <tr><td>72.00</td></tr> </table> Communication Date <table border="1" style="width:100%; text-align: center;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>0</td><td>9</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr> </table> <b>Transaction ID :</b> F93.4114	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	2		2	0	0	8	72.00	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	2		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y																																	
0	9		2	2		2	0	0	8																																	
72.00																																										
M	M	/	D	D	/	Y	Y	Y	Y																																	
0	9		2	2		2	0	0	8																																	

Purpose of Disbursement (including title(s) of communication(s)) internet			
Name of Federal Candidate MARILYN MUSGRAVE F94.4101	Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: CO District: 04 Disbursement/Obligation For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____ Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____ Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

<b>B.</b> Full Name (Last, First, Middle Initial) of Payee Conoco <hr/> Mailing Address of Payee 5009 N Garfield <hr/> City State Zip Code Loveland CO <hr/> Name of Employer Occupation	Date of Disbursement or Obligation <table border="1" style="width:100%; text-align: center;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>0</td><td>9</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr> </table> Amount <table border="1" style="width:100%; text-align: right;"> <tr><td>68.67</td></tr> </table> Communication Date <table border="1" style="width:100%; text-align: center;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>0</td><td>9</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr> </table> <b>Transaction ID :</b> F93.4139	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	6		2	0	0	8	68.67	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	2		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y																																	
0	9		2	6		2	0	0	8																																	
68.67																																										
M	M	/	D	D	/	Y	Y	Y	Y																																	
0	9		2	2		2	0	0	8																																	

Purpose of Disbursement (including title(s) of communication(s)) gas			
Name of Federal Candidate MARILYN MUSGRAVE F94.4101	Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: CO District: 04 Disbursement/Obligation For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____ Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____ Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

<b>SUBTOTAL</b> of Disbursement/Obligation This Page (optional) .....	140.67
<b>TOTAL</b> This Period (last page this line number only) ..... (carry total from last page to line 10)	

**SCHEDULE 9-B**

**Disbursement(s) Made or Obligations**

<b>A.</b> Full Name (Last, First, Middle Initial) of Payee Farmers Insurance <hr/> Mailing Address of Payee PO Box 660665 <hr/> City State Zip Code Dallas TX 75266 <hr/> Name of Employer Occupation	Date of Disbursement or Obligation <table border="1" style="width:100%; text-align: center;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>0</td><td>9</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr> </table> Amount <table border="1" style="width:100%; text-align: right;"> <tr><td>30.00</td></tr> </table> Communication Date <table border="1" style="width:100%; text-align: center;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>0</td><td>9</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr> </table> <b>Transaction ID :</b> F93.4132	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	5		2	0	0	8	30.00	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	2		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y																																	
0	9		2	5		2	0	0	8																																	
30.00																																										
M	M	/	D	D	/	Y	Y	Y	Y																																	
0	9		2	2		2	0	0	8																																	

Purpose of Disbursement (including title(s) of communication(s)) insurance			
Name of Federal Candidate MARILYN MUSGRAVE F94.4101	Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: CO District: 04 Disbursement/Obligation For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____ Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____ Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

<b>B.</b> Full Name (Last, First, Middle Initial) of Payee Liam Flynn <hr/> Mailing Address of Payee 300 East Rich St #914 <hr/> City State Zip Code Columbus OH 43215 <hr/> Name of Employer Occupation Defenders of Wildlife Action F Field staff	Date of Disbursement or Obligation <table border="1" style="width:100%; text-align: center;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>0</td><td>9</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr> </table> Amount <table border="1" style="width:100%; text-align: right;"> <tr><td>1600.00</td></tr> </table> Communication Date <table border="1" style="width:100%; text-align: center;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>0</td><td>9</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr> </table> <b>Transaction ID :</b> F93.4109	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	6		2	0	0	8	1600.00	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	2		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y																																	
0	9		1	6		2	0	0	8																																	
1600.00																																										
M	M	/	D	D	/	Y	Y	Y	Y																																	
0	9		2	2		2	0	0	8																																	

Purpose of Disbursement (including title(s) of communication(s)) salary			
Name of Federal Candidate MARILYN MUSGRAVE F94.4101	Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: CO District: 04 Disbursement/Obligation For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____ Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____ Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

<b>SUBTOTAL</b> of Disbursement/Obligation This Page (optional) .....	<table border="1" style="width:100%; text-align: right;"><tr><td>1630.00</td></tr></table>	1630.00
1630.00		
<b>TOTAL</b> This Period (last page this line number only) ..... (carry total from last page to line 10)	<table border="1" style="width:100%; text-align: right;"><tr><td> </td></tr></table>	

**SCHEDULE 9-B**

**Disbursement(s) Made or Obligations**

<b>A.</b> Full Name (Last, First, Middle Initial) of Payee Greg Gordon	Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">M</td><td style="text-align: center;">M</td><td style="text-align: center;">/</td><td style="text-align: center;">D</td><td style="text-align: center;">D</td><td style="text-align: center;">/</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td> </tr> <tr> <td style="text-align: center;">0</td><td style="text-align: center;">9</td><td></td><td style="text-align: center;">1</td><td style="text-align: center;">6</td><td></td><td style="text-align: center;">2</td><td style="text-align: center;">0</td><td style="text-align: center;">0</td><td style="text-align: center;">8</td> </tr> </table> </div>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	6		2	0	0	8						
M	M	/	D	D	/	Y	Y	Y	Y																		
0	9		1	6		2	0	0	8																		
Mailing Address of Payee 3800 East 29th St #5	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1920.00</div>																										
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Bryan</td> <td>TX</td> <td>77802</td> </tr> </table>	City	State	Zip Code	Bryan	TX	77802	Communication Date <div style="border: 1px solid black; padding: 2px;"> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">M</td><td style="text-align: center;">M</td><td style="text-align: center;">/</td><td style="text-align: center;">D</td><td style="text-align: center;">D</td><td style="text-align: center;">/</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td> </tr> <tr> <td style="text-align: center;">0</td><td style="text-align: center;">9</td><td></td><td style="text-align: center;">2</td><td style="text-align: center;">2</td><td></td><td style="text-align: center;">2</td><td style="text-align: center;">0</td><td style="text-align: center;">0</td><td style="text-align: center;">8</td> </tr> </table> </div>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	2		2	0	0	8
City	State	Zip Code																									
Bryan	TX	77802																									
M	M	/	D	D	/	Y	Y	Y	Y																		
0	9		2	2		2	0	0	8																		
Name of Employer Defenders of Wildlife Action F	Occupation Field staff																										
<b>Transaction ID :</b> F93.4107																											

Purpose of Disbursement (including title(s) of communication(s))  
 salary

Name of Federal Candidate MARILYN MUSGRAVE	Office Sought:	<input checked="" type="checkbox"/> House	State:	CO	Disbursement/Obligation For: 2008
		<input type="checkbox"/> Senate		District: 04	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> President			<input type="checkbox"/> Other (specify) _____
F94.4101					
Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House	State:		Disbursement/Obligation For:
		<input type="checkbox"/> Senate		District:	<input type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> President			<input type="checkbox"/> Other (specify) _____
Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House	State:		Disbursement/Obligation For:
		<input type="checkbox"/> Senate		District:	<input type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> President			<input type="checkbox"/> Other (specify) _____

<b>B.</b> Full Name (Last, First, Middle Initial) of Payee Home Depot	Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">M</td><td style="text-align: center;">M</td><td style="text-align: center;">/</td><td style="text-align: center;">D</td><td style="text-align: center;">D</td><td style="text-align: center;">/</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td> </tr> <tr> <td style="text-align: center;">0</td><td style="text-align: center;">9</td><td></td><td style="text-align: center;">2</td><td style="text-align: center;">7</td><td></td><td style="text-align: center;">2</td><td style="text-align: center;">0</td><td style="text-align: center;">0</td><td style="text-align: center;">8</td> </tr> </table> </div>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	7		2	0	0	8						
M	M	/	D	D	/	Y	Y	Y	Y																		
0	9		2	7		2	0	0	8																		
Mailing Address of Payee 1251 E Magnolia St	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">30.48</div>																										
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Fort Collins</td> <td>CO</td> <td>80524</td> </tr> </table>	City	State	Zip Code	Fort Collins	CO	80524	Communication Date <div style="border: 1px solid black; padding: 2px;"> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">M</td><td style="text-align: center;">M</td><td style="text-align: center;">/</td><td style="text-align: center;">D</td><td style="text-align: center;">D</td><td style="text-align: center;">/</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td> </tr> <tr> <td style="text-align: center;">0</td><td style="text-align: center;">9</td><td></td><td style="text-align: center;">2</td><td style="text-align: center;">2</td><td></td><td style="text-align: center;">2</td><td style="text-align: center;">0</td><td style="text-align: center;">0</td><td style="text-align: center;">8</td> </tr> </table> </div>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	2		2	0	0	8
City	State	Zip Code																									
Fort Collins	CO	80524																									
M	M	/	D	D	/	Y	Y	Y	Y																		
0	9		2	2		2	0	0	8																		
Name of Employer Home Depot	Occupation (blank)																										
<b>Transaction ID :</b> F93.4144																											

Purpose of Disbursement (including title(s) of communication(s))  
 paint

Name of Federal Candidate MARILYN MUSGRAVE	Office Sought:	<input checked="" type="checkbox"/> House	State:	CO	Disbursement/Obligation For: 2008
		<input type="checkbox"/> Senate		District: 04	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> President			<input type="checkbox"/> Other (specify) _____
F94.4101					
Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House	State:		Disbursement/Obligation For:
		<input type="checkbox"/> Senate		District:	<input type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> President			<input type="checkbox"/> Other (specify) _____
Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House	State:		Disbursement/Obligation For:
		<input type="checkbox"/> Senate		District:	<input type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> President			<input type="checkbox"/> Other (specify) _____

<b>SUBTOTAL</b> of Disbursement/Obligation This Page (optional) .....	<div style="border: 1px solid black; padding: 2px; text-align: right;">1950.48</div>
<b>TOTAL</b> This Period (last page this line number only) .....	<div style="border: 1px solid black; padding: 2px; text-align: right;">           _____         </div>
(carry total from last page to line 10)	

**SCHEDULE 9-B**  
**Disbursement(s) Made or Obligations**

<p><b>A.</b> Full Name (Last, First, Middle Initial) of Payee JoAnn</p> <hr/> <p>Mailing Address of Payee 2839 S College Ave</p> <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Fort Collins</td> <td>CO</td> <td>80525</td> </tr> </table> <hr/> <p>Name of Employer _____ Occupation _____</p> <hr/> <p>Purpose of Disbursement (including title(s) of communication(s)) brushes</p> <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:33%;">Name of Federal Candidate MARILYN MUSGRAVE</td> <td style="width:15%;">Office Sought:</td> <td style="width:15%;"><input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</td> <td style="width:10%;">State: <u>CO</u></td> <td style="width:10%;">District: <u>04</u></td> <td style="width:33%;">Disbursement/Obligation For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____</td> </tr> <tr> <td>F94.4101</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:33%;">Name of Federal Candidate</td> <td style="width:15%;">Office Sought:</td> <td style="width:15%;"><input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</td> <td style="width:10%;">State: _____</td> <td style="width:10%;">District: _____</td> <td style="width:33%;">Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____</td> </tr> </table> <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:33%;">Name of Federal Candidate</td> <td style="width:15%;">Office Sought:</td> <td style="width:15%;"><input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</td> <td style="width:10%;">State: _____</td> <td style="width:10%;">District: _____</td> <td style="width:33%;">Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____</td> </tr> </table>	City	State	Zip Code	Fort Collins	CO	80525	Name of Federal Candidate MARILYN MUSGRAVE	Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>CO</u>	District: <u>04</u>	Disbursement/Obligation For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	F94.4101						Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____	District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____	District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	<p>Date of Disbursement or Obligation  <table style="width:100%; border: none;"> <tr> <td style="width:33%;">M M / D D / Y Y Y Y</td> </tr> <tr> <td>09 / 26 / 2008</td> </tr> </table> </p> <p>Amount  <table style="width:100%; border: none;"> <tr> <td style="width:80%;"></td> <td style="width:20%; text-align: right;">10.66</td> </tr> </table> </p> <p>Communication Date  <table style="width:100%; border: none;"> <tr> <td style="width:33%;">M M / D D / Y Y Y Y</td> </tr> <tr> <td>09 / 22 / 2008</td> </tr> </table> </p> <p><b>Transaction ID :</b> F93.4141</p>	M M / D D / Y Y Y Y	09 / 26 / 2008		10.66	M M / D D / Y Y Y Y	09 / 22 / 2008
City	State	Zip Code																																			
Fort Collins	CO	80525																																			
Name of Federal Candidate MARILYN MUSGRAVE	Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>CO</u>	District: <u>04</u>	Disbursement/Obligation For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____																																
F94.4101																																					
Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____	District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____																																
Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____	District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____																																
M M / D D / Y Y Y Y																																					
09 / 26 / 2008																																					
	10.66																																				
M M / D D / Y Y Y Y																																					
09 / 22 / 2008																																					
<p><b>B.</b> Full Name (Last, First, Middle Initial) of Payee King Soopers</p> <hr/> <p>Mailing Address of Payee 4503 JFK Parkway</p> <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Fort Collins</td> <td>CO</td> <td></td> </tr> </table> <hr/> <p>Name of Employer _____ Occupation _____</p> <hr/> <p>Purpose of Disbursement (including title(s) of communication(s)) water</p> <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:33%;">Name of Federal Candidate MARILYN MUSGRAVE</td> <td style="width:15%;">Office Sought:</td> <td style="width:15%;"><input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</td> <td style="width:10%;">State: <u>CO</u></td> <td style="width:10%;">District: <u>04</u></td> <td style="width:33%;">Disbursement/Obligation For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____</td> </tr> <tr> <td>F94.4101</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:33%;">Name of Federal Candidate</td> <td style="width:15%;">Office Sought:</td> <td style="width:15%;"><input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</td> <td style="width:10%;">State: _____</td> <td style="width:10%;">District: _____</td> <td style="width:33%;">Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____</td> </tr> </table> <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:33%;">Name of Federal Candidate</td> <td style="width:15%;">Office Sought:</td> <td style="width:15%;"><input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</td> <td style="width:10%;">State: _____</td> <td style="width:10%;">District: _____</td> <td style="width:33%;">Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____</td> </tr> </table>	City	State	Zip Code	Fort Collins	CO		Name of Federal Candidate MARILYN MUSGRAVE	Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>CO</u>	District: <u>04</u>	Disbursement/Obligation For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	F94.4101						Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____	District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____	District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	<p>Date of Disbursement or Obligation  <table style="width:100%; border: none;"> <tr> <td style="width:33%;">M M / D D / Y Y Y Y</td> </tr> <tr> <td>10 / 03 / 2008</td> </tr> </table> </p> <p>Amount  <table style="width:100%; border: none;"> <tr> <td style="width:80%;"></td> <td style="width:20%; text-align: right;">24.48</td> </tr> </table> </p> <p>Communication Date  <table style="width:100%; border: none;"> <tr> <td style="width:33%;">M M / D D / Y Y Y Y</td> </tr> <tr> <td>09 / 22 / 2008</td> </tr> </table> </p> <p><b>Transaction ID :</b> F93.4158</p>	M M / D D / Y Y Y Y	10 / 03 / 2008		24.48	M M / D D / Y Y Y Y	09 / 22 / 2008
City	State	Zip Code																																			
Fort Collins	CO																																				
Name of Federal Candidate MARILYN MUSGRAVE	Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>CO</u>	District: <u>04</u>	Disbursement/Obligation For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____																																
F94.4101																																					
Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____	District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____																																
Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____	District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____																																
M M / D D / Y Y Y Y																																					
10 / 03 / 2008																																					
	24.48																																				
M M / D D / Y Y Y Y																																					
09 / 22 / 2008																																					
<p><b>SUBTOTAL</b> of Disbursement/Obligation This Page (optional) .....</p> <hr/> <p><b>TOTAL</b> This Period (last page this line number only) ..... (carry total from last page to line 10)</p>		<table style="width:100%; border: none;"> <tr> <td style="width:80%;"></td> <td style="width:20%; text-align: right;">35.14</td> </tr> </table> <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:80%;"></td> <td style="width:20%;"></td> </tr> </table>		35.14																																	
	35.14																																				

**SCHEDULE 9-B**

**Disbursement(s) Made or Obligations**

<b>A.</b> Full Name (Last, First, Middle Initial) of Payee David Kirk				Date of Disbursement or Obligation <table border="1" style="width:100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>				M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	6		2	0	0	8		
M	M	/	D	D	/	Y	Y	Y	Y																				
0	9		1	6		2	0	0	8																				
Mailing Address of Payee 3017 Stevenson Place NW				Amount <table border="1" style="width:100%; text-align: center;"> <tr> <td colspan="10">1120.00</td> </tr> </table>				1120.00																					
1120.00																													
City Washington		State DC		Zip Code 20015		Communication Date <table border="1" style="width:100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>				M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	2		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y																				
0	9		2	2		2	0	0	8																				
Name of Employer Defenders of Wildlife Action F				Occupation Communications		<b>Transaction ID :</b> F93.4103																							
Purpose of Disbursement (including title(s) of communication(s)) salary																													
Name of Federal Candidate MARILYN MUSGRAVE			Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: <u>CO</u> District: <u>04</u>		Disbursement/Obligation For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____																						
F94.4101																													
Name of Federal Candidate			Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____																						
Name of Federal Candidate			Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____																						
<b>B.</b> Full Name (Last, First, Middle Initial) of Payee Rhey Lee				Date of Disbursement or Obligation <table border="1" style="width:100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>						M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	6		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y																				
0	9		1	6		2	0	0	8																				
Mailing Address of Payee 2733 Andreo Ave				Amount <table border="1" style="width:100%; text-align: center;"> <tr> <td colspan="10">3840.00</td> </tr> </table>						3840.00																			
3840.00																													
City Torrance		State CA		Zip Code 90501		Communication Date <table border="1" style="width:100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>				M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	2		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y																				
0	9		2	2		2	0	0	8																				
Name of Employer Defenders of Wildlife Action F				Occupation Field staff		<b>Transaction ID :</b> F93.4105																							
Purpose of Disbursement (including title(s) of communication(s)) salary																													
Name of Federal Candidate MARILYN MUSGRAVE			Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: <u>CO</u> District: <u>04</u>		Disbursement/Obligation For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____																						
F94.4101																													
Name of Federal Candidate			Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____																						
Name of Federal Candidate			Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____																						
<b>SUBTOTAL</b> of Disbursement/Obligation This Page (optional) .....						<table border="1" style="width:100%; text-align: center;"> <tr> <td colspan="10">4960.00</td> </tr> </table>				4960.00																			
4960.00																													
<b>TOTAL</b> This Period (last page this line number only) ..... (carry total from last page to line 10)						<table border="1" style="width:100%; text-align: center;"> <tr> <td colspan="10"> </td> </tr> </table>																							

**SCHEDULE 9-B**

**Disbursement(s) Made or Obligations**

<b>A.</b> Full Name (Last, First, Middle Initial) of Payee William Lutz			Date of Disbursement or Obligation M M / D D / Y Y Y Y 0 9 / 1 6 / 2 0 0 8		
Mailing Address of Payee 1130 17th St NW			Amount 57.23		
City Washington	State DC	Zip Code 20036	Communication Date M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 8		
Name of Employer Defenders of Wildlife Action F		Occupation Senior Director	<b>Transaction ID :</b> F93.4113		

Purpose of Disbursement (including title(s) of communication(s))  
salary

Name of Federal Candidate MARILYN MUSGRAVE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: CO District: 04	Disbursement/Obligation For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
F94.4101			
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

<b>B.</b> Full Name (Last, First, Middle Initial) of Payee MSHC Partners			Date of Disbursement or Obligation M M / D D / Y Y Y Y 0 9 / 2 3 / 2 0 0 8		
Mailing Address of Payee 1155 15th St NW			Amount 3325.80		
City Washington	State DC	Zip Code 20005	Communication Date M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 8		
Name of Employer		Occupation	<b>Transaction ID :</b> F93.4121		

Purpose of Disbursement (including title(s) of communication(s))  
Musgrave Walk Card production

Name of Federal Candidate MARILYN MUSGRAVE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: CO District: 04	Disbursement/Obligation For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
F94.4101			
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

<b>SUBTOTAL</b> of Disbursement/Obligation This Page (optional) .....	3383.03
<b>TOTAL</b> This Period (last page this line number only) ..... (carry total from last page to line 10)	



**SCHEDULE 9-B**

**Disbursement(s) Made or Obligations**

<b>A.</b> Full Name (Last, First, Middle Initial) of Payee Office Depot <hr/> Mailing Address of Payee 3500 S College Ave <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Fort Collins</td> <td>CO</td> <td>80525</td> </tr> </table> <hr/> Name of Employer _____ Occupation _____	City	State	Zip Code	Fort Collins	CO	80525	Date of Disbursement or Obligation <table style="width:100%; border: none;"> <tr> <td style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</td> </tr> <tr> <td style="text-align: center;">0 9 / 2 2 / 2 0 0 8</td> </tr> </table> Amount <table style="width:100%; border: none;"> <tr> <td style="border: 1px solid black; padding: 2px;">_____ 349.23 _____</td> </tr> </table> Communication Date <table style="width:100%; border: none;"> <tr> <td style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</td> </tr> <tr> <td style="text-align: center;">0 9 / 2 2 / 2 0 0 8</td> </tr> </table> <b>Transaction ID :</b> F93.4116	M M / D D / Y Y Y Y	0 9 / 2 2 / 2 0 0 8	_____ 349.23 _____	M M / D D / Y Y Y Y	0 9 / 2 2 / 2 0 0 8
City	State	Zip Code										
Fort Collins	CO	80525										
M M / D D / Y Y Y Y												
0 9 / 2 2 / 2 0 0 8												
_____ 349.23 _____												
M M / D D / Y Y Y Y												
0 9 / 2 2 / 2 0 0 8												

Purpose of Disbursement (including title(s) of communication(s)) supplies			
Name of Federal Candidate MARILYN MUSGRAVE F94.4101	Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>CO</u> District: <u>04</u> Disbursement/Obligation For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____ Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____ Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

<b>B.</b> Full Name (Last, First, Middle Initial) of Payee Office Depot <hr/> Mailing Address of Payee 3500 S College Ave <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Fort Collins</td> <td>CO</td> <td>80525</td> </tr> </table> <hr/> Name of Employer _____ Occupation _____	City	State	Zip Code	Fort Collins	CO	80525	Date of Disbursement or Obligation <table style="width:100%; border: none;"> <tr> <td style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</td> </tr> <tr> <td style="text-align: center;">0 9 / 2 3 / 2 0 0 8</td> </tr> </table> Amount <table style="width:100%; border: none;"> <tr> <td style="border: 1px solid black; padding: 2px;">_____ 109.82 _____</td> </tr> </table> Communication Date <table style="width:100%; border: none;"> <tr> <td style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</td> </tr> <tr> <td style="text-align: center;">0 9 / 2 2 / 2 0 0 8</td> </tr> </table> <b>Transaction ID :</b> F93.4123	M M / D D / Y Y Y Y	0 9 / 2 3 / 2 0 0 8	_____ 109.82 _____	M M / D D / Y Y Y Y	0 9 / 2 2 / 2 0 0 8
City	State	Zip Code										
Fort Collins	CO	80525										
M M / D D / Y Y Y Y												
0 9 / 2 3 / 2 0 0 8												
_____ 109.82 _____												
M M / D D / Y Y Y Y												
0 9 / 2 2 / 2 0 0 8												

Purpose of Disbursement (including title(s) of communication(s)) printer			
Name of Federal Candidate MARILYN MUSGRAVE F94.4101	Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>CO</u> District: <u>04</u> Disbursement/Obligation For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____ Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____ Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

<b>SUBTOTAL</b> of Disbursement/Obligation This Page (optional) .....	459.05
<b>TOTAL</b> This Period (last page this line number only) ..... (carry total from last page to line 10)	_____

**SCHEDULE 9-B**  
**Disbursement(s) Made or Obligations**

<p><b>A.</b> Full Name (Last, First, Middle Initial) of Payee Office Depot</p> <hr/> <p>Mailing Address of Payee 3500 S College Ave</p> <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Fort Collins</td> <td>CO</td> <td>80525</td> </tr> </table> <hr/> <p>Name of Employer _____ Occupation _____</p> <hr/> <p>Purpose of Disbursement (including title(s) of communication(s)) supplies</p> <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:30%;">Name of Federal Candidate MARILYN MUSGRAVE</td> <td style="width:15%;">Office Sought:</td> <td style="width:15%;"><input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</td> <td style="width:10%;">State: <u>CO</u></td> <td style="width:10%;">District: <u>04</u></td> <td style="width:20%;">Disbursement/Obligation For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____</td> </tr> <tr> <td>F94.4101</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:30%;">Name of Federal Candidate</td> <td style="width:15%;">Office Sought:</td> <td style="width:15%;"><input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</td> <td style="width:10%;">State: _____</td> <td style="width:10%;">District: _____</td> <td style="width:20%;">Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____</td> </tr> </table> <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:30%;">Name of Federal Candidate</td> <td style="width:15%;">Office Sought:</td> <td style="width:15%;"><input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</td> <td style="width:10%;">State: _____</td> <td style="width:10%;">District: _____</td> <td style="width:20%;">Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____</td> </tr> </table>	City	State	Zip Code	Fort Collins	CO	80525	Name of Federal Candidate MARILYN MUSGRAVE	Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>CO</u>	District: <u>04</u>	Disbursement/Obligation For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	F94.4101						Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____	District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____	District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	<p>Date of Disbursement or Obligation  <table style="width:100%; border: none;"> <tr> <td style="width:33%; text-align: center;">M M /</td> <td style="width:33%; text-align: center;">D D /</td> <td style="width:33%; text-align: center;">Y Y Y Y</td> </tr> <tr> <td style="text-align: center;">0 9</td> <td style="text-align: center;">2 6</td> <td style="text-align: center;">2 0 0 8</td> </tr> </table> </p> <p>Amount  <table style="width:100%; border: none;"> <tr> <td style="width:80%; border-bottom: 1px solid black;"></td> <td style="width:20%; text-align: right;">170.69</td> </tr> </table> </p> <p>Communication Date  <table style="width:100%; border: none;"> <tr> <td style="width:33%; text-align: center;">M M /</td> <td style="width:33%; text-align: center;">D D /</td> <td style="width:33%; text-align: center;">Y Y Y Y</td> </tr> <tr> <td style="text-align: center;">0 9</td> <td style="text-align: center;">2 2</td> <td style="text-align: center;">2 0 0 8</td> </tr> </table> </p> <p><b>Transaction ID :</b> F93.4136</p>	M M /	D D /	Y Y Y Y	0 9	2 6	2 0 0 8		170.69	M M /	D D /	Y Y Y Y	0 9	2 2	2 0 0 8
City	State	Zip Code																																											
Fort Collins	CO	80525																																											
Name of Federal Candidate MARILYN MUSGRAVE	Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>CO</u>	District: <u>04</u>	Disbursement/Obligation For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____																																								
F94.4101																																													
Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____	District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____																																								
Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____	District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____																																								
M M /	D D /	Y Y Y Y																																											
0 9	2 6	2 0 0 8																																											
	170.69																																												
M M /	D D /	Y Y Y Y																																											
0 9	2 2	2 0 0 8																																											
<p><b>B.</b> Full Name (Last, First, Middle Initial) of Payee Office Max</p> <hr/> <p>Mailing Address of Payee 2211 S College Ave #500</p> <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Fort Collins</td> <td>CO</td> <td>80525</td> </tr> </table> <hr/> <p>Name of Employer _____ Occupation _____</p> <hr/> <p>Purpose of Disbursement (including title(s) of communication(s)) copies</p> <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:30%;">Name of Federal Candidate MARILYN MUSGRAVE</td> <td style="width:15%;">Office Sought:</td> <td style="width:15%;"><input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</td> <td style="width:10%;">State: <u>CO</u></td> <td style="width:10%;">District: <u>04</u></td> <td style="width:20%;">Disbursement/Obligation For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____</td> </tr> <tr> <td>F94.4101</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:30%;">Name of Federal Candidate</td> <td style="width:15%;">Office Sought:</td> <td style="width:15%;"><input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</td> <td style="width:10%;">State: _____</td> <td style="width:10%;">District: _____</td> <td style="width:20%;">Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____</td> </tr> </table> <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:30%;">Name of Federal Candidate</td> <td style="width:15%;">Office Sought:</td> <td style="width:15%;"><input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</td> <td style="width:10%;">State: _____</td> <td style="width:10%;">District: _____</td> <td style="width:20%;">Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____</td> </tr> </table>	City	State	Zip Code	Fort Collins	CO	80525	Name of Federal Candidate MARILYN MUSGRAVE	Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>CO</u>	District: <u>04</u>	Disbursement/Obligation For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	F94.4101						Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____	District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____	District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	<p>Date of Disbursement or Obligation  <table style="width:100%; border: none;"> <tr> <td style="width:33%; text-align: center;">M M /</td> <td style="width:33%; text-align: center;">D D /</td> <td style="width:33%; text-align: center;">Y Y Y Y</td> </tr> <tr> <td style="text-align: center;">1 0</td> <td style="text-align: center;">0 2</td> <td style="text-align: center;">2 0 0 8</td> </tr> </table> </p> <p>Amount  <table style="width:100%; border: none;"> <tr> <td style="width:80%; border-bottom: 1px solid black;"></td> <td style="width:20%; text-align: right;">16.51</td> </tr> </table> </p> <p>Communication Date  <table style="width:100%; border: none;"> <tr> <td style="width:33%; text-align: center;">M M /</td> <td style="width:33%; text-align: center;">D D /</td> <td style="width:33%; text-align: center;">Y Y Y Y</td> </tr> <tr> <td style="text-align: center;">0 9</td> <td style="text-align: center;">2 2</td> <td style="text-align: center;">2 0 0 8</td> </tr> </table> </p> <p><b>Transaction ID :</b> F93.4152</p>	M M /	D D /	Y Y Y Y	1 0	0 2	2 0 0 8		16.51	M M /	D D /	Y Y Y Y	0 9	2 2	2 0 0 8
City	State	Zip Code																																											
Fort Collins	CO	80525																																											
Name of Federal Candidate MARILYN MUSGRAVE	Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>CO</u>	District: <u>04</u>	Disbursement/Obligation For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____																																								
F94.4101																																													
Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____	District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____																																								
Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____	District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____																																								
M M /	D D /	Y Y Y Y																																											
1 0	0 2	2 0 0 8																																											
	16.51																																												
M M /	D D /	Y Y Y Y																																											
0 9	2 2	2 0 0 8																																											
<p><b>SUBTOTAL</b> of Disbursement/Obligation This Page (optional) .....</p> <hr/> <p><b>TOTAL</b> This Period (last page this line number only) ..... (carry total from last page to line 10)</p>		<table style="width:100%; border: none;"> <tr> <td style="width:80%; border-bottom: 1px solid black;"></td> <td style="width:20%; text-align: right;">187.20</td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> </tr> </table>		187.20																																									
	187.20																																												

**SCHEDULE 9-B**

**Disbursement(s) Made or Obligations**

<b>A.</b> Full Name (Last, First, Middle Initial) of Payee Office Max <hr/> Mailing Address of Payee 2211 S College Ave #500 <hr/> <table border="0"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Fort Collins</td> <td>CO</td> <td>80525</td> </tr> </table> <hr/> Name of Employer _____ Occupation _____			City	State	Zip Code	Fort Collins	CO	80525	Date of Disbursement or Obligation <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> Amount <table border="1"> <tr> <td>49.47</td> </tr> </table> Communication Date <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> <b>Transaction ID :</b> F93.4162	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	6		2	0	0	8	49.47	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	2		2	0	0	8
City	State	Zip Code																																																
Fort Collins	CO	80525																																																
M	M	/	D	D	/	Y	Y	Y	Y																																									
1	0		0	6		2	0	0	8																																									
49.47																																																		
M	M	/	D	D	/	Y	Y	Y	Y																																									
0	9		2	2		2	0	0	8																																									

Purpose of Disbursement (including title(s) of communication(s))  
copies

Name of Federal Candidate MARILYN MUSGRAVE F94.4101	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: CO District: 04	Disbursement/Obligation For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

<b>B.</b> Full Name (Last, First, Middle Initial) of Payee Parking Services <hr/> Mailing Address of Payee Grant and 16th <hr/> <table border="0"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Fort Collins</td> <td>CO</td> <td></td> </tr> </table> <hr/> Name of Employer _____ Occupation _____			City	State	Zip Code	Fort Collins	CO		Date of Disbursement or Obligation <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> Amount <table border="1"> <tr> <td>8.50</td> </tr> </table> Communication Date <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> <b>Transaction ID :</b> F93.4168	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	7		2	0	0	8	8.50	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	2		2	0	0	8
City	State	Zip Code																																																
Fort Collins	CO																																																	
M	M	/	D	D	/	Y	Y	Y	Y																																									
1	0		0	7		2	0	0	8																																									
8.50																																																		
M	M	/	D	D	/	Y	Y	Y	Y																																									
0	9		2	2		2	0	0	8																																									

Purpose of Disbursement (including title(s) of communication(s))  
parking

Name of Federal Candidate MARILYN MUSGRAVE F94.4101	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: CO District: 04	Disbursement/Obligation For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

<b>SUBTOTAL</b> of Disbursement/Obligation This Page (optional) .....	<table border="1"> <tr> <td>57.97</td> </tr> </table>	57.97
57.97		
<b>TOTAL</b> This Period (last page this line number only) ..... (carry total from last page to line 10)	<table border="1"> <tr> <td></td> </tr> </table>	

**SCHEDULE 9-B**

**Disbursement(s) Made or Obligations**

<b>A.</b> Full Name (Last, First, Middle Initial) of Payee Pizza Hut <hr/> Mailing Address of Payee 2567 S Shields #B <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>For Collins</td> <td>CO</td> <td>80526</td> </tr> </table> <hr/> Name of Employer _____ Occupation _____	City	State	Zip Code	For Collins	CO	80526	Date of Disbursement or Obligation <table style="width:100%; border: none;"> <tr> <td style="text-align: center;">M M / D D / Y Y Y Y</td> </tr> <tr> <td style="text-align: center;">0 9 / 2 2 / 2 0 0 8</td> </tr> </table> Amount <table style="width:100%; border: none;"> <tr> <td style="text-align: right;">51.00</td> </tr> </table> Communication Date <table style="width:100%; border: none;"> <tr> <td style="text-align: center;">M M / D D / Y Y Y Y</td> </tr> <tr> <td style="text-align: center;">0 9 / 2 2 / 2 0 0 8</td> </tr> </table> <b>Transaction ID :</b> F93.4118	M M / D D / Y Y Y Y	0 9 / 2 2 / 2 0 0 8	51.00	M M / D D / Y Y Y Y	0 9 / 2 2 / 2 0 0 8
City	State	Zip Code										
For Collins	CO	80526										
M M / D D / Y Y Y Y												
0 9 / 2 2 / 2 0 0 8												
51.00												
M M / D D / Y Y Y Y												
0 9 / 2 2 / 2 0 0 8												

Purpose of Disbursement (including title(s) of communication(s))  
 pizza for canvassers

Name of Federal Candidate MARILYN MUSGRAVE	Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>CO</u>	District: <u>04</u>	Disbursement/Obligation For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
F94.4101	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____	District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____	District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

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City	State	Zip Code										
For Collins	CO	80526										
M M / D D / Y Y Y Y												
0 9 / 2 3 / 2 0 0 8												
36.00												
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0 9 / 2 2 / 2 0 0 8												

Purpose of Disbursement (including title(s) of communication(s))  
 pizza for canvassers

Name of Federal Candidate MARILYN MUSGRAVE	Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>CO</u>	District: <u>04</u>	Disbursement/Obligation For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
F94.4101	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____	District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____	District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

<b>SUBTOTAL</b> of Disbursement/Obligation This Page (optional) .....	87.00
<b>TOTAL</b> This Period (last page this line number only) ..... (carry total from last page to line 10)	_____

**SCHEDULE 9-B**  
**Disbursement(s) Made or Obligations**

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City	State	Zip Code																																											
For Collins	CO	80526																																											
Name of Federal Candidate MARILYN MUSGRAVE	Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>CO</u>	District: <u>04</u>	Disbursement/Obligation For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____																																								
F94.4101																																													
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0 9	2 2	2 0 0 8																																											
<p><b>B.</b> Full Name (Last, First, Middle Initial) of Payee Pizza Hut</p> <hr/> <p>Mailing Address of Payee 2567 S Shields #B</p> <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>For Collins</td> <td>CO</td> <td>80526</td> </tr> </table> <hr/> <p>Name of Employer _____ Occupation _____</p> <hr/> <p>Purpose of Disbursement (including title(s) of communication(s)) pizza for canvassers</p> <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:30%;">Name of Federal Candidate MARILYN MUSGRAVE</td> <td style="width:15%;">Office Sought:</td> <td style="width:15%;"><input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</td> <td style="width:10%;">State: <u>CO</u></td> <td style="width:10%;">District: <u>04</u></td> <td style="width:20%;">Disbursement/Obligation For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____</td> </tr> <tr> <td>F94.4101</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Name of Federal Candidate</td> <td>Office Sought:</td> <td><input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</td> <td>State: _____</td> <td>District: _____</td> <td>Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____</td> </tr> <tr> <td>Name of Federal Candidate</td> <td>Office Sought:</td> <td><input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</td> <td>State: _____</td> <td>District: _____</td> <td>Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____</td> </tr> </table>	City	State	Zip Code	For Collins	CO	80526	Name of Federal Candidate MARILYN MUSGRAVE	Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>CO</u>	District: <u>04</u>	Disbursement/Obligation For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	F94.4101						Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____	District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____	District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	<p>Date of Disbursement or Obligation  <table style="width:100%; border: none;"> <tr> <td style="width:33%; text-align: center;">M M /</td> <td style="width:33%; text-align: center;">D D /</td> <td style="width:33%; text-align: center;">Y Y Y Y</td> </tr> <tr> <td style="text-align: center;">0 9</td> <td style="text-align: center;">2 9</td> <td style="text-align: center;">2 0 0 8</td> </tr> </table> </p> <p>Amount  <table style="width:100%; border: none;"> <tr> <td style="width:80%;"></td> <td style="width:20%; text-align: right;">26.84</td> </tr> </table> </p> <p>Communication Date  <table style="width:100%; border: none;"> <tr> <td style="width:33%; text-align: center;">M M /</td> <td style="width:33%; text-align: center;">D D /</td> <td style="width:33%; text-align: center;">Y Y Y Y</td> </tr> <tr> <td style="text-align: center;">0 9</td> <td style="text-align: center;">2 2</td> <td style="text-align: center;">2 0 0 8</td> </tr> </table> </p> <p><b>Transaction ID :</b> F93.4148</p>	M M /	D D /	Y Y Y Y	0 9	2 9	2 0 0 8		26.84	M M /	D D /	Y Y Y Y	0 9	2 2	2 0 0 8
City	State	Zip Code																																											
For Collins	CO	80526																																											
Name of Federal Candidate MARILYN MUSGRAVE	Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>CO</u>	District: <u>04</u>	Disbursement/Obligation For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____																																								
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0 9	2 2	2 0 0 8																																											
<p><b>SUBTOTAL</b> of Disbursement/Obligation This Page (optional) .....</p> <hr/> <p><b>TOTAL</b> This Period (last page this line number only) ..... (carry total from last page to line 10)</p>		<table style="width:100%; border: none;"> <tr> <td style="width:80%;"></td> <td style="width:20%; text-align: right;">54.18</td> </tr> <tr> <td style="width:80%;"></td> <td style="width:20%;"></td> </tr> </table>		54.18																																									
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**SCHEDULE 9-B**  
**Disbursement(s) Made or Obligations**

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City	State	Zip Code																																			
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Name of Federal Candidate MARILYN MUSGRAVE	Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: CO	District: 04	Disbursement/Obligation For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____																																
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<p><b>SUBTOTAL</b> of Disbursement/Obligation This Page (optional) .....</p>					<table style="width:100%; border: none;"> <tr> <td style="text-align:right;">29.19</td> </tr> </table>	29.19																															
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**SCHEDULE 9-B**

**Disbursement(s) Made or Obligations**

<b>A.</b> Full Name (Last, First, Middle Initial) of Payee Scotchies Cleaners <hr/> Mailing Address of Payee 1119 W Drake Rd <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Fort Collins</td> <td>CO</td> <td>80526</td> </tr> </table> <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:60%;">Name of Employer</td> <td>Occupation</td> </tr> </table>	City	State	Zip Code	Fort Collins	CO	80526	Name of Employer	Occupation	Date of Disbursement or Obligation <table style="width:100%; border: none;"> <tr> <td style="text-align: center;">M M / D D / Y Y Y Y</td> </tr> <tr> <td style="text-align: center;">1 0 / 0 6 / 2 0 0 8</td> </tr> </table> Amount <table style="width:100%; border: none;"> <tr> <td style="text-align: right;">1.17</td> </tr> </table> Communication Date <table style="width:100%; border: none;"> <tr> <td style="text-align: center;">M M / D D / Y Y Y Y</td> </tr> <tr> <td style="text-align: center;">0 9 / 2 2 / 2 0 0 8</td> </tr> </table> <b>Transaction ID :</b> F93.4163	M M / D D / Y Y Y Y	1 0 / 0 6 / 2 0 0 8	1.17	M M / D D / Y Y Y Y	0 9 / 2 2 / 2 0 0 8
City	State	Zip Code												
Fort Collins	CO	80526												
Name of Employer	Occupation													
M M / D D / Y Y Y Y														
1 0 / 0 6 / 2 0 0 8														
1.17														
M M / D D / Y Y Y Y														
0 9 / 2 2 / 2 0 0 8														

Purpose of Disbursement (including title(s) of communication(s)) postage			
Name of Federal Candidate MARILYN MUSGRAVE F94.4101	Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: CO District: 04 Disbursement/Obligation For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____ Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____ Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

<b>B.</b> Full Name (Last, First, Middle Initial) of Payee Seven-Eleven <hr/> Mailing Address of Payee 2800 S College Ave <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Fort Collins</td> <td>CO</td> <td></td> </tr> </table> <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:60%;">Name of Employer</td> <td>Occupation</td> </tr> </table>	City	State	Zip Code	Fort Collins	CO		Name of Employer	Occupation	Date of Disbursement or Obligation <table style="width:100%; border: none;"> <tr> <td style="text-align: center;">M M / D D / Y Y Y Y</td> </tr> <tr> <td style="text-align: center;">1 0 / 0 7 / 2 0 0 8</td> </tr> </table> Amount <table style="width:100%; border: none;"> <tr> <td style="text-align: right;">62.71</td> </tr> </table> Communication Date <table style="width:100%; border: none;"> <tr> <td style="text-align: center;">M M / D D / Y Y Y Y</td> </tr> <tr> <td style="text-align: center;">0 9 / 2 2 / 2 0 0 8</td> </tr> </table> <b>Transaction ID :</b> F93.4166	M M / D D / Y Y Y Y	1 0 / 0 7 / 2 0 0 8	62.71	M M / D D / Y Y Y Y	0 9 / 2 2 / 2 0 0 8
City	State	Zip Code												
Fort Collins	CO													
Name of Employer	Occupation													
M M / D D / Y Y Y Y														
1 0 / 0 7 / 2 0 0 8														
62.71														
M M / D D / Y Y Y Y														
0 9 / 2 2 / 2 0 0 8														

Purpose of Disbursement (including title(s) of communication(s)) gas			
Name of Federal Candidate MARILYN MUSGRAVE F94.4101	Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: CO District: 04 Disbursement/Obligation For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____ Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____ Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

<b>SUBTOTAL</b> of Disbursement/Obligation This Page (optional) .....	63.88
<b>TOTAL</b> This Period (last page this line number only) ..... (carry total from last page to line 10)	_____

**SCHEDULE 9-B**

**Disbursement(s) Made or Obligations**

<b>A.</b> Full Name (Last, First, Middle Initial) of Payee Silver Mine Subs			Date of Disbursement or Obligation M M / D D / Y Y Y Y 0 9 / 2 5 / 2 0 0 8		
Mailing Address of Payee 1729 S College Ave			Amount 49.00		
City Fort Collins	State CO	Zip Code 80525	Communication Date M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 8		
Name of Employer		Occupation			
Transaction ID : F93.4134					

Purpose of Disbursement (including title(s) of communication(s))  
dinner for canvassers

Name of Federal Candidate MARILYN MUSGRAVE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: CO District: 04	Disbursement/Obligation For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
F94.4101			
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

<b>B.</b> Full Name (Last, First, Middle Initial) of Payee Silver Mine Subs			Date of Disbursement or Obligation M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 8		
Mailing Address of Payee 1729 S College Ave			Amount 36.55		
City Fort Collins	State CO	Zip Code 80525	Communication Date M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 8		
Name of Employer		Occupation			
Transaction ID : F93.4151					

Purpose of Disbursement (including title(s) of communication(s))  
dinner for canvssers

Name of Federal Candidate MARILYN MUSGRAVE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: CO District: 04	Disbursement/Obligation For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
F94.4101			
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

<b>SUBTOTAL</b> of Disbursement/Obligation This Page (optional) .....	85.55
<b>TOTAL</b> This Period (last page this line number only) ..... (carry total from last page to line 10)	



**SCHEDULE 9-B**

**Disbursement(s) Made or Obligations**

<b>A.</b> Full Name (Last, First, Middle Initial) of Payee Silver Mine Subs <hr/> Mailing Address of Payee 1729 S College Ave <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Fort Collins</td> <td>CO</td> <td>80525</td> </tr> </table> <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:60%;">Name of Employer</td> <td style="width:40%;">Occupation</td> </tr> <tr> <td></td> <td></td> </tr> </table>				City	State	Zip Code	Fort Collins	CO	80525	Name of Employer	Occupation			Date of Disbursement or Obligation <table style="width:100%; border: none;"> <tr> <td style="text-align:center;">M M / D D / Y Y Y Y</td> </tr> <tr> <td style="text-align:center;">1 0 / 0 2 / 2 0 0 8</td> </tr> </table> Amount <table style="width:100%; border: none;"> <tr> <td style="text-align:right;">38.27</td> </tr> </table> Communication Date <table style="width:100%; border: none;"> <tr> <td style="text-align:center;">M M / D D / Y Y Y Y</td> </tr> <tr> <td style="text-align:center;">0 9 / 2 2 / 2 0 0 8</td> </tr> </table> Transaction ID : F93.4154		M M / D D / Y Y Y Y	1 0 / 0 2 / 2 0 0 8	38.27	M M / D D / Y Y Y Y	0 9 / 2 2 / 2 0 0 8
City	State	Zip Code																		
Fort Collins	CO	80525																		
Name of Employer	Occupation																			
M M / D D / Y Y Y Y																				
1 0 / 0 2 / 2 0 0 8																				
38.27																				
M M / D D / Y Y Y Y																				
0 9 / 2 2 / 2 0 0 8																				
Purpose of Disbursement (including title(s) of communication(s)) dinner for canvassers																				
Name of Federal Candidate MARILYN MUSGRAVE F94.4101		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 04		Disbursement/Obligation For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____																
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____																
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____																
<b>B.</b> Full Name (Last, First, Middle Initial) of Payee Barbara Swietkowski <hr/> Mailing Address of Payee 80 Hughson Rd <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Carmel</td> <td>NY</td> <td>10512</td> </tr> </table> <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:60%;">Name of Employer</td> <td style="width:40%;">Occupation</td> </tr> <tr> <td>Defneders of Wildlife Action F</td> <td>Field staff</td> </tr> </table>				City	State	Zip Code	Carmel	NY	10512	Name of Employer	Occupation	Defneders of Wildlife Action F	Field staff	Date of Disbursement or Obligation <table style="width:100%; border: none;"> <tr> <td style="text-align:center;">M M / D D / Y Y Y Y</td> </tr> <tr> <td style="text-align:center;">0 9 / 1 6 / 2 0 0 8</td> </tr> </table> Amount <table style="width:100%; border: none;"> <tr> <td style="text-align:right;">1600.00</td> </tr> </table> Communication Date <table style="width:100%; border: none;"> <tr> <td style="text-align:center;">M M / D D / Y Y Y Y</td> </tr> <tr> <td style="text-align:center;">0 9 / 2 2 / 2 0 0 8</td> </tr> </table> Transaction ID : F93.4111		M M / D D / Y Y Y Y	0 9 / 1 6 / 2 0 0 8	1600.00	M M / D D / Y Y Y Y	0 9 / 2 2 / 2 0 0 8
City	State	Zip Code																		
Carmel	NY	10512																		
Name of Employer	Occupation																			
Defneders of Wildlife Action F	Field staff																			
M M / D D / Y Y Y Y																				
0 9 / 1 6 / 2 0 0 8																				
1600.00																				
M M / D D / Y Y Y Y																				
0 9 / 2 2 / 2 0 0 8																				
Purpose of Disbursement (including title(s) of communication(s)) salary																				
Name of Federal Candidate MARILYN MUSGRAVE F94.4101		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 04		Disbursement/Obligation For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____																
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____																
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____																
<b>SUBTOTAL</b> of Disbursement/Obligation This Page (optional) .....				<table style="width:100%; border: none;"> <tr> <td style="text-align:right;">1638.27</td> </tr> </table>		1638.27														
1638.27																				
<b>TOTAL</b> This Period (last page this line number only) ..... (carry total from last page to line 10)				<table style="width:100%; border: none;"> <tr> <td style="border: 1px solid black; height: 20px;"></td> </tr> </table>																

**SCHEDULE 9-B**

**Disbursement(s) Made or Obligations**

<p><b>A.</b> Full Name (Last, First, Middle Initial) of Payee Barbara Swietkowski</p> <hr/> <p>Mailing Address of Payee 80 Hughson Rd</p> <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Carmel</td> <td>NY</td> <td>10512</td> </tr> </table> <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:60%;">Name of Employer Defneders of Wildlife Action F</td> <td style="width:40%;">Occupation Field staff</td> </tr> </table> <hr/> <p>Purpose of Disbursement (including title(s) of communication(s)) mileage</p> <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:30%;">Name of Federal Candidate MARILYN MUSGRAVE</td> <td style="width:15%;">Office Sought:</td> <td style="width:15%;"><input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</td> <td style="width:10%;">State: <u>CO</u></td> <td style="width:10%;">District: <u>04</u></td> <td style="width:20%;">Disbursement/Obligation For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____</td> </tr> </table> <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:30%;">Name of Federal Candidate</td> <td style="width:15%;">Office Sought:</td> <td style="width:15%;"><input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</td> <td style="width:10%;">State: _____</td> <td style="width:10%;">District: _____</td> <td style="width:20%;">Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____</td> </tr> </table> <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:30%;">Name of Federal Candidate</td> <td style="width:15%;">Office Sought:</td> <td style="width:15%;"><input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</td> <td style="width:10%;">State: _____</td> <td style="width:10%;">District: _____</td> <td style="width:20%;">Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____</td> </tr> </table>	City	State	Zip Code	Carmel	NY	10512	Name of Employer Defneders of Wildlife Action F	Occupation Field staff	Name of Federal Candidate MARILYN MUSGRAVE	Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>CO</u>	District: <u>04</u>	Disbursement/Obligation For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____	District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____	District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	<p>Date of Disbursement or Obligation  <table style="width:100%; border: none;"> <tr> <td style="width:33%; text-align: center;">M M / D D / Y Y Y Y</td> </tr> <tr> <td style="text-align: center;">0 9 / 2 3 / 2 0 0 8</td> </tr> </table> </p> <p>Amount  <table style="width:100%; border: none;"> <tr> <td style="text-align: right;">13.46</td> </tr> </table> </p> <p>Communication Date  <table style="width:100%; border: none;"> <tr> <td style="width:33%; text-align: center;">M M / D D / Y Y Y Y</td> </tr> <tr> <td style="text-align: center;">0 9 / 2 2 / 2 0 0 8</td> </tr> </table> </p> <p><b>Transaction ID :</b> F93.4124</p>	M M / D D / Y Y Y Y	0 9 / 2 3 / 2 0 0 8	13.46	M M / D D / Y Y Y Y	0 9 / 2 2 / 2 0 0 8
City	State	Zip Code																														
Carmel	NY	10512																														
Name of Employer Defneders of Wildlife Action F	Occupation Field staff																															
Name of Federal Candidate MARILYN MUSGRAVE	Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>CO</u>	District: <u>04</u>	Disbursement/Obligation For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____																											
Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____	District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____																											
Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____	District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____																											
M M / D D / Y Y Y Y																																
0 9 / 2 3 / 2 0 0 8																																
13.46																																
M M / D D / Y Y Y Y																																
0 9 / 2 2 / 2 0 0 8																																
<p><b>B.</b> Full Name (Last, First, Middle Initial) of Payee Barbara Swietkowski</p> <hr/> <p>Mailing Address of Payee 80 Hughson Rd</p> <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Carmel</td> <td>NY</td> <td>10512</td> </tr> </table> <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:60%;">Name of Employer Defneders of Wildlife Action F</td> <td style="width:40%;">Occupation Field staff</td> </tr> </table> <hr/> <p>Purpose of Disbursement (including title(s) of communication(s)) mileage</p> <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:30%;">Name of Federal Candidate MARILYN MUSGRAVE</td> <td style="width:15%;">Office Sought:</td> <td style="width:15%;"><input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</td> <td style="width:10%;">State: <u>CO</u></td> <td style="width:10%;">District: <u>04</u></td> <td style="width:20%;">Disbursement/Obligation For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____</td> </tr> </table> <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:30%;">Name of Federal Candidate</td> <td style="width:15%;">Office Sought:</td> <td style="width:15%;"><input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</td> <td style="width:10%;">State: _____</td> <td style="width:10%;">District: _____</td> <td style="width:20%;">Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____</td> </tr> </table> <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:30%;">Name of Federal Candidate</td> <td style="width:15%;">Office Sought:</td> <td style="width:15%;"><input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</td> <td style="width:10%;">State: _____</td> <td style="width:10%;">District: _____</td> <td style="width:20%;">Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____</td> </tr> </table>	City	State	Zip Code	Carmel	NY	10512	Name of Employer Defneders of Wildlife Action F	Occupation Field staff	Name of Federal Candidate MARILYN MUSGRAVE	Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>CO</u>	District: <u>04</u>	Disbursement/Obligation For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____	District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____	District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	<p>Date of Disbursement or Obligation  <table style="width:100%; border: none;"> <tr> <td style="width:33%; text-align: center;">M M / D D / Y Y Y Y</td> </tr> <tr> <td style="text-align: center;">0 9 / 2 4 / 2 0 0 8</td> </tr> </table> </p> <p>Amount  <table style="width:100%; border: none;"> <tr> <td style="text-align: right;">9.36</td> </tr> </table> </p> <p>Communication Date  <table style="width:100%; border: none;"> <tr> <td style="width:33%; text-align: center;">M M / D D / Y Y Y Y</td> </tr> <tr> <td style="text-align: center;">0 9 / 2 2 / 2 0 0 8</td> </tr> </table> </p> <p><b>Transaction ID :</b> F93.4128</p>	M M / D D / Y Y Y Y	0 9 / 2 4 / 2 0 0 8	9.36	M M / D D / Y Y Y Y	0 9 / 2 2 / 2 0 0 8
City	State	Zip Code																														
Carmel	NY	10512																														
Name of Employer Defneders of Wildlife Action F	Occupation Field staff																															
Name of Federal Candidate MARILYN MUSGRAVE	Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>CO</u>	District: <u>04</u>	Disbursement/Obligation For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____																											
Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____	District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____																											
Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____	District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____																											
M M / D D / Y Y Y Y																																
0 9 / 2 4 / 2 0 0 8																																
9.36																																
M M / D D / Y Y Y Y																																
0 9 / 2 2 / 2 0 0 8																																
<p><b>SUBTOTAL</b> of Disbursement/Obligation This Page (optional) .....</p> <hr/> <p><b>TOTAL</b> This Period (last page this line number only) ..... (carry total from last page to line 10)</p>		<table style="width:100%; border: none;"> <tr> <td style="text-align: right;">22.82</td> </tr> </table> <hr/> <table style="width:100%; border: none;"> <tr> <td style="text-align: right;"> </td> </tr> </table>	22.82																													
22.82																																

**SCHEDULE 9-B**

**Disbursement(s) Made or Obligations**

<b>A.</b> Full Name (Last, First, Middle Initial) of Payee Barbara Swietkowski				Date of Disbursement or Obligation M M / D D / Y Y Y Y 09 / 29 / 2008			
Mailing Address of Payee 80 Hughson Rd				Amount 16.67			
City Carmel	State NY	Zip Code 10512		Communication Date M M / D D / Y Y Y Y 09 / 22 / 2008			
Name of Employer Defneders of Wildlife Action F		Occupation Field staff		<b>Transaction ID :</b> F93.4147			
Purpose of Disbursement (including title(s) of communication(s)) mileage							
Name of Federal Candidate MARILYN MUSGRAVE		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: CO District: 04 Disbursement/Obligation For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____			
F94.4101							
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____ Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____			
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____ Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____			
<b>B.</b> Full Name (Last, First, Middle Initial) of Payee Barbara Swietkowski				Date of Disbursement or Obligation M M / D D / Y Y Y Y 09 / 30 / 2008			
Mailing Address of Payee 80 Hughson Rd				Amount 92.02			
City Carmel	State NY	Zip Code 10512		Communication Date M M / D D / Y Y Y Y 09 / 22 / 2008			
Name of Employer Defneders of Wildlife Action F		Occupation Field staff		<b>Transaction ID :</b> F93.4150			
Purpose of Disbursement (including title(s) of communication(s)) mileage							
Name of Federal Candidate MARILYN MUSGRAVE		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: CO District: 04 Disbursement/Obligation For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____			
F94.4101							
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____ Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____			
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____ Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____			
<b>SUBTOTAL</b> of Disbursement/Obligation This Page (optional) .....				108.69			
<b>TOTAL</b> This Period (last page this line number only) ..... (carry total from last page to line 10)				_____			

**SCHEDULE 9-B**

**Disbursement(s) Made or Obligations**

<b>A.</b> Full Name (Last, First, Middle Initial) of Payee Barbara Swietkowski			Date of Disbursement or Obligation M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 8		
Mailing Address of Payee 80 Hughson Rd			Amount 3.80		
City Carmel	State NY	Zip Code 10512	Communication Date M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 8		
Name of Employer Defneders of Wildlife Action F		Occupation Field staff	<b>Transaction ID :</b> F93.4165		

Purpose of Disbursement (including title(s) of communication(s))  
mileage

Name of Federal Candidate MARILYN MUSGRAVE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: CO District: 04	Disbursement/Obligation For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
F94.4101			
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

<b>B.</b> Full Name (Last, First, Middle Initial) of Payee Barbara Swietkowski			Date of Disbursement or Obligation M M / D D / Y Y Y Y 1 0 / 0 7 / 2 0 0 8		
Mailing Address of Payee 80 Hughson Rd			Amount 14.04		
City Carmel	State NY	Zip Code 10512	Communication Date M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 8		
Name of Employer Defneders of Wildlife Action F		Occupation Field staff	<b>Transaction ID :</b> F93.4172		

Purpose of Disbursement (including title(s) of communication(s))  
mileage

Name of Federal Candidate MARILYN MUSGRAVE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: CO District: 04	Disbursement/Obligation For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
F94.4101			
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

<b>SUBTOTAL</b> of Disbursement/Obligation This Page (optional) .....	17.84
<b>TOTAL</b> This Period (last page this line number only) ..... (carry total from last page to line 10)	

**SCHEDULE 9-B**

**Disbursement(s) Made or Obligations**

<b>A.</b> Full Name (Last, First, Middle Initial) of Payee Barbara Swietkowski			Date of Disbursement or Obligation M M / D D / Y Y Y Y 1 0 / 0 8 / 2 0 0 8		
Mailing Address of Payee 80 Hughson Rd			Amount 42.71		
City Carmel	State NY	Zip Code 10512	Communication Date M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 8		
Name of Employer Defneders of Wildlife Action F		Occupation Field staff	<b>Transaction ID :</b> F93.4173		

Purpose of Disbursement (including title(s) of communication(s))  
mileage

Name of Federal Candidate MARILYN MUSGRAVE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: CO District: 04	Disbursement/Obligation For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
F94.4101			
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

<b>B.</b> Full Name (Last, First, Middle Initial) of Payee Target			Date of Disbursement or Obligation M M / D D / Y Y Y Y 0 9 / 2 5 / 2 0 0 8		
Mailing Address of Payee 105 Troutman Parkway			Amount 6.12		
City Fort Collins	State CO	Zip Code	Communication Date M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 8		
Name of Employer		Occupation	<b>Transaction ID :</b> F93.4130		

Purpose of Disbursement (including title(s) of communication(s))  
supplies

Name of Federal Candidate MARILYN MUSGRAVE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: CO District: 04	Disbursement/Obligation For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
F94.4101			
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

<b>SUBTOTAL</b> of Disbursement/Obligation This Page (optional) .....	48.83
<b>TOTAL</b> This Period (last page this line number only) ..... (carry total from last page to line 10)	

**SCHEDULE 9-B**

**Disbursement(s) Made or Obligations**

<b>A.</b> Full Name (Last, First, Middle Initial) of Payee Valero			Date of Disbursement or Obligation M M / D D / Y Y Y Y 0 9 / 2 4 / 2 0 0 8		
Mailing Address of Payee 3038 S College Ave			Amount 24.00		
City Fort Collins	State CO	Zip Code	Communication Date M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 8		
Name of Employer		Occupation			
Transaction ID : F93.4126					

Purpose of Disbursement (including title(s) of communication(s))  
gas

Name of Federal Candidate MARILYN MUSGRAVE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: CO District: 04	Disbursement/Obligation For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
F94.4101			
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

<b>B.</b> Full Name (Last, First, Middle Initial) of Payee Valero			Date of Disbursement or Obligation M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 8		
Mailing Address of Payee 3038 S College Ave			Amount 31.55		
City Fort Collins	State CO	Zip Code	Communication Date M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 8		
Name of Employer		Occupation			
Transaction ID : F93.4143					

Purpose of Disbursement (including title(s) of communication(s))  
gas

Name of Federal Candidate MARILYN MUSGRAVE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: CO District: 04	Disbursement/Obligation For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
F94.4101			
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

<b>SUBTOTAL</b> of Disbursement/Obligation This Page (optional) .....	55.55
<b>TOTAL</b> This Period (last page this line number only) ..... (carry total from last page to line 10)	

**SCHEDULE 9-B**

**Disbursement(s) Made or Obligations**

<b>A.</b> Full Name (Last, First, Middle Initial) of Payee Valero			Date of Disbursement or Obligation M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 8		
Mailing Address of Payee 3038 S College Ave			Amount 40.00		
City Fort Collins	State CO	Zip Code	Communication Date M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 8		
Name of Employer		Occupation	<b>Transaction ID :</b> F93.4164		

Purpose of Disbursement (including title(s) of communication(s))  
gas

Name of Federal Candidate MARILYN MUSGRAVE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: CO District: 04	Disbursement/Obligation For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
F94.4101			
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

<b>B.</b> Full Name (Last, First, Middle Initial) of Payee Ed Yoon			Date of Disbursement or Obligation M M / D D / Y Y Y Y 0 9 / 1 2 / 2 0 0 8		
Mailing Address of Payee 146 S Oxford Ave #1			Amount 15000.00		
City Los Angeles	State CA	Zip Code 90004	Communication Date M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 8		
Name of Employer Defenders of Wildlife Action F		Occupation Field Director	<b>Transaction ID :</b> F93.4099		

Purpose of Disbursement (including title(s) of communication(s))  
advance payment for canvassers

Name of Federal Candidate MARILYN MUSGRAVE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: CO District: 04	Disbursement/Obligation For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
F94.4101			
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

<b>SUBTOTAL</b> of Disbursement/Obligation This Page (optional) .....	15040.00
<b>TOTAL</b> This Period (last page this line number only) ..... (carry total from last page to line 10)	

**SCHEDULE 9-B**  
**Disbursement(s) Made or Obligations**

<p><b>A.</b> Full Name (Last, First, Middle Initial) of Payee Ed Yoon</p> <hr/> <p>Mailing Address of Payee 146 S Oxford Ave #1</p> <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Los Angeles</td> <td>CA</td> <td>90004</td> </tr> </table> <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:60%;">Name of Employer Defenders of Willdife Action F</td> <td style="width:40%;">Occupation Field Director</td> </tr> </table> <hr/> <p>Purpose of Disbursement (including title(s) of communication(s)) salary</p> <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:30%;">Name of Federal Candidate MARILYN MUSGRAVE</td> <td style="width:15%;">Office Sought:</td> <td style="width:15%;"><input checked="" type="checkbox"/> House</td> <td style="width:15%;">State: <u>CO</u></td> <td style="width:25%;">Disbursement/Obligation For: 2008</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Senate</td> <td>District: <u>04</u></td> <td><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> President</td> <td></td> <td><input type="checkbox"/> Other (specify) _____</td> </tr> </table> <p>F94.4101</p> <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:30%;">Name of Federal Candidate</td> <td style="width:15%;">Office Sought:</td> <td style="width:15%;"><input type="checkbox"/> House</td> <td style="width:15%;">State: _____</td> <td style="width:25%;">Disbursement/Obligation For:</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Senate</td> <td>District: _____</td> <td><input type="checkbox"/> Primary <input type="checkbox"/> General</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> President</td> <td></td> <td><input type="checkbox"/> Other (specify) _____</td> </tr> </table> <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:30%;">Name of Federal Candidate</td> <td style="width:15%;">Office Sought:</td> <td style="width:15%;"><input type="checkbox"/> House</td> <td style="width:15%;">State: _____</td> <td style="width:25%;">Disbursement/Obligation For:</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Senate</td> <td>District: _____</td> <td><input type="checkbox"/> Primary <input type="checkbox"/> General</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> President</td> <td></td> <td><input type="checkbox"/> Other (specify) _____</td> </tr> </table>	City	State	Zip Code	Los Angeles	CA	90004	Name of Employer Defenders of Willdife Action F	Occupation Field Director	Name of Federal Candidate MARILYN MUSGRAVE	Office Sought:	<input checked="" type="checkbox"/> House	State: <u>CO</u>	Disbursement/Obligation For: 2008			<input type="checkbox"/> Senate	District: <u>04</u>	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General			<input type="checkbox"/> President		<input type="checkbox"/> Other (specify) _____	Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House	State: _____	Disbursement/Obligation For:			<input type="checkbox"/> Senate	District: _____	<input type="checkbox"/> Primary <input type="checkbox"/> General			<input type="checkbox"/> President		<input type="checkbox"/> Other (specify) _____	Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House	State: _____	Disbursement/Obligation For:			<input type="checkbox"/> Senate	District: _____	<input type="checkbox"/> Primary <input type="checkbox"/> General			<input type="checkbox"/> President		<input type="checkbox"/> Other (specify) _____	<p>Date of Disbursement or Obligation</p> <table style="width:100%; border: none;"> <tr> <td style="width:33%; text-align: center;">M M /</td> <td style="width:33%; text-align: center;">D D /</td> <td style="width:33%; text-align: center;">Y Y Y Y</td> </tr> <tr> <td style="text-align: center;">0 9 /</td> <td style="text-align: center;">1 6 /</td> <td style="text-align: center;">2 0 0 8</td> </tr> </table> <p>Amount</p> <table style="width:100%; border: none;"> <tr> <td style="width:80%;"></td> <td style="width:20%; text-align: right;">2560.00</td> </tr> </table> <p>Communication Date</p> <table style="width:100%; border: none;"> <tr> <td style="width:33%; text-align: center;">M M /</td> <td style="width:33%; text-align: center;">D D /</td> <td style="width:33%; text-align: center;">Y Y Y Y</td> </tr> <tr> <td style="text-align: center;">0 9 /</td> <td style="text-align: center;">2 2 /</td> <td style="text-align: center;">2 0 0 8</td> </tr> </table> <p><b>Transaction ID :</b> F93.4102</p>	M M /	D D /	Y Y Y Y	0 9 /	1 6 /	2 0 0 8		2560.00	M M /	D D /	Y Y Y Y	0 9 /	2 2 /	2 0 0 8
City	State	Zip Code																																																																		
Los Angeles	CA	90004																																																																		
Name of Employer Defenders of Willdife Action F	Occupation Field Director																																																																			
Name of Federal Candidate MARILYN MUSGRAVE	Office Sought:	<input checked="" type="checkbox"/> House	State: <u>CO</u>	Disbursement/Obligation For: 2008																																																																
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		<input type="checkbox"/> President		<input type="checkbox"/> Other (specify) _____																																																																
Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House	State: _____	Disbursement/Obligation For:																																																																
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Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House	State: _____	Disbursement/Obligation For:																																																																
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<p><b>SUBTOTAL</b> of Disbursement/Obligation This Page (optional) .....</p> <hr/> <p><b>TOTAL</b> This Period (last page this line number only) ..... (carry total from last page to line 10)</p>		<table style="width:100%; border: none;"> <tr> <td style="width:80%;"></td> <td style="width:20%; text-align: right;">2864.20</td> </tr> <tr> <td style="width:80%;"></td> <td style="width:20%;"></td> </tr> </table>		2864.20																																																																
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**SCHEDULE 9-B**

**Disbursement(s) Made or Obligations**

<b>A.</b> Full Name (Last, First, Middle Initial) of Payee Ed Yoon			Date of Disbursement or Obligation M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 8		
Mailing Address of Payee 146 S Oxford Ave #1			Amount 50.31		
City Los Angeles	State CA	Zip Code 90004	Communication Date M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 8		
Name of Employer Defenders of Willdife Action F		Occupation Field Director	<b>Transaction ID :</b> F93.4146		

Purpose of Disbursement (including title(s) of communication(s))  
mileage

Name of Federal Candidate MARILYN MUSGRAVE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: CO District: 04	Disbursement/Obligation For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
F94.4101			
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

<b>B.</b> Full Name (Last, First, Middle Initial) of Payee Ed Yoon			Date of Disbursement or Obligation M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 8		
Mailing Address of Payee 146 S Oxford Ave #1			Amount 44.46		
City Los Angeles	State CA	Zip Code 90004	Communication Date M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 8		
Name of Employer Defenders of Willdife Action F		Occupation Field Director	<b>Transaction ID :</b> F93.4157		

Purpose of Disbursement (including title(s) of communication(s))  
mileage

Name of Federal Candidate MARILYN MUSGRAVE	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: CO District: 04	Disbursement/Obligation For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
F94.4101			
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

<b>SUBTOTAL</b> of Disbursement/Obligation This Page (optional) .....	94.77
<b>TOTAL</b> This Period (last page this line number only) ..... (carry total from last page to line 10)	33158.31

Form/Schedule: **F9N**

Transaction ID:

The first attempt at filing this report happened on 9/23/08 - which at the time was within the reporting deadline for the Communication Date. The original report was submitted by fax, because of problems with the online webform login details. On 10/2 we were contacted by Robin Kelly, who said that the file could not be accepted as a fax and that we should resubmit it electronically. Since that date, we have been working to resolve numerous technical issues, working closely with Ken Lally and Sebene Smith. Those issues were resolved today, hence the report being submitted today. A few expenses have been incurred since this problem first came to our attention, so those have been included also. We hope the FEC will take these circumstances into consideration when processing this Form 9. Thank you.