



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
New Leadership for America PAC

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		96338.22
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period .....	66961.47									
(c) Total Receipts (from Line 19) .....	31631.23	74330.80								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	98592.70	170669.02								
7. Total Disbursements (from Line 31) .....	75092.90	147169.22								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	23499.80	23499.80								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
New Leadership for America PAC

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(i) Itemized (use Schedule A) .....	0.00	0.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ▶	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) ▶	0.00	0.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	12334.29
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	31631.23	61996.51
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	31631.23	74330.80
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	31631.23	74330.80

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	35592.90	96669.22
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	35592.90	96669.22
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	27500.00	38500.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	12000.00	12000.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	75092.90	147169.22
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	75092.90	147169.22

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3 .....	0.00	0.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	0.00	0.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	35592.90	96669.22
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	12334.29
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	35592.90	84334.93

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 29  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
New Leadership for America PAC

**A.**

Full Name (Last, First, Middle Initial) AB Data		Date of Receipt
Mailing Address 8050 N Port Washington Rd		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
City State Zip Code Milwaukee WI 53217-2645		<input type="text"/> 07 / <input type="text"/> 23 / <input type="text"/> 2007
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID: C1589451</b>
Name of Employer Occupation		Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text"/> 18366.63
Aggregate Year-to-Date ▼ <input type="text"/> 61379.43		List Royalty Income

**B.**

Full Name (Last, First, Middle Initial) AB Data		Date of Receipt
Mailing Address 8050 N Port Washington Rd		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
City State Zip Code Milwaukee WI 53217-2645		<input type="text"/> 10 / <input type="text"/> 10 / <input type="text"/> 2007
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID: C1589448</b>
Name of Employer Occupation		Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text"/> 4406.04
Aggregate Year-to-Date ▼ <input type="text"/> 61379.43		List Royalty Income

**C.**

Full Name (Last, First, Middle Initial) AB Data		Date of Receipt
Mailing Address 8050 N Port Washington Rd		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
City State Zip Code Milwaukee WI 53217-2645		<input type="text"/> 11 / <input type="text"/> 14 / <input type="text"/> 2007
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID: C1589449</b>
Name of Employer Occupation		Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text"/> 3162.54
Aggregate Year-to-Date ▼ <input type="text"/> 61379.43		List Royalty Income

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 25935.21
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 7 / 29</span>
	(check only one)
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
New Leadership for America PAC

**A.**

Full Name (Last, First, Middle Initial) AB Data		Date of Receipt
Mailing Address 8050 N Port Washington Rd		<input type="text" value="11"/> <input type="text" value="25"/> <input type="text" value="2007"/>
City	State	Zip Code
Milwaukee	WI	53217-2645
FEC ID number of contributing federal political committee.		Transaction ID: C1589450
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="2516.40"/>
Name of Employer	Occupation	List Royalty Income
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="61379.43"/>	

**B.**

Full Name (Last, First, Middle Initial) AB Data		Date of Receipt
Mailing Address 8050 N Port Washington Rd		<input type="text" value="12"/> <input type="text" value="17"/> <input type="text" value="2007"/>
City	State	Zip Code
Milwaukee	WI	53217-2645
FEC ID number of contributing federal political committee.		Transaction ID: C1589417
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="3162.00"/>
Name of Employer	Occupation	List Royalty Income
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="61379.43"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="5678.40"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="31613.61"/>

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
New Leadership for America PAC

A.	Full Name (Last, First, Middle Initial) Boen & Associates, Inc.	Transaction ID: D110511 Date of Disbursement 07 / 11 / 2007
	Mailing Address 307 W. 41st St.	Amount of Each Disbursement this Period 84.00
	City Sioux Falls State SD Zip Code 57105	
	Purpose of Disbursement Insurance Premium Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Delta Dental	Transaction ID: D110516 Date of Disbursement 07 / 23 / 2007
	Mailing Address PO Box 1157	Amount of Each Disbursement this Period 75.60
	City Pierre State SD Zip Code 57501	
	Purpose of Disbursement Dental Insurance Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Delta Dental	Transaction ID: D110523 Date of Disbursement 08 / 07 / 2007
	Mailing Address PO Box 1157	Amount of Each Disbursement this Period 75.60
	City Pierre State SD Zip Code 57501	
	Purpose of Disbursement Dental Insurance Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>235.20</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
New Leadership for America PAC

A.	Full Name (Last, First, Middle Initial) Delta Dental	Transaction ID: D110525
	Mailing Address PO Box 1157	Date of Disbursement 08 / 08 / 2007
	City Pierre State SD Zip Code 57501	Amount of Each Disbursement this Period 75.60
	Purpose of Disbursement Dental Insurance	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Delta Dental	Transaction ID: D110532
	Mailing Address PO Box 1157	Date of Disbursement 08 / 30 / 2007
	City Pierre State SD Zip Code 57501	Amount of Each Disbursement this Period 75.60
	Purpose of Disbursement Dental Insurance	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Delta Dental	Transaction ID: D110551
	Mailing Address PO Box 1157	Date of Disbursement 10 / 02 / 2007
	City Pierre State SD Zip Code 57501	Amount of Each Disbursement this Period 75.60
	Purpose of Disbursement Dental Insurance	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	226.80
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
New Leadership for America PAC

A.	Full Name (Last, First, Middle Initial) Delta Dental	Transaction ID: D110559
	Mailing Address PO Box 1157	Date of Disbursement 10 / 29 / 2007
	City Pierre State SD Zip Code 57501	Amount of Each Disbursement this Period 75.60
	Purpose of Disbursement Dental Insurance	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Delta Dental	Transaction ID: D110572
	Mailing Address PO Box 1157	Date of Disbursement 11 / 30 / 2007
	City Pierre State SD Zip Code 57501	Amount of Each Disbursement this Period 75.60
	Purpose of Disbursement Dental Insurance	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Delta Dental	Transaction ID: D110577
	Mailing Address PO Box 1157	Date of Disbursement 12 / 27 / 2007
	City Pierre State SD Zip Code 57501	Amount of Each Disbursement this Period 78.20
	Purpose of Disbursement Dental Insurance	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	229.40
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
New Leadership for America PAC

A.	Full Name (Last, First, Middle Initial) Hildebrand Tewes Consulting, Inc	Transaction ID: D110549
	Mailing Address 326 E. 8th Street, Suite 105	Date of Disbursement 10 / 02 / 2007
	City Sioux Falls State SD Zip Code 57103	Amount of Each Disbursement this Period 4000.00
	Purpose of Disbursement Political Consultant	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Hildebrand Tewes Consulting, Inc	Transaction ID: D110550
	Mailing Address 326 E. 8th Street, Suite 105	Date of Disbursement 10 / 02 / 2007
	City Sioux Falls State SD Zip Code 57103	Amount of Each Disbursement this Period 41.00
	Purpose of Disbursement Lodging Expense	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Hildebrand Tewes Consulting, Inc	Transaction ID: D110571
	Mailing Address 326 E. 8th Street, Suite 105	Date of Disbursement 11 / 30 / 2007
	City Sioux Falls State SD Zip Code 57103	Amount of Each Disbursement this Period 4000.00
	Purpose of Disbursement Political Consultant	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	8041.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
New Leadership for America PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Hildebrand Tewes Consulting, Inc Mailing Address 326 E. 8th Street, Suite 105 City Sioux Falls State SD Zip Code 57103 Purpose of Disbursement Political Consultant Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D110533 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 7
	Amount of Each Disbursement this Period 4000.00
<b>B.</b> Full Name (Last, First, Middle Initial) Hildebrand Tewes Consulting, Inc Mailing Address 326 E. 8th Street, Suite 105 City Sioux Falls State SD Zip Code 57103 Purpose of Disbursement Lodging Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D110534 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 7
	Amount of Each Disbursement this Period 548.36
<b>C.</b> Full Name (Last, First, Middle Initial) Hildebrand Tewes Consulting, Inc Mailing Address 326 E. 8th Street, Suite 105 City Sioux Falls State SD Zip Code 57103 Purpose of Disbursement Political Consultant Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D110518 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 3 0 / 2 0 0 7
	Amount of Each Disbursement this Period 4000.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	8548.36
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 13 / 29

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

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NAME OF COMMITTEE (In Full)  
New Leadership for America PAC

A.	Full Name (Last, First, Middle Initial) Hildebrand Tewes Consulting, Inc	Transaction ID: D110519
	Mailing Address 326 E. 8th Street, Suite 105	Date of Disbursement 07 / 30 / 2007
	City Sioux Falls State SD Zip Code 57103	Amount of Each Disbursement this Period 259.25
	Purpose of Disbursement Lodging Expense	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Hildebrand Tewes Consulting, Inc	Transaction ID: D110520
	Mailing Address 326 E. 8th Street, Suite 105	Date of Disbursement 07 / 30 / 2007
	City Sioux Falls State SD Zip Code 57103	Amount of Each Disbursement this Period 10.84
	Purpose of Disbursement Shipping Expense	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Helen Majusiak	Transaction ID: D110521
	Mailing Address 821 North Maple	Date of Disbursement 07 / 31 / 2007
	City Watertown State SD Zip Code 57201	Amount of Each Disbursement this Period 2057.75
	Purpose of Disbursement Salary	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	2327.84
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
New Leadership for America PAC

A.	Full Name (Last, First, Middle Initial) Helen Majusiak	Transaction ID: D110535 Date of Disbursement 08 / 30 / 2007
	Mailing Address 821 North Maple	Amount of Each Disbursement this Period 1056.38
	City Watertown State SD Zip Code 57201	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Helen Majusiak	Transaction ID: D110528 Date of Disbursement 08 / 15 / 2007
	Mailing Address 821 North Maple	Amount of Each Disbursement this Period 1056.37
	City Watertown State SD Zip Code 57201	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Helen Majusiak	Transaction ID: D110552 Date of Disbursement 10 / 03 / 2007
	Mailing Address 821 North Maple	Amount of Each Disbursement this Period 2057.75
	City Watertown State SD Zip Code 57201	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	4170.50
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
New Leadership for America PAC

A.	Full Name (Last, First, Middle Initial) Helen Majusiak	Transaction ID: D110570 Date of Disbursement 11 / 30 / 2007
	Mailing Address 821 North Maple	Amount of Each Disbursement this Period 2057.75
	City Watertown State SD Zip Code 57201	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Helen Majusiak	Transaction ID: D110560 Date of Disbursement 10 / 30 / 2007
	Mailing Address 821 North Maple	Amount of Each Disbursement this Period 2057.75
	City Watertown State SD Zip Code 57201	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Helen Majusiak	Transaction ID: D110578 Date of Disbursement 12 / 31 / 2007
	Mailing Address 821 North Maple	Amount of Each Disbursement this Period 2057.75
	City Watertown State SD Zip Code 57201	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	6173.25
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
New Leadership for America PAC

A.	Full Name (Last, First, Middle Initial) PrairieWave	Transaction ID: D110576
	Mailing Address PO Box 88835	Date of Disbursement 12 / 27 / 2007
	City Sioux Falls State SD Zip Code 57109	Amount of Each Disbursement this Period 79.20
	Purpose of Disbursement Phone & Internet Expense	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) PrairieWave	Transaction ID: D110569
	Mailing Address PO Box 88835	Date of Disbursement 11 / 26 / 2007
	City Sioux Falls State SD Zip Code 57109	Amount of Each Disbursement this Period 78.67
	Purpose of Disbursement Phone & Internet Expense	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) PrairieWave	Transaction ID: D110558
	Mailing Address PO Box 88835	Date of Disbursement 10 / 29 / 2007
	City Sioux Falls State SD Zip Code 57109	Amount of Each Disbursement this Period 81.03
	Purpose of Disbursement Phone & Internet Expense	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	238.90
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
New Leadership for America PAC

A.	Full Name (Last, First, Middle Initial) PrairieWave	Transaction ID: D110553
	Mailing Address PO Box 88835	Date of Disbursement 10 / 10 / 2007
	City Sioux Falls State SD Zip Code 57109	Amount of Each Disbursement this Period 80.25
	Purpose of Disbursement Phone & Internet Expense	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) PrairieWave	Transaction ID: D110529
	Mailing Address PO Box 88835	Date of Disbursement 08 / 23 / 2007
	City Sioux Falls State SD Zip Code 57109	Amount of Each Disbursement this Period 78.51
	Purpose of Disbursement Phone & Internet Expense	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) PrairieWave	Transaction ID: D110515
	Mailing Address PO Box 88835	Date of Disbursement 07 / 23 / 2007
	City Sioux Falls State SD Zip Code 57109	Amount of Each Disbursement this Period 78.72
	Purpose of Disbursement Phone & Internet Expense	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	237.48
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
New Leadership for America PAC

A.	Full Name (Last, First, Middle Initial) SD Unemployment Insurance Division	Transaction ID: D110517 Date of Disbursement
	Mailing Address Box 4730	<input type="text" value="07"/> / <input type="text" value="30"/> / <input type="text" value="2007"/>
	City Aberdeen State SD Zip Code 57401	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll Tax	<input type="text" value="66.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) SD Unemployment Insurance Division	Transaction ID: D110568 Date of Disbursement
	Mailing Address Box 4730	<input type="text" value="11"/> / <input type="text" value="26"/> / <input type="text" value="2007"/>
	City Aberdeen State SD Zip Code 57401	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll Tax	<input type="text" value="5.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Wells Fargo Bank	Transaction ID: D110567 Date of Disbursement
	Mailing Address 20 N Maple	<input type="text" value="11"/> / <input type="text" value="20"/> / <input type="text" value="2007"/>
	City Watertown State SD Zip Code 57201-3648	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank Fees	<input type="text" value="87.34"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="158.34"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
New Leadership for America PAC

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Wells Fargo Bank</p> <p>Mailing Address 20 N Maple</p> <p>City Watertown State SD Zip Code 57201-3648</p> <p>Purpose of Disbursement Payroll Tax</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D110565</p> <p>Date of Disbursement 11 / 14 / 2007</p> <p>Amount of Each Disbursement this Period 1267.00</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Wells Fargo Bank</p> <p>Mailing Address 20 N Maple</p> <p>City Watertown State SD Zip Code 57201-3648</p> <p>Purpose of Disbursement Merchant Card Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D110563</p> <p>Date of Disbursement 11 / 13 / 2007</p> <p>Amount of Each Disbursement this Period 129.75</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Wells Fargo Bank</p> <p>Mailing Address 20 N Maple</p> <p>City Watertown State SD Zip Code 57201-3648</p> <p>Purpose of Disbursement Bank Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D110557</p> <p>Date of Disbursement 10 / 22 / 2007</p> <p>Amount of Each Disbursement this Period 40.46</p>

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

1437.21

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
New Leadership for America PAC

A.	Full Name (Last, First, Middle Initial) Wells Fargo Bank	Transaction ID: D110574 Date of Disbursement 12 / 15 / 2007
	Mailing Address 20 N Maple	
	City Watertown State SD Zip Code 57201-3648	Amount of Each Disbursement this Period 633.50
	Purpose of Disbursement Payroll Tax Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Wells Fargo Bank	Transaction ID: D110575 Date of Disbursement 12 / 20 / 2007
	Mailing Address 20 N Maple	
	City Watertown State SD Zip Code 57201-3648	Amount of Each Disbursement this Period 156.40
	Purpose of Disbursement Bank Fees Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Wells Fargo Bank	Transaction ID: D110512 Date of Disbursement 07 / 11 / 2007
	Mailing Address 20 N Maple	
	City Watertown State SD Zip Code 57201-3648	Amount of Each Disbursement this Period 35.00
	Purpose of Disbursement Merchant Card Fees Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>824.90</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
New Leadership for America PAC

A.	Full Name (Last, First, Middle Initial) Wells Fargo Bank	Transaction ID: D110513 Date of Disbursement 07 / 13 / 2007
	Mailing Address 20 N Maple	Amount of Each Disbursement this Period 633.50
	City Watertown State SD Zip Code 57201-3648	
	Purpose of Disbursement Payroll Tax Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Wells Fargo Bank	Transaction ID: D110526 Date of Disbursement 08 / 13 / 2007
	Mailing Address 20 N Maple	Amount of Each Disbursement this Period 35.00
	City Watertown State SD Zip Code 57201-3648	
	Purpose of Disbursement Merchant Card Fees Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Wells Fargo Bank	Transaction ID: D110527 Date of Disbursement 08 / 15 / 2007
	Mailing Address 20 N Maple	Amount of Each Disbursement this Period 633.50
	City Watertown State SD Zip Code 57201-3648	
	Purpose of Disbursement Payroll Tax Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1302.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
New Leadership for America PAC

A.	Full Name (Last, First, Middle Initial) Wells Fargo Bank	Transaction ID: D110538 Date of Disbursement 09 / 11 / 2007
	Mailing Address 20 N Maple	Amount of Each Disbursement this Period 35.00
	City Watertown State SD Zip Code 57201-3648	
	Purpose of Disbursement Merchant Card Fees Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Wells Fargo Bank	Transaction ID: D110554 Date of Disbursement 10 / 11 / 2007
	Mailing Address 20 N Maple	Amount of Each Disbursement this Period 35.00
	City Watertown State SD Zip Code 57201-3648	
	Purpose of Disbursement Merchant Card Fees Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Wells Fargo Bank	Transaction ID: D110555 Date of Disbursement 10 / 15 / 2007
	Mailing Address 20 N Maple	Amount of Each Disbursement this Period 633.50
	City Watertown State SD Zip Code 57201-3648	
	Purpose of Disbursement Payroll Tax Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>703.50</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
New Leadership for America PAC

A.	Full Name (Last, First, Middle Initial) Wells Fargo Bank	Transaction ID: D110542 Date of Disbursement
	Mailing Address 20 N Maple	<input type="text" value="09"/> / <input type="text" value="12"/> / <input type="text" value="2007"/>
	City Watertown State SD Zip Code 57201-3648	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll Tax	<input type="text" value="56.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Wells Fargo Bank	Transaction ID: D110543 Date of Disbursement
	Mailing Address 20 N Maple	<input type="text" value="09"/> / <input type="text" value="17"/> / <input type="text" value="2007"/>
	City Watertown State SD Zip Code 57201-3648	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll Tax	<input type="text" value="578.50"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="634.50"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="35489.18"/>

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
New Leadership for America PAC

A.	Full Name (Last, First, Middle Initial) Friends for Harry Reid	Transaction ID: D110544 Date of Disbursement
	Mailing Address PO BOX 85223	<input type="text" value="09"/> / <input type="text" value="17"/> / <input type="text" value="2007"/>
	City Las Vegas State NV Zip Code 89185	Amount of Each Disbursement this Period
	Purpose of Disbursement Primary Contribution	<input type="text" value="2500.00"/>
	Candidate Name Harry Reid	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District:	Disbursement For: 2007 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Friends of Byron Dorgan	Transaction ID: D110541 Date of Disbursement
	Mailing Address PO Box 871	<input type="text" value="09"/> / <input type="text" value="12"/> / <input type="text" value="2007"/>
	City Bismarck State ND Zip Code 58502	Amount of Each Disbursement this Period
	Purpose of Disbursement Primary Contribution	<input type="text" value="2500.00"/>
	Candidate Name Bryron Dorgan	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ND District:	Disbursement For: 2007 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Gillibrand for Congress	Transaction ID: D110545 Date of Disbursement
	Mailing Address PO Box 1279	<input type="text" value="09"/> / <input type="text" value="18"/> / <input type="text" value="2007"/>
	City Hudson State NY Zip Code 12534	Amount of Each Disbursement this Period
	Purpose of Disbursement Primary Contribution	<input type="text" value="1000.00"/>
	Candidate Name Kirsten E. Gillibrand	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 20	Disbursement For: 2007 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="6000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
New Leadership for America PAC

A.

Full Name (Last, First, Middle Initial)  
Jeanne Shaheen for Senate

Transaction ID: D110556  
Date of Disbursement

Mailing Address PO BOX 1510

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

City Manchester State NH Zip Code 03105

Amount of Each Disbursement this Period

2500.00
---------

Purpose of Disbursement  
Primary Contribution

Category/  
Type

Candidate Name  
Jeanne Shaheen

Office Sought:  House  
 Senate  
 President

Disbursement For: 2007  
 Primary  General  
 Other (specify) ▼

State: NH District:

B.

Full Name (Last, First, Middle Initial)  
Joan Fitz-Gerald for Congress

Transaction ID: D110546  
Date of Disbursement

Mailing Address 9975 Wadsworth Pkwy - Unit K2

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	1		2	0	0	7

City Westminster State CO Zip Code 80021

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement  
Primary Contribution

Category/  
Type

Candidate Name  
Joan Fitz-Gerald

Office Sought:  House  
 Senate  
 President

Disbursement For: 2007  
 Primary  General  
 Other (specify) ▼

State: CO District: 02

C.

Full Name (Last, First, Middle Initial)  
John Kerry for Senate

Transaction ID: D110539  
Date of Disbursement

Mailing Address 10 G Street NE, Suite 710

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	2		2	0	0	7

City Washington State DC Zip Code 20002

Amount of Each Disbursement this Period

5000.00
---------

Purpose of Disbursement  
Primary Contribution

Category/  
Type

Candidate Name  
John Forbes Kerry

Office Sought:  House  
 Senate  
 President

Disbursement For: 2007  
 Primary  General  
 Other (specify) ▼

State: MA District:

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

8500.00
---------

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

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# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
New Leadership for America PAC

**A.**

Full Name (Last, First, Middle Initial)  
Leadership in the New Century PAC

Mailing Address 124 West Capitol Avenue Suite 630

City Little Rock State AR Zip Code 72201

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: D110530  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

Category/  
Type

**B.**

Full Name (Last, First, Middle Initial)  
Pingree for Congress

Mailing Address PO Box 17613

City Portland State ME Zip Code 04112

Purpose of Disbursement  
Primary Contribution

Candidate Name  
Chellie M. Pingree

Office Sought:  House  Senate  President  
State: ME District: 01

Disbursement For: 2007  Primary  General  Other (specify) ▼

Transaction ID: D110564  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

Category/  
Type

**C.**

Full Name (Last, First, Middle Initial)  
Rangel for Congress

Mailing Address PO Box 5577

City New York State NY Zip Code 10027

Purpose of Disbursement  
Primary Contribution

Candidate Name  
Charles B. Rangel

Office Sought:  House  Senate  President  
State: NY District: 15

Disbursement For: 2007  Primary  General  Other (specify) ▼

Transaction ID: D110514  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

Category/  
Type

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

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
New Leadership for America PAC

**A.** Full Name (Last, First, Middle Initial)  
Tim Johnson for South Dakota, Inc.

Mailing Address PO BOX 1536

City SIOUX FALLS State SD Zip Code 57101

Purpose of Disbursement  
Primary Contribution

Candidate Name  
Tim Johnson

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2007  
 Primary  General  
 Other (specify) ▼

State: SD District:

Transaction ID: D110540

Date of Disbursement

09 / 12 / 2007

Amount of Each Disbursement this Period

5000.00

**B.** Full Name (Last, First, Middle Initial)  
Tom Allen for Senate

Mailing Address 550 Forest Ave, Ste 101

City Portland State ME Zip Code 04112

Purpose of Disbursement  
Primary Contribution

Candidate Name  
Thomas A. Allen

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2007  
 Primary  General  
 Other (specify) ▼

State: ME District:

Transaction ID: D110524

Date of Disbursement

08 / 08 / 2007

Amount of Each Disbursement this Period

2500.00

**C.** Full Name (Last, First, Middle Initial)  
Udall for US All

Mailing Address PO Box 208

City Santa Fe State NM Zip Code 87504

Purpose of Disbursement  
Primary Contribution

Candidate Name  
Tom Udall

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2007  
 Primary  General  
 Other (specify) ▼

State: NM District:

Transaction ID: D110566

Date of Disbursement

11 / 20 / 2007

Amount of Each Disbursement this Period

1000.00

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

8500.00

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

27500.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
New Leadership for America PAC

**A.** Full Name (Last, First, Middle Initial)  
Democratic Governors Association

Mailing Address 499 S. Capitol, Suite 422

City Washington State DC Zip Code 20003

Purpose of Disbursement  
2007 Contribution  
Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Transaction ID: D110510  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

**B.** Full Name (Last, First, Middle Initial)  
Hoosiers for Jill Long Thompson

Mailing Address PO Box 108

City Argos State IN Zip Code 46501

Purpose of Disbursement  
Contribution  
Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Transaction ID: D110531  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

**C.** Full Name (Last, First, Middle Initial)  
Robert H Moore

Mailing Address 3701 N Prospect Ave

City Milwaukee State WI Zip Code 53211

Purpose of Disbursement  
Contribution  
Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Transaction ID: D110547  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 29 / 29

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

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NAME OF COMMITTEE (In Full)  
New Leadership for America PAC

A.

Full Name (Last, First, Middle Initial)  
Nordquist for Legislature

Mailing Address 615 Dorcas Street

City Omaha State NE Zip Code 68108

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D110548

Date of Disbursement

10 / 02 / 2007

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional) ▶

500.00

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

12000.00