

FEC FORM 5

RECEIVED
FEC MAIL CENTER

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

1. (a) Name of Individual, Organization or Corporation ELIZABETH S. RAESE		3. FEC Identification Number C
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 286 JAMAICA LANE		
(c) City, State and ZIP Code PALM BEACH, FL 33480		
2. Corporate filers only	Is the filer a qualified nonprofit corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Individual filers only	Name of Employer GREER INDUSTRIES, INC.	Occupation Manager

4. TYPE OF REPORT (check appropriate boxes):

(a) April 15 Quarterly Report
 July 15 Quarterly Report
 October 15 Quarterly Report
 January 31 Year-End Report

24-Hour Report
 48-Hour Report

b) Is this Report an amendment? Yes No

5. COVERING PERIOD: FROM

MM	DD	YYYY
10	01	2008

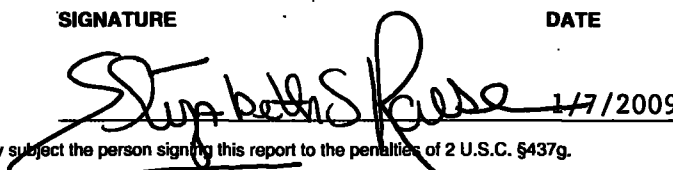
THROUGH

MM	DD	YYYY
12	31	2008

6. TOTAL CONTRIBUTIONS \$ 00

7. TOTAL INDEPENDENT EXPENDITURES \$ 1,169.06

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent. In addition, (if the independent expenditures reported herein were made by a corporation) I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM	SIGNATURE	DATE
Elizabeth S. Raese		1/7/2009

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

29039973461

For further information, contact:
Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

**SCHEDULE 5-A
ITEMIZED RECEIPTS**

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 FILER (In Full)
ELIZABETH S. RAESE

A. Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		MM / DD / YYYY
City	State Zip Code	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
Name of Employer		Occupation

B. Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		MM / DD / YYYY
City	State Zip Code	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
Name of Employer		Occupation

C. Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		MM / DD / YYYY
City	State Zip Code	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
Name of Employer		Occupation

D. Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		MM / DD / YYYY
City	State Zip Code	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
Name of Employer		Occupation

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page carry total to Line 6).....▶	0.00

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**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
ELIZABETH S. RAESE

Full Name (Last, First, Middle Initial) of Payee Fairmont Printing Company		Date M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 8
Mailing Address 113 East Park Avenue		Amount , 5 8 4 . 0 0
City Fairmont	State WV	
Zip Code 26554	Purpose of Expenditure News Letter	Category/Type 0 0 4
Name of Federal Candidate Supported or Opposed by Expenditure: McCain / Palin		Office Sought: <input type="checkbox"/> House State: _____ <input checked="" type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 5 8 4 . 0 0		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee US Postal Service		Date M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 8
Mailing Address		Amount , 2 3 6 . 0 0
City Morgantown	State WV	
Zip Code 26505	Purpose of Expenditure News Letter	Category/Type 0 0 4
Name of Federal Candidate Supported or Opposed by Expenditure: McCain / Palin		Office Sought: <input type="checkbox"/> House State: _____ <input checked="" type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2 3 6 . 0 0		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee US Postal Service		Date M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 8
Mailing Address		Amount , , 5 3 . 0 6
City Morgantown	State WV	
Zip Code 26505	Purpose of Expenditure News Letter	Category/Type 0 0 4
Name of Federal Candidate Supported or Opposed by Expenditure: McCain / Palin		Office Sought: <input type="checkbox"/> House State: _____ <input checked="" type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 2 8 9 . 0 6		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	, 8 7 3 . 0 6
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	, , . 0 0
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	▶	, 1 , 1 6 9 . 0 6

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**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Elizabeth S. Raese

Full Name (Last, First, Middle Initial) of Payee Vanitas Design and Graphics		Date 1 0 / 0 9 / 2 0 0 8
Mailing Address Route 8, Box 422		Amount 2,400.00
City Fairmont	State WV	
Zip Code 26554		
Purpose of Expenditure News Letter	Category/Type 0 0 4	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: McCain / Palin		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2 4 0 0 0		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee		Date
Mailing Address		Amount
City	State	
Zip Code		
Purpose of Expenditure	Category/Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee		Date
Mailing Address		Amount
City	State	
Zip Code		
Purpose of Expenditure	Category/Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	2,400.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	560.00
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	▶	1,169.06

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Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked
 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): *UPS* Shipping Date
11/9/09
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

JMS
 PREPARER

11/9/09
 DATE PREPARED

29039973465