

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

National Campaign Fund

ADDRESS (number and street)

30011 Ivy Glenn Drive, Suite 223

☐Check if different  
than previously  
reported. (ACC)

Laguna Niguel

CA

92677

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00437822

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☒July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

04

01

2008

through

06

30

2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

James Lacy

Signature of Treasurer

Electronically Filed by James Lacy

Date

07

15

2008

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

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
National Campaign Fund

Report Covering the Period:

From:

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

To:

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2008</span>		0.00
(b) Cash on Hand at Beginning of Reporting Period .....	14027.68	
(c) Total Receipts (from Line 19) .....	445802.62	496353.12
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	459830.30	496353.12
7. Total Disbursements (from Line 31) .....	419408.09	455930.91
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	40422.21	40422.21
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	5000.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	15060.00	

☐ 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**

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name  
National Campaign Fund

Report Covering the Period:

From:

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

To:

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	163785.00	177285.00
(i) Itemized (use Schedule A) .....	282017.62	319068.12
(ii) Unitemized .....	445802.62	496353.12
(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) ..... ➤	445802.62	496353.12
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	445802.62	496353.12
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	445802.62	496353.12

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	56931.02	57228.50
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	56931.02	57228.50
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E) .....	357257.47	393482.81
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.....	5000.00	5000.00
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.....	219.60	219.60
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))..	419408.09	455930.91
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	419408.09	455930.91

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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) .....	445802.62	496353.12
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	445802.62	496353.12
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	56931.02	57228.50
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	56931.02	57228.50

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

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

FOR LINE NUMBER: PAGE 6 / 289

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MS CORINNE N ASTIN

Mailing Address 604 E GREENWOOD ST

City

SPRINGFIELD

State

MO

Zip Code

65807

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
HOSPICE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2205.00

Date of Receipt

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

Transaction ID: INC.A.220

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

MRS ELDORIS E BERRETT

Mailing Address 1152 BARCELONA DR

City

SAN DIEGO

State

CA

Zip Code

92107

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: INC.A.562

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

DR G GARY DUSKIN

Mailing Address PO BOX 161

City

NORTH LAKEWOOD

State

WA

Zip Code

98259

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
RETIRED VETERINARIAN/HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: INC.A.793

Amount of Each Receipt this Period

500.00

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

630.00

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 289

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MRS LAURA S HILLS

Mailing Address 820 LOCUST ST

City

MANISTEE

State

MI

Zip Code

49660

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.00

Date of Receipt

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

Transaction ID: INC.A.495

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

MS BESSIE MULLEN

Mailing Address 24130 FRIAR ST

City

WOODLAND HILLS

State

CA

Zip Code

91367

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: INC.A.795

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MS ROBERTA PAGE

Mailing Address 902 VINE ST

City

KELSO

State

WA

Zip Code

98626

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

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

Transaction ID: INC.A.673

Amount of Each Receipt this Period

50.00

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

200.00

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 289

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MRS DONNA M RICHTER JONES

Mailing Address 1414 COTTONVILLE DR

City

FRIENDSHIP

State

WI

Zip Code

53934

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

SECONDARY TEACHER/HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: INC.A.548

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

MS SYLVIA J WINDER

Mailing Address 3009 19TH ST

City

LUBBOCK

State

TX

Zip Code

79410

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

RETIRED/INVESTMENTS/FARMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: INC.A.465

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

MR CHARLES E BAILEY

Mailing Address PO BOX 36

City

WILTON

State

AL

Zip Code

35187

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

PAINTER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

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

Transaction ID: INC.A.469

Amount of Each Receipt this Period

100.00

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

300.00

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



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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 289

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MR OMER E BOWLUS

Mailing Address 3250 WALTON BLVD APT 203

City

ROCHESTER

State

MI

Zip Code

48309

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CHRYSLER CORP.

Occupation

RETIRED ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: INC.A.590

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

MR GIUSEPPE DI DOMENICO

Mailing Address 18 PINE ST APT 3

City

HAMDEN

State

CT

Zip Code

6514

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: INC.A.736

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

MS GLADYS G FREY

Mailing Address 633 ADMIRAL DR APT 9205

City

ANNAPOLIS

State

MD

Zip Code

21401

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

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

Transaction ID: INC.A.348

Amount of Each Receipt this Period

20.00

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

220.00

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

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

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

FOR LINE NUMBER: PAGE 10 / 289

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MRS PHYLLIS A HAMILTON

Mailing Address 2540 GREENBERRY DR

City

FLORISSANT

State

MO

Zip Code

63033

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

SECRETARY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: INC.A.268

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MR JOHN A HARDICK

Mailing Address 6025 N ROCKWELL ST

City

CHICAGO

State

IL

Zip Code

60659

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: INC.A.626

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

MR GEORGE M NEALL, II

Mailing Address 5452 TATES BANK RD

City

CAMBRIDGE

State

MD

Zip Code

21613

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

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

Transaction ID: INC.A.535

Amount of Each Receipt this Period

100.00

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

400.00

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 289

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MR HALL M ROBERTS

Mailing Address PO BOX 10

City

POSTVILLE

State

IA

Zip Code

52162

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: INC.A.759

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

MR HOWARD E VARNER

Mailing Address 222 VALHALLA DR

City

SOLVANG

State

CA

Zip Code

93463

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: INC.A.819

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

MRS NORMA GARDNER

Mailing Address PO BOX 248

City

BIOLA

State

CA

Zip Code

93606

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

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

Transaction ID: INC.A.426

Amount of Each Receipt this Period

100.00

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

300.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 289

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MR CHARLES R NADASY

Mailing Address 14718 BARCLAY AVE APT 2A

City

FLUSHING

State

NY

Zip Code

11355

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TISHMAN SPEYER ROCK CENTER

Occupation

RETIRED CLEANER/M. DEGREE

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

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

Transaction ID: INC.A.740

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

MR CHARLES R NADASY

Mailing Address 14718 BARCLAY AVE APT 2A

City

FLUSHING

State

NY

Zip Code

11355

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TISHMAN SPEYER ROCK CENTER

Occupation

RETIRED CLEANER/M. DEGREE

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

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

Transaction ID: INC.A.739

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MS MARY C NELSON

Mailing Address 175 MATAWAN AVE

City

MATAWAN

State

NJ

Zip Code

7747

FEC ID number of contributing  
federal political committee.

C

Name of Employer

FEDERAL GOVERNMENT/DEFENSE  
DEPT/USPS

Occupation

RETIRED

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

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

Transaction ID: INC.A.621

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional) .....

65.00

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

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

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

FOR LINE NUMBER: PAGE 13 / 289

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MRS SHIRLEY A REDMAN

Mailing Address 19 LAKE LORRAINE CIR

City

SHALIMAR

State

FL

Zip Code

32579

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: INC.A.531

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MS ELLEN C RUTSON

Mailing Address 1401 HERMITS WAY W

City

THE DALLES

State

OR

Zip Code

97058

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

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

Transaction ID: INC.A.279

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

MRS ELDORIS E BERRETT

Mailing Address 1152 BARCELONA DR

City

SAN DIEGO

State

CA

Zip Code

92107

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 0 7 / 2 0 0 8

Transaction ID: INC.A.563

Amount of Each Receipt this Period

100.00

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

225.00

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

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

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

FOR LINE NUMBER: PAGE 14 / 289

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MR OMER E BOWLUS

Mailing Address 3250 WALTON BLVD APT 203

City

ROCHESTER

State

MI

Zip Code

48309

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CHRYSLER CORP.

Occupation

RETIRED ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 0 7 / 2 0 0 8

Transaction ID: INC.A.591

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

MR JOHN JEFFREY GREEN

Mailing Address PO BOX 4014

City

MONTEREY

State

CA

Zip Code

93942

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 0 7 / 2 0 0 8

Transaction ID: INC.A.794

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

MRS IRIS D JENNEY

Mailing Address 2613 DUFF AVE

City

AMES

State

IA

Zip Code

50010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 0 7 / 2 0 0 8

Transaction ID: INC.A.244

Amount of Each Receipt this Period

100.00

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

450.00

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

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

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

FOR LINE NUMBER: PAGE 15 / 289

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MRS MURIEL G MOE

Mailing Address 5300 S MAIN ST APT 31

City

CEDAR FALLS

State

IA

Zip Code

50613

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

COLLEGE PROF/HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 0 7 / 2 0 0 8

Transaction ID: INC.A.286

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

MR BERT MULLENS

Mailing Address 250 S ENID AVE

City

RUSSELLVILLE

State

AR

Zip Code

72801

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 0 7 / 2 0 0 8

Transaction ID: INC.A.353

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

MR JOHNNY W OWENS

Mailing Address 165 TEN CEDARS DR

City

TITUS

State

AL

Zip Code

36080

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
USAF

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 0 7 / 2 0 0 8

Transaction ID: INC.A.598

Amount of Each Receipt this Period

100.00

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

500.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 289

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MR HENLEY P WOODS, SR

Mailing Address PO BOX 80939

City

SIMPSONVILLE

State

SC

Zip Code

29680

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PFIZER, INC.Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	7		2	0	0	8

Transaction ID: INC.A.630

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

MR RICHARD T ALLISON

Mailing Address 8321 EXETER DR

City

ANCHORAGE

State

AK

Zip Code

99507

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIVIL SERVICEOccupation  
RETIRED LOAD MASTER/HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: INC.A.449

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

MR DONALD E AUSTIN

Mailing Address 819 COUNTY ROAD 28

City

SOUTH NEW BERLIN

State

NY

Zip Code

13843

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENERAL MOTORS CORP/SELF-  
EMPLOYEDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

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

Transaction ID: INC.A.388

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional) .....

370.00

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



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

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

FOR LINE NUMBER: PAGE 17 / 289

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MR WILLIAM R BROOKS

Mailing Address 4581 E HAYDEN LAKE RD

City

HAYDEN

State

ID

Zip Code

83835

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BROOKS SEAPLANE SERV

Occupation  
PILOT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: INC.A.371

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MR COLEMAN DONALDSON

Mailing Address 955 HARPERSVILLE RD  
APT. 1066

City

NEWPORT NEWS

State

VA

Zip Code

23601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

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

Transaction ID: INC.A.452

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

MS LAUREL S EMMETT

Mailing Address 2 WOODSTONE ST

City

AMARILLO

State

TX

Zip Code

79106

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
RETIRED/HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: INC.A.301

Amount of Each Receipt this Period

100.00

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

250.00

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

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

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

FOR LINE NUMBER: PAGE 18 / 289

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MRS HELEN B HALPERN

Mailing Address 4027 FAIRFAX RD

City

EVANSVILLE

State

IN

Zip Code

47710

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: INC.A.684

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

MARGERY L KEIDEL

Mailing Address 27765 CALLE VALDES

City

MISSION VIEJO

State

CA

Zip Code

92692

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

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

Transaction ID: INC.A.508

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MRS EILEEN KELLEY

Mailing Address 1201 N WARREN AVE

City

OKLAHOMA CITY

State

OK

Zip Code

73107

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

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

Transaction ID: INC.A.697

Amount of Each Receipt this Period

100.00

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

225.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 289

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

DR PETER PACKARD, MD

Mailing Address 720 SEABURY RD

City

BURLINGAME

State

CA

Zip Code

94010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

RETIRED PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: INC.A.322

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

MR EDWARD M PENICK

Mailing Address 14300 CHENAL PKWY APT 7009

City

LITTLE ROCK

State

AR

Zip Code

72211

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

RETIRED BANKER/ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: INC.A.442

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

MR EDWARD M PENICK

Mailing Address 14300 CHENAL PKWY APT 7009

City

LITTLE ROCK

State

AR

Zip Code

72211

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

RETIRED BANKER/ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: INC.A.441

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional) .....

250.00

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

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

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

FOR LINE NUMBER: PAGE 20 / 289

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

DR PAUL M PEPPER, PHD

Mailing Address 47 W COOKE RD

City

COLUMBUS

State

OH

Zip Code

43214

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

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

Transaction ID: INC.A.445

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

MISS ETHELYN L SCHAEFFER

Mailing Address 51 N RIDGE CT

City

PARACHUTE

State

CO

Zip Code

81635

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: INC.A.422

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

MR HARRY W SHADE

Mailing Address 11701 W 21ST PL

City

LAKEWOOD

State

CO

Zip Code

80215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

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

Transaction ID: INC.A.657

Amount of Each Receipt this Period

50.00

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

250.00

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

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

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

FOR LINE NUMBER: PAGE 21 / 289

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MR CHARLES D SUMMITT

Mailing Address 8401 ECHO CREEK LN

City

SAN ANTONIO

State

TX

Zip Code

78240

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: INC.A.601

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

MS ORA ELIZABETH H TOWNS

Mailing Address 175 HUCKLEBERRY LN  
VILLAGE OF MT LEBANON

City

GIBSLAND

State

LA

Zip Code

71028

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

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

Transaction ID: INC.A.528

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

MRS BARBARA B L TRAFFORD

Mailing Address PO BOX 48

City

MANCHESTER

State

VT

Zip Code

5254

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
FARMER/HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

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

Transaction ID: INC.A.276

Amount of Each Receipt this Period

500.00

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

1250.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 289

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MS LOUISE K WINKLES

Mailing Address 135 LAURELWOOD DR

City

TYRONE

State

GA

Zip Code

30290

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: INC.A.771

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

MS CORINNE N ASTIN

Mailing Address 604 E GREENWOOD ST

City

SPRINGFIELD

State

MO

Zip Code

65807

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

HOSPICE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2205.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	9		2	0	0	8

Transaction ID: INC.A.221

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

MR DONALD E AUSTIN

Mailing Address 819 COUNTY ROAD 28

City

SOUTH NEW BERLIN

State

NY

Zip Code

13843

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENERAL MOTORS CORP/SELF-  
EMPLOYED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	9		2	0	0	8

Transaction ID: INC.A.389

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional) .....

140.00

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

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

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

FOR LINE NUMBER: PAGE 23 / 289

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MRS JEAN B CANAIY

Mailing Address 2688 ELDORADO SPRINGS DR

City

LOVELAND

State

CO

Zip Code

80538

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

590.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 0 9 / 2 0 0 8

Transaction ID: INC.A.602

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MRS JANE A ERICSON

Mailing Address 2222 CHAMBERS LAKE LN SE

City

LACEY

State

WA

Zip Code

98503

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 0 9 / 2 0 0 8

Transaction ID: INC.A.543

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

MRS MAE S OVERTON

Mailing Address 1313 W OHIO AVE LOT 1

City

GUNNISON

State

CO

Zip Code

81230

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 0 9 / 2 0 0 8

Transaction ID: INC.A.537

Amount of Each Receipt this Period

25.00

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

150.00

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

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

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

FOR LINE NUMBER: PAGE 24 / 289

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MR ROBERT SUNDERLAND

Mailing Address 953 PYRITE AVE

City

HENDERSON

State

NV

Zip Code

89011

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 0 9 / 2 0 0 8

Transaction ID: INC.A.517

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MR THEODORE P AKINS

Mailing Address 194 GORDON AVE

City

WADSWORTH

State

OH

Zip Code

44281

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: INC.A.476

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

MR JOSEPH M BILLIOU

Mailing Address PO BOX 98

City

HAMILTON CITY

State

CA

Zip Code

95951

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: INC.A.284

Amount of Each Receipt this Period

500.00

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

650.00

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



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

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

FOR LINE NUMBER: PAGE 25 / 289

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)  
MR JESSE W COUCH

Mailing Address 6015 PINE FOREST RD

City State Zip Code  
HOUSTON TX 77057

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: INC.A.229

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)  
MR JOHN H MULLER, JR

Mailing Address 67 BANK ST

City State Zip Code  
NEW CANAAN CT 6840

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2300.00

Date of Receipt

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

Transaction ID: INC.A.754

Amount of Each Receipt this Period

2300.00

**C.**

Full Name (Last, First, Middle Initial)  
MR DONALD E AUSTIN

Mailing Address 819 COUNTY ROAD 28

City State Zip Code  
SOUTH NEW BERLIN NY 13843

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
GENERAL MOTORS CORP/SELF-  
EMPLOYED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

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

Transaction ID: INC.A.390

Amount of Each Receipt this Period

20.00

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

2420.00

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

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

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

FOR LINE NUMBER: PAGE 26 / 289

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MS BESSIE MULLEN

Mailing Address 24130 FRIAR ST

City

WOODLAND HILLS

State

CA

Zip Code

91367

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: INC.A.796

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MS PEGGY L SHOEMAKE

Mailing Address 818 ROSEWOOD DR

City

LEBANON

State

MO

Zip Code

65536

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: INC.A.617

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

MRS MILDRED SHOWS

Mailing Address 279 BLACKWELL RD

City

MENDENHALL

State

MS

Zip Code

39114

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

325.00

Date of Receipt

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

Transaction ID: INC.A.716

Amount of Each Receipt this Period

100.00

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

250.00

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

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

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

FOR LINE NUMBER: PAGE 27 / 289

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)  
MR DONALD E AUSTIN

Mailing Address 819 COUNTY ROAD 28

City State Zip Code  
SOUTH NEW BERLIN NY 13843

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENERAL MOTORS CORP/SELF-  
EMPLOYED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

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

Transaction ID: INC.A.391

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)  
MR CHARLES E BAILEY

Mailing Address PO BOX 36

City State Zip Code  
WILTON AL 35187

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
PAINTER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

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

Transaction ID: INC.A.470

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)  
MR AUBREY J BOURGEOIS

Mailing Address 10100 HILLVIEW DR APT 608

City State Zip Code  
PENSACOLA FL 32514

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: INC.A.682

Amount of Each Receipt this Period

200.00

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

230.00

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

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MS ROSEMARY DUNCAN

Mailing Address 808 COUNTY ROAD 438

City

SWEETWATER

State

TX

Zip Code

79556

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: INC.A.780

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

MR ABE FEINBERG

Mailing Address 17057 NORTHWAY CIR

City

BOCA RATON

State

FL

Zip Code

33496

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
U.S. ARMY AIR CORPS

Occupation  
RETIRED CAPT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

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

Transaction ID: INC.A.583

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

MR ROBERT N JORGENSEN

Mailing Address 35 WEBHANNET HARBOUR RD UNIT 6

City

WELLS

State

ME

Zip Code

4090

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
ANTIQUE DEALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: INC.A.695

Amount of Each Receipt this Period

200.00

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

1200.00

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

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

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

FOR LINE NUMBER: PAGE 29 / 289

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)  
MRS MURIEL G MOE

Mailing Address 5300 S MAIN ST APT 31

City State Zip Code  
CEDAR FALLS IA 50613

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
COLLEGE PROF/HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: INC.A.287

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)  
MR ROBERT A MOORE

Mailing Address 614 FOX RUN RD

City State Zip Code  
SEWELL NJ 8080

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: INC.A.260

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)  
MRS MAE S OVERTON

Mailing Address 1313 W OHIO AVE LOT 1

City State Zip Code  
GUNNISON CO 81230

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: INC.A.538

Amount of Each Receipt this Period

100.00

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

400.00

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

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

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

FOR LINE NUMBER: PAGE 30 / 289

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

DR PETER PACKARD, MD

Mailing Address 720 SEABURY RD

City

BURLINGAME

State

CA

Zip Code

94010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

RETIRED PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: INC.A.323

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

MRS MARIAN F SCHOONMAKER

Mailing Address 5 GREENBRIAR CT

City

EAST ROCHESTER

State

NY

Zip Code

14445

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: INC.A.303

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

MRS JEAN H SIMONDS

Mailing Address 55 STOCKBRIDGE ST

City

COHASSET

State

MA

Zip Code

2025

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: INC.A.289

Amount of Each Receipt this Period

50.00

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

250.00

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

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

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

FOR LINE NUMBER: PAGE 31 / 289

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MR LE ROY BACKBERG

Mailing Address 2540 COUNTY ROAD 120 NE

City

ALEXANDRIA

State

MN

Zip Code

56308

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: INC.A.643

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

MRS ALINE E CORNELS

Mailing Address 119 TIMBER LN

City

KERRVILLE

State

TX

Zip Code

78028

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: INC.A.620

Amount of Each Receipt this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)

MR FLOYD L HARLAN

Mailing Address 9010 TOLLHOUSE RD  
HARLAN RANCH CO

City

CLOVIS

State

CA

Zip Code

93619

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
FARMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: INC.A.248

Amount of Each Receipt this Period

500.00

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

5600.00

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

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

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MS MARILYN F IDEN

Mailing Address 208 E MCQUISTION RD

City

BUTLER

State

PA

Zip Code

16001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
TEACHER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: INC.A.486

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

MS GLADYS E JOHNSON

Mailing Address 301 E VETERANS RD

City

LAURENS

State

IA

Zip Code

50554

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: INC.A.541

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

MARGERY L KEIDEL

Mailing Address 27765 CALLE VALDES

City

MISSION VIEJO

State

CA

Zip Code

92692

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: INC.A.509

Amount of Each Receipt this Period

50.00

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

250.00

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



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

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MRS EILEEN KELLEY

Mailing Address 1201 N WARREN AVE

City

OKLAHOMA CITY

State

OK

Zip Code

73107

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: INC.A.699

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

MRS EILEEN KELLEY

Mailing Address 1201 N WARREN AVE

City

OKLAHOMA CITY

State

OK

Zip Code

73107

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: INC.A.698

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

MS LANORA ILENE D MAXON

Mailing Address 334 W BETHANY HOME RD

City

PHOENIX

State

AZ

Zip Code

85013

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: INC.A.669

Amount of Each Receipt this Period

100.00

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

300.00

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

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

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 34 / 289

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MR CHARLES R NADASY

Mailing Address 14718 BARCLAY AVE APT 2A

City

FLUSHING

State

NY

Zip Code

11355

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TISHMAN SPEYER ROCK CENTER

Occupation

RETIRED CLEANER/M. DEGREE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: INC.A.741

Amount of Each Receipt this Period

15.00

**B.**

Full Name (Last, First, Middle Initial)

COL EDWIN S SCHICK, JR

Mailing Address 55056 COUNTRY CLUB DR

City

YUCCA VALLEY

State

CA

Zip Code

92284

FEC ID number of contributing  
federal political committee.

C

Name of Employer

U.S.M.C.

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: INC.A.436

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

MR ROBERT E STAIRS

Mailing Address 10443 TAM O SHANTER RD

City

PENSACOLA

State

FL

Zip Code

32514

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

MILITARY/HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: INC.A.638

Amount of Each Receipt this Period

100.00

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

215.00

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

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

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MR RONALD L TODD

Mailing Address 5081 HIGHCLIFF DR APT E11

City

NORTH LITTLE ROCK

State

AR

Zip Code

72116

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

862.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: INC.A.502

Amount of Each Receipt this Period

52.00

**B.**

Full Name (Last, First, Middle Initial)

MR HOWARD E VARNER

Mailing Address 222 VALHALLA DR

City

SOLVANG

State

CA

Zip Code

93463

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: INC.A.820

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

MS MITTIE MAE BOHR

Mailing Address 16078 STATE HIGHWAY 155 S

City

TYLER

State

TX

Zip Code

75703

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
BANKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 6 / 2 0 0 8

Transaction ID: INC.A.678

Amount of Each Receipt this Period

100.00

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

652.00

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MR OMER E BOWLUS

Mailing Address 3250 WALTON BLVD APT 203

City

ROCHESTER

State

MI

Zip Code

48309

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CHRYSLER CORP.

Occupation

RETIRED ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: INC.A.592

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

MR EUGENE N BRICE

Mailing Address 2896 COUNTRY CLUB PLZ

City

BULLHEAD CITY

State

AZ

Zip Code

86442

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: INC.A.827

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

MS JENNIE K DACY

Mailing Address PO BOX 1221

City

BETHEL

State

AK

Zip Code

99559

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

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

Transaction ID: INC.A.461

Amount of Each Receipt this Period

20.00

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

220.00

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

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

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)  
MR BABE S DODGE

Mailing Address 9631 BEVERLY RD  
PO BOX 271

City State Zip Code  
SAINT ELMO AL 36568

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: INC.A.777

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)  
MR WAYNE W HOGUE

Mailing Address 1120 BUDD AVE

City State Zip Code  
PROSSER WA 99350

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
RETIRED FARMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

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

Transaction ID: INC.A.359

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)  
MR ROBERT HROMADNIK

Mailing Address PO BOX 562

City State Zip Code  
OSAWATOMIE KS 66064

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
U.S. ARMY/PACIFIC MARATIME  
ASSN. OF S.

Occupation  
RETIRED MILITARY/I.L.W.U.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: INC.A.768

Amount of Each Receipt this Period

500.00

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

650.00

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

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

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 38 / 289

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MS ETAL L SHACKELFORD

Mailing Address 9125 AVONDALE RD

City

PARKVILLE

State

MD

Zip Code

21234

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
U.S. ARMY ENVIRONMENTAL  
AGENCY

Occupation

RETIRED ADMINISTRATIVE ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: INC.A.655

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

MRS BETTY J ALSON

Mailing Address 819 PARADISE LN

City

BROOKINGS

State

OR

Zip Code

97415

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
US ARMY/FORT RICHARDSON,  
AL

Occupation

RETIRED BUDGET OFFICER/HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: INC.A.480

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

MRS ETHEL G BONNER

Mailing Address 1224 VILLAGE CREEK LN APT P4

City

MOUNT PLEASANT

State

SC

Zip Code

29464

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: INC.A.634

Amount of Each Receipt this Period

500.00

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

1200.00

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

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

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 39 / 289

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MRS EILEEN KELLEY

Mailing Address 1201 N WARREN AVE

City

OKLAHOMA CITY

State

OK

Zip Code

73107

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

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

Transaction ID: INC.A.700

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

ray larsen

Mailing Address 461 from rd suite 100

City

paramus

State

NJ

Zip Code

07652

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
rl international

Occupation  
sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: INC.A.2081

Amount of Each Receipt this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)

MRS BEVERLY J RAZOOK

Mailing Address 5150 E COPA DE ORO DR

City

ANAHEIM

State

CA

Zip Code

92807

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF EMPLOYED

Occupation  
RETIRED PROPERTY MANAGER/HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: INC.A.421

Amount of Each Receipt this Period

500.00

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

5600.00

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MR HARRY W SHADE

Mailing Address 11701 W 21ST PL

City

LAKEWOOD

State

CO

Zip Code

80215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

205.00

Date of Receipt

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

Transaction ID: INC.A.658

Amount of Each Receipt this Period

35.00

**B.**

Full Name (Last, First, Middle Initial)

Kenneth Worsham

Mailing Address 8054 Clanfield Way

City

Sacramento

State

CA

Zip Code

95829

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

President

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: INC.A.3270

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

DR DONALD E BISSING

Mailing Address 18153 W 157TH ST

City

OLATHE

State

KS

Zip Code

66062

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: INC.A.627

Amount of Each Receipt this Period

200.00

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

485.00

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



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

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

Jere Crook

Mailing Address 50 East 89th Street #15A

City

New York

State

NY

Zip Code

10128

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Educator/Writer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: INC.A.1291

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

MR DICK A ENGEL

Mailing Address 897 SAVAGE CREEK RD

City

GRANTS PASS

State

OR

Zip Code

97527

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: INC.A.346

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Steven Hargis

Mailing Address PO Box 1407

City

Hereford

State

TX

Zip Code

79045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Aramco

Occupation

Engineer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

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

Transaction ID: INC.A.1737

Amount of Each Receipt this Period

500.00

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

1600.00

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

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

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

FOR LINE NUMBER: PAGE 42 / 289

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MS ALICE K HAYES

Mailing Address 4014 QUAIL RIDGE DR N APT A

City

BOYNTON BEACH

State

FL

Zip Code

33436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

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

Transaction ID: INC.A.581

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

craig johnson

Mailing Address 9911 e. reflecting mtn way

City

scottsdale

State

AZ

Zip Code

85262

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ubs

Occupation  
financial advisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: INC.A.1938

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Jerry Lindley

Mailing Address 5008 So. 108th St.

City

Omaha

State

NE

Zip Code

68137

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Red D Cash Inc.

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: INC.A.2134

Amount of Each Receipt this Period

100.00

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

1600.00

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

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

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

FOR LINE NUMBER: PAGE 43 / 289

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MS IRMA M LOVELACE

Mailing Address 7215 HARTLAND ST

City

HOUSTON

State

TX

Zip Code

77055

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
STONE MARKET INTERNATIONAL/  
SELF-EMPLOY

Occupation

NATURAL STONE & CERAMICS IMPORTER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: INC.A.475

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Eugene Olsowka

Mailing Address 3530 Stamford Way H3

City

Saginaw

State

MI

Zip Code

48603

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Covenant Pathology Associates

Occupation

Pathologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: INC.A.2482

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mark Palmer

Mailing Address 3433 E. Kentucky Ave.

City

Denver

State

CO

Zip Code

80209

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Geologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: INC.A.2506

Amount of Each Receipt this Period

250.00

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

1000.00

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

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

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

FOR LINE NUMBER: PAGE 44 / 289

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

Larry Rigdon

Mailing Address 914 Main Street Suite 1805

City

Houston

State

TX

Zip Code

77002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rigdon Marine Corporation

Occupation

Chairman and CEO

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: INC.A.2672

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

MR CHRISTOPHER R P RODGERS

Mailing Address 555 PALM WAY

City

DELRAY BEACH

State

FL

Zip Code

33483

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: INC.A.251

Amount of Each Receipt this Period

2000.00

**C.**

Full Name (Last, First, Middle Initial)

Raymond Salzman

Mailing Address 11151 Rawhide Rd.

City

Lusby

State

MD

Zip Code

20657

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: INC.A.2738

Amount of Each Receipt this Period

100.00

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

2350.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 289

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

John J Stevens

Mailing Address 2370G Hillcrest rd PMB#104

City

State

Zip Code

Mobile

AL

36695

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
US Navy (retired)Occupation  
retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: INC.A.2947

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Brad Walton

Mailing Address 309 Oxford Road

City

State

Zip Code

Des Plaines

IL

60016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Signature Advisors GroupOccupation  
Accountant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: INC.A.3154

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

MR FRANK A BARNES

Mailing Address 706 CHERT LN

City

State

Zip Code

BECKLEY

WV

25801

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: INC.A.282

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional) .....

600.00

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

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

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

FOR LINE NUMBER: PAGE 46 / 289

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MS MITTIE MAE BOHR

Mailing Address 16078 STATE HIGHWAY 155 S

City

TYLER

State

TX

Zip Code

75703

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
BANKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: INC.A.679

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

MRS SALLY A GOINGS

Mailing Address 75 CALLE ARAGON UNIT F

City

LAGUNA WOODS

State

CA

Zip Code

92637

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LWV

Occupation  
RETIRED AMBASSADOR FOR SECURITY/HOMEMA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: INC.A.456

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

jeremy heisler

Mailing Address 5007 11th avenue

City

brooklyn

State

NY

Zip Code

11219

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
sanford wittels&heislerllp

Occupation  
attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: INC.A.1784

Amount of Each Receipt this Period

1000.00

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

1150.00

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

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

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

FOR LINE NUMBER: PAGE 47 / 289

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

Randy Moore

Mailing Address 3452 Palmer Highway PMB 329

City

Texas City

State

TX

Zip Code

77590

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Saudi Aramco

Occupation

Sr. Industrial Skills Trainer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: INC.A.2368

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

frank pringle

Mailing Address 160 dolphin cove quay

City

stamford

State

CT

Zip Code

06902

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
retired

Occupation

retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: INC.A.2603

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Leah Schatzki

Mailing Address 4 Larch Lane

City

Moraga

State

CA

Zip Code

94556

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Chevron

Occupation

billing analyst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

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

Transaction ID: INC.A.2763

Amount of Each Receipt this Period

50.00

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

1300.00

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

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

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

FOR LINE NUMBER: PAGE 48 / 289

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MRS ANN H BACHMEYER

Mailing Address 5330 EAGLESVIEW CT

City

CINCINNATI

State

OH

Zip Code

45230

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 5 / 2 0 0 8

Transaction ID: INC.A.690

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

MR ANTHONY B WOODSELL

Mailing Address 85 S ATLANTIC AVE APT 304

City

COCOA BEACH

State

FL

Zip Code

32931

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CENSUS BUREAU

Occupation

RETIRED COMPUTER PROGRAMMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 5 / 2 0 0 8

Transaction ID: INC.A.571

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Kevin Wozniak

Mailing Address 3702 E Oakwood Rd

City

Oak Creek

State

WI

Zip Code

53154

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Self Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 5 / 2 0 0 8

Transaction ID: INC.A.3273

Amount of Each Receipt this Period

250.00

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

450.00

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



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

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

FOR LINE NUMBER: PAGE 49 / 289

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

Steven Auvil

Mailing Address 6247 Sauterne Drive

City

Macungie

State

PA

Zip Code

18062

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Air Products and Chemicals

Occupation

Chemical Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

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

Transaction ID: INC.A.952

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Theresa Bessey

Mailing Address 310 Patten Rd

City

New Bern

State

NC

Zip Code

28560

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation

boat maintenance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: INC.A.1035

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Stephen Carpenter

Mailing Address 2300 Pimmit Drive # 411

City

Falls Church

State

VA

Zip Code

22043

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: INC.A.1173

Amount of Each Receipt this Period

100.00

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

550.00

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

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

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

FOR LINE NUMBER: PAGE 50 / 289

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MRS JANE A ERICSON

Mailing Address 2222 CHAMBERS LAKE LN SE

City

LACEY

State

WA

Zip Code

98503

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

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

Transaction ID: INC.A.544

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MRS MARTHA P GIESE

Mailing Address 20 FRAMINGHAM LN

City

PITTSFORD

State

NY

Zip Code

14534

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: INC.A.575

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

MR WILLIAM W HODGE

Mailing Address 8509 MANOR AVE APT B

City

MUNSTER

State

IN

Zip Code

46321

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: INC.A.530

Amount of Each Receipt this Period

500.00

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

625.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 / 289

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

Jerry Lindley

Mailing Address 5008 So. 108th St.

City

Omaha

State

NE

Zip Code

68137

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Red D Cash Inc.Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: INC.A.2135

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Lara Lynn

Mailing Address 13505 Blythefield Terr

City

Bradenton

State

FL

Zip Code

34202

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
not employedOccupation  
n/a

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: INC.A.2178

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

MS LUCILLE B MAJOR

Mailing Address 1854 MEADOWGRASS DR APT 5

City

CORDOVA

State

TN

Zip Code

38016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
SCHOOL TEACHER/HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

535.00

Date of Receipt

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

Transaction ID: INC.A.490

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

1100.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 / 289

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

James mcmanus

Mailing Address 88 chestnut st

City

weston

State

MA

Zip Code

02493

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

comm. real estate

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

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

Transaction ID: INC.A.2291

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Stephen Odrobina

Mailing Address 4537 Moonlake Ridge Dr.

City

Corpus Christi

State

TX

Zip Code

78413

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
retired

Occupation

na

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: INC.A.2473

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Howard Rambin

Mailing Address 1455 West Loop South Suite 700

City

Houston

State

TX

Zip Code

77027

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Moody Rambin Interests

Occupation

CEO

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: INC.A.2616

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional) .....

1200.00

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

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

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

FOR LINE NUMBER: PAGE 53 / 289

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

c stewart ritchie

Mailing Address 1064 creek drive

City

menlo park

State

CA

Zip Code

94025

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
guckenheimer ent. inc.

Occupation  
ceo

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: INC.A.2680

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

John Soldo

Mailing Address 4556 S Hudson Place

City

Chandler

State

AZ

Zip Code

85249

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Colliers International

Occupation  
RE Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: INC.A.2904

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

MR DONALD E AUSTIN

Mailing Address 819 COUNTY ROAD 28

City

SOUTH NEW BERLIN

State

NY

Zip Code

13843

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENERAL MOTORS CORP/SELF-  
EMPLOYED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 9 / 2 0 0 8

Transaction ID: INC.A.392

Amount of Each Receipt this Period

20.00

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

370.00

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

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

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

FOR LINE NUMBER: PAGE 54 / 289

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MRS JEAN B CANAIY

Mailing Address 2688 ELDORADO SPRINGS DR

City

LOVELAND

State

CO

Zip Code

80538

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

590.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 9 / 2 0 0 8

Transaction ID: INC.A.603

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MRS NORMA GARDNER

Mailing Address PO BOX 248

City

BIOLA

State

CA

Zip Code

93606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 9 / 2 0 0 8

Transaction ID: INC.A.427

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

MR D ALLAN GAVAN

Mailing Address PO BOX 971

City

CENTER HARBOR

State

NH

Zip Code

3226

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 9 / 2 0 0 8

Transaction ID: INC.A.803

Amount of Each Receipt this Period

100.00

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

225.00

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

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

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

FOR LINE NUMBER: PAGE 55 / 289

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MRS SALLY A GOINGS

Mailing Address 75 CALLE ARAGON UNIT F

City

LAGUNA WOODS

State

CA

Zip Code

92637

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LWV

Occupation

RETIRED AMBASSADOR FOR SECURITY/HOMEMA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 9 / 2 0 0 8

Transaction ID: INC.A.457

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MRS JANET R HOLDMAN

Mailing Address PO BOX 2008

City

MINDEN

State

NV

Zip Code

89423

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 9 / 2 0 0 8

Transaction ID: INC.A.811

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

MS SHIRLEY S KLEIN

Mailing Address 2101 ROCK SPRING RD

City

FOREST HILL

State

MD

Zip Code

21050

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

RETIRED MERCHANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 9 / 2 0 0 8

Transaction ID: INC.A.499

Amount of Each Receipt this Period

500.00

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

650.00

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

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

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

FOR LINE NUMBER: PAGE 56 / 289

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MR EDWARD M PENICK

Mailing Address 14300 CHENAL PKWY APT 7009

City

LITTLE ROCK

State

AR

Zip Code

72211

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

RETIRED BANKER/ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 9 / 2 0 0 8

Transaction ID: INC.A.443

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

MR ROBERT F RAYMOND

Mailing Address 10 SADDLEBACK RD

City

GALENA

State

IL

Zip Code

61036

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MGT SERVICES, INC.

Occupation

RETIRED EXECUTIVE CHEMICAL ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 9 / 2 0 0 8

Transaction ID: INC.A.418

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

MS CORINNE N ASTIN

Mailing Address 604 E GREENWOOD ST

City

SPRINGFIELD

State

MO

Zip Code

65807

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

HOSPICE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2205.00

Date of Receipt

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

Transaction ID: INC.A.222

Amount of Each Receipt this Period

2000.00

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

2200.00

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



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

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

FOR LINE NUMBER: PAGE 57 / 289

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MRS SUZANNE GOTTLIEB

Mailing Address 617 N MAPLE DR

City

BEVERLY HILLS

State

CA

Zip Code

90210

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

REAL ESTATE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

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

Transaction ID: INC.A.755

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

MRS LAURA S HILLS

Mailing Address 820 LOCUST ST

City

MANISTEE

State

MI

Zip Code

49660

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.00

Date of Receipt

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

Transaction ID: INC.A.496

Amount of Each Receipt this Period

35.00

**C.**

Full Name (Last, First, Middle Initial)

MARGERY L KEIDEL

Mailing Address 27765 CALLE VALDES

City

MISSION VIEJO

State

CA

Zip Code

92692

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

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

Transaction ID: INC.A.510

Amount of Each Receipt this Period

50.00

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

1085.00

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

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

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

FOR LINE NUMBER: PAGE 58 / 289

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MR KENNETH P SHERRILL

Mailing Address PO BOX 358

City

ARNETT

State

OK

Zip Code

73832

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

RETIRED FARMER/RANCHER

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: INC.A.662

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

MR EARL M SIMMONS, JR

Mailing Address 1616 S PERRY ST

City

MONTGOMERY

State

AL

Zip Code

36104

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DR

Occupation

HOMEMAKER

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: INC.A.641

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

John Soldo

Mailing Address 4556 S Hudson Place

City

Chandler

State

AZ

Zip Code

85249

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Colliers International

Occupation

RE Sales

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: INC.A.2905

Amount of Each Receipt this Period

100.00

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

400.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 / 289

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MR LOYL R THOMAS

Mailing Address 9172 JULIE BETH ST

City

CYPRESS

State

CA

Zip Code

90630

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: INC.A.382

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

MR WAYNE W HOGUE

Mailing Address 1120 BUDD AVE

City

PROSSER

State

WA

Zip Code

99350

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
RETIRED FARMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	1		2	0	0	8

Transaction ID: INC.A.360

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MR ROBERT P KIMBALL

Mailing Address 1861 WEALTHY ST SE

City

GRAND RAPIDS

State

MI

Zip Code

49506

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	1		2	0	0	8

Transaction ID: INC.A.829

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional) .....

250.00

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

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

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

FOR LINE NUMBER: PAGE 60 / 289

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MR Z K STRZALKOWSKI

Mailing Address 6 DANDELION DR

City

BOILING SPRINGS

State

PA

Zip Code

17007

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
U.S.N.

Occupation

RETIRED CONTRACT SPECIALIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 1 / 2 0 0 8

Transaction ID: INC.A.249

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Leah Schatzki

Mailing Address 4 Larch Lane

City

Moraga

State

CA

Zip Code

94556

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Chevron

Occupation

billing analyst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

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

Transaction ID: INC.A.2764

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MRS ANN H BACHMEYER

Mailing Address 5330 EAGLESVIEW CT

City

CINCINNATI

State

OH

Zip Code

45230

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: INC.A.691

Amount of Each Receipt this Period

100.00

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

650.00

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

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

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

FOR LINE NUMBER: PAGE 61 / 289

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

COL PAUL D COPHER, RET

Mailing Address 9032 E 33RD PL

City

TUCSON

State

AZ

Zip Code

85710

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AIR FORCE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: INC.A.816

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

MRS SHIRLEY E GRIFFITHS

Mailing Address 2216 GRAFFIUS AVENUE EXT

City

PUNXSUTAWNEY

State

PA

Zip Code

15767

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

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

Transaction ID: INC.A.720

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

MR JOHN A HAMBLETON

Mailing Address 9420 NW 125TH AVE

City

OCALA

State

FL

Zip Code

34482

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: INC.A.753

Amount of Each Receipt this Period

1000.00

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

1200.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 62 / 289

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MR EDWIN L JONES, JR

Mailing Address 7035 MARCHING DUCK DR  
VILLA E 406City State Zip Code  
CHARLOTTE NC 28210FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: INC.A.326

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

James mcmanus

Mailing Address 88 chestnut st

City State Zip Code  
weston MA 02493FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfOccupation  
comm. real estate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

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

Transaction ID: INC.A.2292

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

MR &amp; MRS WALTER L NELSON

Mailing Address 32820 20TH AVE S UNIT 14

City State Zip Code  
FEDERAL WAY WA 98003FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

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

Transaction ID: INC.A.832

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional) .....

900.00

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

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

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

Stephen Odrobina

Mailing Address 4537 Moonlake Ridge Dr.

City

Corpus Christi

State

TX

Zip Code

78413

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
retired

Occupation  
na

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: INC.A.2474

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

MS ROBERTA PAGE

Mailing Address 902 VINE ST

City

KELSO

State

WA

Zip Code

98626

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

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

Transaction ID: INC.A.674

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

MR JOHN G PENSON

Mailing Address 1201 ELM ST STE 4240

City

DALLAS

State

TX

Zip Code

75270

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PENSON PROPERTIES INC

Occupation  
RETIRED INVESTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: INC.A.241

Amount of Each Receipt this Period

1000.00

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

1200.00

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

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

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

Howard Rambin

Mailing Address 1455 West Loop South Suite 700

City State Zip Code  
Houston TX 77027

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Moody Rambin Interests

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: INC.A.2617

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

MS ANNE D REED

Mailing Address 8580 WOODWAY DR  
APT 2219

City State Zip Code  
HOUSTON TX 77024

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: INC.A.425

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

MS LOUISE K WINKLES

Mailing Address 135 LAURELWOOD DR

City State Zip Code  
TYRONE GA 30290

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: INC.A.772

Amount of Each Receipt this Period

100.00

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

700.00

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



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

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MRS ANNI C DERNER

Mailing Address 1000 TOWN CENTER DR # 3100

City

KLAMATH FALLS

State

OR

Zip Code

97601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 6 / 2 0 0 8

Transaction ID: INC.A.650

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

MRS CORNELIA M HUNT

Mailing Address 3012 DULWICH DR

City

RICHMOND

State

VA

Zip Code

23234

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 6 / 2 0 0 8

Transaction ID: INC.A.364

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MS BESSIE MULLEN

Mailing Address 24130 FRIAR ST

City

WOODLAND HILLS

State

CA

Zip Code

91367

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 6 / 2 0 0 8

Transaction ID: INC.A.797

Amount of Each Receipt this Period

50.00

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

200.00

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MRS GRACE ALDRICH ANDERSEN

Mailing Address PO BOX 19426

City

JACKSONVILLE

State

FL

Zip Code

32245

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 7 / 2 0 0 8

Transaction ID: INC.A.243

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

MS MARCELLA T ARENA

Mailing Address 16242 HAWAII LN

City

HUNTINGTON BEACH

State

CA

Zip Code

92649

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 7 / 2 0 0 8

Transaction ID: INC.A.714

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

MR DONALD W BUCHTA

Mailing Address 848 BAYVIEW RD

City

NEENAH

State

WI

Zip Code

54956

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 7 / 2 0 0 8

Transaction ID: INC.A.314

Amount of Each Receipt this Period

100.00

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

700.00

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

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

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)  
MR COLEMAN DONALDSON

Mailing Address 955 HARPERSVILLE RD  
APT. 1066

City State Zip Code  
NEWPORT NEWS VA 23601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 7 / 2 0 0 8

Transaction ID: INC.A.453

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)  
MR EVETTS HALEY, JR

Mailing Address PO BOX 2515

City State Zip Code  
MIDLAND TX 79702

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
RETIRED CATTLE RAISER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 7 / 2 0 0 8

Transaction ID: INC.A.285

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)  
MRS PHYLLIS A HAMILTON

Mailing Address 2540 GREENBERRY DR

City State Zip Code  
FLORISSANT MO 63033

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
SECRETARY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 7 / 2 0 0 8

Transaction ID: INC.A.269

Amount of Each Receipt this Period

100.00

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

1200.00

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

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

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

DR JOHN W HENDERSON

Mailing Address 4001 GLACIER HILLS DR  
UNIT 327

City State Zip Code  
ANN ARBOR MI 48105

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 7 / 2 0 0 8

Transaction ID: INC.A.377

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

MRS SUZANNE H JACKSON

Mailing Address 1380 WALNUT GROVE LN N

City State Zip Code  
MINNEAPOLIS MN 55447

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 7 / 2 0 0 8

Transaction ID: INC.A.818

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

MRS EILEEN KELLEY

Mailing Address 1201 N WARREN AVE

City State Zip Code  
OKLAHOMA CITY OK 73107

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 7 / 2 0 0 8

Transaction ID: INC.A.701

Amount of Each Receipt this Period

100.00

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

1200.00

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

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 69 / 289

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MS LANORA ILENE D MAXON

Mailing Address 334 W BETHANY HOME RD

City

PHOENIX

State

AZ

Zip Code

85013

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 7 / 2 0 0 8

Transaction ID: INC.A.670

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

MR CHARLES R NADASY

Mailing Address 14718 BARCLAY AVE APT 2A

City

FLUSHING

State

NY

Zip Code

11355

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TISHMAN SPEYER ROCK CENTER

Occupation

RETIRED CLEANER/M. DEGREE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 7 / 2 0 0 8

Transaction ID: INC.A.742

Amount of Each Receipt this Period

15.00

**C.**

Full Name (Last, First, Middle Initial)

MR JENS T PEDERSON

Mailing Address 204 RAILROAD AVE W APT 109

City

ONAMIA

State

MN

Zip Code

56359

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 7 / 2 0 0 8

Transaction ID: INC.A.711

Amount of Each Receipt this Period

100.00

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

215.00

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

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

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MR WILLIAM E POWERS

Mailing Address 242 E BROMLEY ST

City

TUCSON

State

AZ

Zip Code

85704

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
U.S BORDER PATROL

Occupation

RETIRED FACILITIES MAINTENANCE FORMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 7 / 2 0 0 8

Transaction ID: INC.A.357

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

MR JACK C ROSENAU

Mailing Address 1177 OLD FORT DR

City

TALLAHASSEE

State

FL

Zip Code

32301

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

GEOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 7 / 2 0 0 8

Transaction ID: INC.A.256

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

RADM KENNETH C WALLACE, RET

Mailing Address 1380 GLEN CANNON DR

City

PISGAH FOREST

State

NC

Zip Code

28768

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
USN/SELF EMPLOYED

Occupation

RETIRED/HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 7 / 2 0 0 8

Transaction ID: INC.A.236

Amount of Each Receipt this Period

100.00

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

400.00

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

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

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

FOR LINE NUMBER: PAGE 71 / 289

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)  
MS SYLVIA J WINDER

Mailing Address 3009 19TH ST

City State Zip Code  
LUBBOCK TX 79410

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
RETIRED/INVESTMENTS/FARMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 7 / 2 0 0 8

Transaction ID: INC.A.466

Amount of Each Receipt this Period

100.00

**B.**

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

Mailing Address 1400 ENTERPRISE DR APT N330

City State Zip Code  
LYNCHBURG VA 24502

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
FAIRFAX COUNTY SCHOOL BOA-  
RD

Occupation  
RETIRED TEACHER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 7 / 2 0 0 8

Transaction ID: INC.A.354

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)  
MRS MAGDALENE B GORING

Mailing Address 224 GARDENVIEW DR

City State Zip Code  
SAN ANTONIO TX 78213

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

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

Transaction ID: INC.A.415

Amount of Each Receipt this Period

100.00

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

300.00

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

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

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

FOR LINE NUMBER: PAGE 72 / 289

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

CAPT JOHN E HOCH, JR

Mailing Address 1833 COVE POINT RD

City

ANNAPOLIS

State

MD

Zip Code

21401

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
U.S.N.

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

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

Transaction ID: INC.A.593

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

MRS SHIRLEY A REDMAN

Mailing Address 19 LAKE LORRAINE CIR

City

SHALIMAR

State

FL

Zip Code

32579

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: INC.A.532

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

MR HALL M ROBERTS

Mailing Address PO BOX 10

City

POSTVILLE

State

IA

Zip Code

52162

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: INC.A.760

Amount of Each Receipt this Period

200.00

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

800.00

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



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 73 / 289

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MS CORINNE N ASTIN

Mailing Address 604 E GREENWOOD ST

City

SPRINGFIELD

State

MO

Zip Code

65807

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
HOSPICE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2205.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	9		2	0	0	8

Transaction ID: INC.A.223

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

MRS MARTHA P GIESE

Mailing Address 20 FRAMINGHAM LN

City

PITTSFORD

State

NY

Zip Code

14534

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	9		2	0	0	8

Transaction ID: INC.A.576

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

DR RODNEY B HURL

Mailing Address 381 HICKORY DR

City

MARYSVILLE

State

OH

Zip Code

43040

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
FAMILY M.D.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	9		2	0	0	8

Transaction ID: INC.A.333

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional) .....

220.00

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

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

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

FOR LINE NUMBER: PAGE 74 / 289

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MR THEODORE W MORRIS

Mailing Address 1450 N WASHINGTON BLVD  
 TRLR 101

City State Zip Code  
 OGDEN UT 84404

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 RETIRED

Occupation  
 HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 0 9 / 2 0 0 8

Transaction ID: INC.A.522

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

MR WILBUR C NIELSEN

Mailing Address 513 5TH AVE NE # 391

City State Zip Code  
 INDEPENDENCE IA 50644

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 WAPSIE VALLEY, INC.

Occupation  
 VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 0 9 / 2 0 0 8

Transaction ID: INC.A.294

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Leah Schatzki

Mailing Address 4 Larch Lane

City State Zip Code  
 Moraga CA 94556

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Chevron

Occupation  
 billing analyst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 0 9 / 2 0 0 8

Transaction ID: INC.A.2765

Amount of Each Receipt this Period

35.00

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

235.00

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

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

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

FOR LINE NUMBER: PAGE 75 / 289

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MS CORINNE N ASTIN

Mailing Address 604 E GREENWOOD ST

City

SPRINGFIELD

State

MO

Zip Code

65807

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
HOSPICE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2205.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 2 / 2 0 0 8

Transaction ID: INC.A.224

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR DONALD E AUSTIN

Mailing Address 819 COUNTY ROAD 28

City

SOUTH NEW BERLIN

State

NY

Zip Code

13843

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENERAL MOTORS CORP/SELF-  
EMPLOYED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 2 / 2 0 0 8

Transaction ID: INC.A.393

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

MS MITTIE MAE BOHR

Mailing Address 16078 STATE HIGHWAY 155 S

City

TYLER

State

TX

Zip Code

75703

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
BANKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 3 / 2 0 0 8

Transaction ID: INC.A.680

Amount of Each Receipt this Period

100.00

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

135.00

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

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

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

FOR LINE NUMBER: PAGE 76 / 289

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MR JOHN J FUSCO, ESQ

Mailing Address 47 STONELEIGH RD

City

SCARSDALE

State

NY

Zip Code

10583

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 3 / 2 0 0 8

Transaction ID: INC.A.815

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

DR JOHN W HENDERSON

Mailing Address 4001 GLACIER HILLS DR  
UNIT 327

City

ANN ARBOR

State

MI

Zip Code

48105

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 3 / 2 0 0 8

Transaction ID: INC.A.378

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MS MARY C NELSON

Mailing Address 175 MATAWAN AVE

City

MATAWAN

State

NJ

Zip Code

7747

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FEDERAL GOVERNMENT/DEFENSE  
DEPT/USPS

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 3 / 2 0 0 8

Transaction ID: INC.A.622

Amount of Each Receipt this Period

20.00

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

320.00

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

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

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

FOR LINE NUMBER: PAGE 77 / 289

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MS ROSE C RUSSO

Mailing Address 6330 SPRINGMEYER DR

City

CINCINNATI

State

OH

Zip Code

45248

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 3 / 2 0 0 8

Transaction ID: INC.A.728

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

MR RONALD L TODD

Mailing Address 5081 HIGHCLIFF DR APT E11

City

NORTH LITTLE ROCK

State

AR

Zip Code

72116

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

862.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 3 / 2 0 0 8

Transaction ID: INC.A.503

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

MR HENLEY P WOODS, SR

Mailing Address PO BOX 80939

City

SIMPSONVILLE

State

SC

Zip Code

29680

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PFIZER, INC.

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 3 / 2 0 0 8

Transaction ID: INC.A.631

Amount of Each Receipt this Period

100.00

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

210.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 78 / 289

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MR DONALD E AUSTIN

Mailing Address 819 COUNTY ROAD 28

City

SOUTH NEW BERLIN

State

NY

Zip Code

13843

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENERAL MOTORS CORP/SELF-  
EMPLOYED

Occupation

RETIRED

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	4		2	0	0	8

Transaction ID: INC.A.394

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

MR LE ROY BACKBERG

Mailing Address 2540 COUNTY ROAD 120 NE

City

ALEXANDRIA

State

MN

Zip Code

56308

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

RETIRED

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	4		2	0	0	8

Transaction ID: INC.A.644

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

MR GIUSEPPE DI DOMENICO

Mailing Address 18 PINE ST APT 3

City

HAMDEN

State

CT

Zip Code

6514

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

HOMEMAKER

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	4		2	0	0	8

Transaction ID: INC.A.737

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional) .....

130.00

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

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

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

FOR LINE NUMBER: PAGE 79 / 289

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)  
MS GLADYS G FREY

Mailing Address 633 ADMIRAL DR APT 9205

City State Zip Code  
ANNAPOLIS MD 21401

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 4 / 2 0 0 8

Transaction ID: INC.A.349

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)  
MR CHARLES R NADASY

Mailing Address 14718 BARCLAY AVE APT 2A

City State Zip Code  
FLUSHING NY 11355

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
TISHMAN SPEYER ROCK CENTER

Occupation  
RETIRED CLEANER/M. DEGREE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 4 / 2 0 0 8

Transaction ID: INC.A.743

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)  
MR RAY G NERPEL

Mailing Address PO BOX 817

City State Zip Code  
SEGUIN TX 78156

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
BUSINESS CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 4 / 2 0 0 8

Transaction ID: INC.A.750

Amount of Each Receipt this Period

100.00

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

225.00

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

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

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

FOR LINE NUMBER: PAGE 80 / 289

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MR HARRY W SHADE

Mailing Address 11701 W 21ST PL

City

LAKEWOOD

State

CO

Zip Code

80215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 4 / 2 0 0 8

Transaction ID: INC.A.659

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MS PEGGY L SHOEMAKE

Mailing Address 818 ROSEWOOD DR

City

LEBANON

State

MO

Zip Code

65536

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 4 / 2 0 0 8

Transaction ID: INC.A.618

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

MR HENLEY P WOODS, SR

Mailing Address PO BOX 80939

City

SIMPSONVILLE

State

SC

Zip Code

29680

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PFIZER, INC.

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 4 / 2 0 0 8

Transaction ID: INC.A.632

Amount of Each Receipt this Period

15.00

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

165.00

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



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

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

FOR LINE NUMBER: PAGE 81 / 289

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MR DONALD E AUSTIN

Mailing Address 819 COUNTY ROAD 28

City

SOUTH NEW BERLIN

State

NY

Zip Code

13843

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENERAL MOTORS CORP/SELF-  
EMPLOYED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 5 / 2 0 0 8

Transaction ID: INC.A.395

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

MR DONALD E AUSTIN

Mailing Address 819 COUNTY ROAD 28

City

SOUTH NEW BERLIN

State

NY

Zip Code

13843

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENERAL MOTORS CORP/SELF-  
EMPLOYED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 5 / 2 0 0 8

Transaction ID: INC.A.396

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

MR RAYMOND L BEDARD

Mailing Address 212 LOWELL ST

City

METHUEN

State

MA

Zip Code

1844

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 5 / 2 0 0 8

Transaction ID: INC.A.345

Amount of Each Receipt this Period

500.00

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

530.00

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

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

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

FOR LINE NUMBER: PAGE 82 / 289

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MRS JEAN B CANAIY

Mailing Address 2688 ELDORADO SPRINGS DR

City

LOVELAND

State

CO

Zip Code

80538

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

590.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 5 / 2 0 0 8

Transaction ID: INC.A.604

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

MRS JEAN B CANAIY

Mailing Address 2688 ELDORADO SPRINGS DR

City

LOVELAND

State

CO

Zip Code

80538

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

590.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 5 / 2 0 0 8

Transaction ID: INC.A.605

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR WILLIAM E GUY, JR

Mailing Address 990 E DEL MAR BLVD # 101

City

PASADENA

State

CA

Zip Code

91106

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 5 / 2 0 0 8

Transaction ID: INC.A.596

Amount of Each Receipt this Period

100.00

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

225.00

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

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

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

FOR LINE NUMBER: PAGE 83 / 289

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MRS FRANCES G HUNTER

Mailing Address PO BOX 65

City

RANCHO SANTA FE

State

CA

Zip Code

92067

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 5 / 2 0 0 8

Transaction ID: INC.A.239

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

MR BEN JOHNSON, III

Mailing Address PO BOX 632

City

MANSFIELD

State

LA

Zip Code

71052

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

OIL & GAS PRODUCTION

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 5 / 2 0 0 8

Transaction ID: INC.A.262

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

MS MARGARET M MOLONEY

Mailing Address 504 N RIVER RD APT C319

City

NAPERVILLE

State

IL

Zip Code

60563

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 5 / 2 0 0 8

Transaction ID: INC.A.823

Amount of Each Receipt this Period

100.00

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

1600.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 84 / 289

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MS NANCY W QUINN

Mailing Address 4340 PAHOA AVE APT 13C

City

HONOLULU

State

HI

Zip Code

96816

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	5		2	0	0	8

Transaction ID: INC.A.578

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

DR JAMES R REGAN

Mailing Address 3222 GREEN MEADOW DR

City

BETHLEHEM

State

PA

Zip Code

18017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	5		2	0	0	8

Transaction ID: INC.A.835

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

MR ROBERT SUNDERLAND

Mailing Address 953 PYRITE AVE

City

HENDERSON

State

NV

Zip Code

89011

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	5		2	0	0	8

Transaction ID: INC.A.518

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional) .....

700.00

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

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

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

FOR LINE NUMBER: PAGE 85 / 289

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MS MARY V THOMAS

Mailing Address 1090 WOODMERE RD

City

COLUMBUS

State

OH

Zip Code

43220

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 5 / 2 0 0 8

Transaction ID: INC.A.335

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

MS GLADYS A WEBER

Mailing Address 204 E SUSQUEHANNA AVE

City

TOWSON

State

MD

Zip Code

21286

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 5 / 2 0 0 8

Transaction ID: INC.A.558

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Steven Auvil

Mailing Address 6247 Sauterne Drive

City

Macungie

State

PA

Zip Code

18062

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Air Products and Chemicals

Occupation

Chemical Engineer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 6 / 2 0 0 8

Transaction ID: INC.A.953

Amount of Each Receipt this Period

150.00

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

350.00

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

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

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

FOR LINE NUMBER: PAGE 86 / 289

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MR AUBREY J BOURGEOIS

Mailing Address 10100 HILLVIEW DR APT 608

City

PENSACOLA

State

FL

Zip Code

32514

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 6 / 2 0 0 8

Transaction ID: INC.A.683

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

MRS JEAN B CANAIY

Mailing Address 2688 ELDORADO SPRINGS DR

City

LOVELAND

State

CO

Zip Code

80538

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

590.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 6 / 2 0 0 8

Transaction ID: INC.A.606

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

MRS JANET R HOLDMAN

Mailing Address PO BOX 2008

City

MINDEN

State

NV

Zip Code

89423

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 6 / 2 0 0 8

Transaction ID: INC.A.812

Amount of Each Receipt this Period

100.00

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

300.00

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

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

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

FOR LINE NUMBER: PAGE 87 / 289

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MR ROBERT E STAIRS

Mailing Address 10443 TAM O SHANTER RD

City

PENSACOLA

State

FL

Zip Code

32514

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

MILITARY/HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 6 / 2 0 0 8

Transaction ID: INC.A.639

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

MR SHERWIN H TERRY

Mailing Address 301 TIDEPOINTE WAY  
VILLA 3306

City

HILTON HEAD ISLAND

State

SC

Zip Code

29928

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 6 / 2 0 0 8

Transaction ID: INC.A.305

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

MS CAROLE WILLIAMS

Mailing Address 4063 BEAVER DAM RD

City

EAGAN

State

MN

Zip Code

55122

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 6 / 2 0 0 8

Transaction ID: INC.A.514

Amount of Each Receipt this Period

200.00

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

400.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 88 / 289

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

James Stewart

Mailing Address 6192 W Winstead PI

City

Boise

State

ID

Zip Code

83704

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dermatology ClinicOccupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	8		2	0	0	8

Transaction ID: INC.A.2950

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

MS CORINNE N ASTIN

Mailing Address 604 E GREENWOOD ST

City

SPRINGFIELD

State

MO

Zip Code

65807

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
HOSPICE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2205.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	9		2	0	0	8

Transaction ID: INC.A.225

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

frank benevento

Mailing Address 101 n. clematis

City

west palm

State

FL

Zip Code

33401

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
n/aOccupation  
investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	9		2	0	0	8

Transaction ID: INC.A.1017

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional) .....

1550.00

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



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 89 / 289

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MR WILLIAM R BROOKS

Mailing Address 4581 E HAYDEN LAKE RD

City

HAYDEN

State

ID

Zip Code

83835

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BROOKS SEAPLANE SERVOccupation  
PILOT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	9		2	0	0	8

Transaction ID: INC.A.372

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

MR DONALD W BUCHTA

Mailing Address 848 BAYVIEW RD

City

NEENAH

State

WI

Zip Code

54956

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	9		2	0	0	8

Transaction ID: INC.A.315

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

MRS JOYCE B DOHENY

Mailing Address 4383 ROYAL PL

City

HONOLULU

State

HI

Zip Code

96816

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	9		2	0	0	8

Transaction ID: INC.A.687

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

700.00

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

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

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

FOR LINE NUMBER: PAGE 90 / 289

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MR CHARLES E FAIRCHILD

Mailing Address 425 N PARK AVE

City

SHAWNEE

State

OK

Zip Code

74801

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 9 / 2 0 0 8

Transaction ID: INC.A.724

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

DR ALBERT C HEINLEIN

Mailing Address 1237 CHELTON DR

City

KENT

State

OH

Zip Code

44240

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KENT STATE UNIVERSITY

Occupation  
RETIRED PROFESSOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 9 / 2 0 0 8

Transaction ID: INC.A.776

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

MR JAMES KEELER

Mailing Address 7540 E CURTIS RD

City

FRANKENMUTH

State

MI

Zip Code

48734

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 9 / 2 0 0 8

Transaction ID: INC.A.836

Amount of Each Receipt this Period

1000.00

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

1300.00

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

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)  
MS MILDRED B LONG

Mailing Address 8467 GERMANTOWN RD

City State Zip Code  
OLIVE BRANCH MS 38654

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
J. STRICKLAND & CO.

Occupation  
OFFICE WORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 9 / 2 0 0 8

Transaction ID: INC.A.440

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)  
MS BESSIE MULLEN

Mailing Address 24130 FRIAR ST

City State Zip Code  
WOODLAND HILLS CA 91367

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 9 / 2 0 0 8

Transaction ID: INC.A.798

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)  
MR & MRS WALTER L NELSON

Mailing Address 32820 20TH AVE S UNIT 14

City State Zip Code  
FEDERAL WAY WA 98003

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 9 / 2 0 0 8

Transaction ID: INC.A.833

Amount of Each Receipt this Period

250.00

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

800.00

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

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

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MR HARRY H NEWTON

Mailing Address 10960 BATON ROUGE AVE

City

NORTHRIDGE

State

CA

Zip Code

91326

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED PROGRAM TRA-  
INER

Occupation

RETIRED BUSINESS CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 9 / 2 0 0 8

Transaction ID: INC.A.762

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

DR PETER PACKARD, MD

Mailing Address 720 SEABURY RD

City

BURLINGAME

State

CA

Zip Code

94010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

RETIRED PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 9 / 2 0 0 8

Transaction ID: INC.A.324

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

MS ROBERTA PAGE

Mailing Address 902 VINE ST

City

KELSO

State

WA

Zip Code

98626

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 9 / 2 0 0 8

Transaction ID: INC.A.675

Amount of Each Receipt this Period

10.00

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

610.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MS ELLEN C ROUTSON

Mailing Address 1401 HERMITS WAY W

City

THE DALLES

State

OR

Zip Code

97058

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

HOMEMAKER

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 9 / 2 0 0 8

Transaction ID: INC.A.280

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

MRS JEAN H SIMONDS

Mailing Address 55 STOCKBRIDGE ST

City

COHASSET

State

MA

Zip Code

2025

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

HOMEMAKER

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 9 / 2 0 0 8

Transaction ID: INC.A.290

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

MR THEODORE P AKINS

Mailing Address 194 GORDON AVE

City

WADSWORTH

State

OH

Zip Code

44281

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: INC.A.477

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional) .....

300.00

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

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

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

DR HARLAN N DOUGLAS

Mailing Address 221 LAMP LIGHTER LN

City

PONTE VEDRA BEACH

State

FL

Zip Code

32082

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: INC.A.341

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

MRS JEANEANE B DUNCAN

Mailing Address 306 SHADYWOOD RD

City

HOUSTON

State

TX

Zip Code

77057

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
INVESTOR/HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

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

Transaction ID: INC.A.271

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

MR DALE FREDRICKSON, JR

Mailing Address 1217 WILLOWOOD LN

City

GULF BREEZE

State

FL

Zip Code

32563

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: INC.A.763

Amount of Each Receipt this Period

50.00

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

1300.00

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

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

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MRS NORMA GARDNER

Mailing Address PO BOX 248

City

BIOLA

State

CA

Zip Code

93606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

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

Transaction ID: INC.A.428

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

MS ELLA M HELM

Mailing Address 3385 HALLMARK DR SE

City

MARIETTA

State

GA

Zip Code

30067

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: INC.A.555

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

MS MARGUERITE J HEPPLER

Mailing Address 140 FOWLER AVENUE EXT

City

MERIDEN

State

CT

Zip Code

6451

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: INC.A.786

Amount of Each Receipt this Period

50.00

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

250.00

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

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

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MS MARGUERITE J HEPPLER

Mailing Address 140 FOWLER AVENUE EXT

City

MERIDEN

State

CT

Zip Code

6451

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: INC.A.787

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

MRS LAURA S HILLS

Mailing Address 820 LOCUST ST

City

MANISTEE

State

MI

Zip Code

49660

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.00

Date of Receipt

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

Transaction ID: INC.A.497

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

MS MARY C NELSON

Mailing Address 175 MATAWAN AVE

City

MATAWAN

State

NJ

Zip Code

7747

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FEDERAL GOVERNMENT/DEFENSE  
DEPT/USPS

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

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

Transaction ID: INC.A.623

Amount of Each Receipt this Period

100.00

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

300.00

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



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

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MR JOHNNY W OWENS

Mailing Address 165 TEN CEDARS DR

City

TITUS

State

AL

Zip Code

36080

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
USAF

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: INC.A.599

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

MR JENS T PEDERSON

Mailing Address 204 RAILROAD AVE W APT 109

City

ONAMIA

State

MN

Zip Code

56359

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: INC.A.712

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

MR WOOD PHARES

Mailing Address 6559 OAKLAND HILLS DR

City

BRADENTON

State

FL

Zip Code

34202

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: INC.A.837

Amount of Each Receipt this Period

500.00

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

700.00

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

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

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MRS MARIAN F SCHOONMAKER

Mailing Address 5 GREENBRIAR CT

City

EAST ROCHESTER

State

NY

Zip Code

14445

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: INC.A.304

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

MRS MILDRED SHOWS

Mailing Address 279 BLACKWELL RD

City

MENDENHALL

State

MS

Zip Code

39114

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

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

Transaction ID: INC.A.717

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MRS JEAN H SIMONDS

Mailing Address 55 STOCKBRIDGE ST

City

COHASSET

State

MA

Zip Code

2025

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: INC.A.291

Amount of Each Receipt this Period

50.00

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

575.00

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

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

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MRS JOHN B STRASENBURGH

Mailing Address PO BOX 608

City

OCEAN VIEW

State

NJ

Zip Code

8230

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: INC.A.296

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

MR RONALD L TODD

Mailing Address 5081 HIGHCLIFF DR APT E11

City

NORTH LITTLE ROCK

State

AR

Zip Code

72116

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

862.00

Date of Receipt

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

Transaction ID: INC.A.504

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

MR ANTHONY B WODELL

Mailing Address 85 S ATLANTIC AVE APT 304

City

COCOA BEACH

State

FL

Zip Code

32931

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CENSUS BUREAU

Occupation

RETIRED COMPUTER PROGRAMMER

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: INC.A.573

Amount of Each Receipt this Period

100.00

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

300.00

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

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

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

FOR LINE NUMBER: PAGE 100 / 289

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MR ANTHONY B WOODSELL

Mailing Address 85 S ATLANTIC AVE APT 304

City

COCOA BEACH

State

FL

Zip Code

32931

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CENSUS BUREAU

Occupation

RETIRED COMPUTER PROGRAMMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: INC.A.572

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MS ORA LEE BURNETT

Mailing Address 9353 COUNTY ROAD 36

City

SULLIGENT

State

AL

Zip Code

35586

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 1 / 2 0 0 8

Transaction ID: INC.A.664

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

MR RAY BUTLER

Mailing Address 705 HI STIRRUP

City

HORSESHOE BAY

State

TX

Zip Code

78657

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 1 / 2 0 0 8

Transaction ID: INC.A.343

Amount of Each Receipt this Period

500.00

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

1050.00

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

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

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

FOR LINE NUMBER: PAGE 101 / 289

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MR JAMES P DOBBS

Mailing Address PO BOX 249

City

CROSSVILLE

State

IL

Zip Code

62827

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CENTRAL SUPPLY CO./SELF-E-  
MPLOYED

Occupation

RETIRED OIL FIELD SUPPLIES SALESMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 1 / 2 0 0 8

Transaction ID: INC.A.473

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

MISS PEARL GRABHAM

Mailing Address 418 W WALNUT ST

City

INDEPENDENCE

State

KS

Zip Code

67301

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNION GAS SYSTEM, INC.

Occupation

RETIRED SECRETARY TO CO. TREASURER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 1 / 2 0 0 8

Transaction ID: INC.A.568

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MISS PEARL GRABHAM

Mailing Address 418 W WALNUT ST

City

INDEPENDENCE

State

KS

Zip Code

67301

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNION GAS SYSTEM, INC.

Occupation

RETIRED SECRETARY TO CO. TREASURER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 1 / 2 0 0 8

Transaction ID: INC.A.567

Amount of Each Receipt this Period

25.00

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

175.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 102 / 289

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MRS CORNELIA M HUNT

Mailing Address 3012 DULWICH DR

City

RICHMOND

State

VA

Zip Code

23234

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	1		2	0	0	8

Transaction ID: INC.A.365

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MR TIMOTHY J HUNT

Mailing Address 2987 NOME CT

City

MEDFORD

State

OR

Zip Code

97504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

REAL ESTATE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	1		2	0	0	8

Transaction ID: INC.A.810

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

MARGERY L KEIDEL

Mailing Address 27765 CALLE VALDES

City

MISSION VIEJO

State

CA

Zip Code

92692

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	1		2	0	0	8

Transaction ID: INC.A.511

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional) .....

350.00

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

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

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

FOR LINE NUMBER: PAGE 103 / 289

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MR RAYMOND J MULCH

Mailing Address 25970 N WRANGLER RD

City

SCOTTSDALE

State

AZ

Zip Code

85255

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AIDANT FIRE PROTECTION CO.

Occupation

SELF-EMPLOYED/PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 1 / 2 0 0 8

Transaction ID: INC.A.770

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

MR DAVID A REDMOND

Mailing Address 6852 OLDE GREENBRIER LN

City

DAYTON

State

OH

Zip Code

45459

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SOCIAL SECURITY ADMINISTR-  
ATION

Occupation

ADMIN. LAW JUDGE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 1 / 2 0 0 8

Transaction ID: INC.A.838

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

MS ETTA L SHACKELFORD

Mailing Address 9125 AVONDALE RD

City

PARKVILLE

State

MD

Zip Code

21234

FEC ID number of contributing  
federal political committee.

C

Name of Employer

U.S. ARMY ENVIRONMENTAL  
AGENCY

Occupation

RETIRED ADMINISTRATIVE ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 1 / 2 0 0 8

Transaction ID: INC.A.656

Amount of Each Receipt this Period

100.00

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

1100.00

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

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

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

FOR LINE NUMBER: PAGE 104 / 289

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)  
MS MARY V THOMAS

Mailing Address 1090 WOODMERE RD

City State Zip Code  
COLUMBUS OH 43220

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 1 / 2 0 0 8

Transaction ID: INC.A.336

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)  
MRS JEAN B CANAIY

Mailing Address 2688 ELDORADO SPRINGS DR

City State Zip Code  
LOVELAND CO 80538

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

590.00

Date of Receipt

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

Transaction ID: INC.A.607

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)  
MR CHARLES DISTEFANO

Mailing Address 8309 W SUNNYSIDE AVE

City State Zip Code  
HARWOOD HEIGHTS IL 60706

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: INC.A.524

Amount of Each Receipt this Period

100.00

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

220.00

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



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MR COLEMAN DONALDSON

Mailing Address 955 HARPERSVILLE RD  
APT. 1066City State Zip Code  
NEWPORT NEWS VA 23601FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

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

Transaction ID: INC.A.454

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

MR FREDERICK W GEISSINGER

Mailing Address 8712 WHETSTONE RD

City State Zip Code  
EVANSVILLE IN 47725FEC ID number of contributing  
federal political committee.**C**Name of Employer  
AMERICAN GENERALOccupation  
EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: INC.A.451

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

MS ELLA M HELM

Mailing Address 3385 HALLMARK DR SE

City State Zip Code  
MARIETTA GA 30067FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RETIREDOccupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: INC.A.556

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional) .....

1100.00

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

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

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

FOR LINE NUMBER: PAGE 106 / 289

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MS BESSIE MULLEN

Mailing Address 24130 FRIAR ST

City

WOODLAND HILLS

State

CA

Zip Code

91367

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: INC.A.799

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

MR CHARLES R NADASY

Mailing Address 14718 BARCLAY AVE APT 2A

City

FLUSHING

State

NY

Zip Code

11355

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TISHMAN SPEYER ROCK CENTER

Occupation

RETIRED CLEANER/M. DEGREE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

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

Transaction ID: INC.A.744

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

MR HARRY W SHADE

Mailing Address 11701 W 21ST PL

City

LAKEWOOD

State

CO

Zip Code

80215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

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

Transaction ID: INC.A.660

Amount of Each Receipt this Period

35.00

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

555.00

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

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

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

FOR LINE NUMBER: PAGE 107 / 289

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MR ROBERT SUNDERLAND

Mailing Address 953 PYRITE AVE

City

HENDERSON

State

NV

Zip Code

89011

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: INC.A.519

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MR RAMON P CALDERON, JR

Mailing Address 146 N PINE ST

City

ORANGE

State

CA

Zip Code

92866

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DEPT. OF PUBLIC SOCIAL SE-  
RVICES

Occupation  
SUPERVISING WELFARE FRAUD INVESTIGATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: INC.A.839

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

MRS JEAN B CANAIY

Mailing Address 2688 ELDORADO SPRINGS DR

City

LOVELAND

State

CO

Zip Code

80538

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

590.00

Date of Receipt

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

Transaction ID: INC.A.608

Amount of Each Receipt this Period

50.00

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

1100.00

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

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

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

FOR LINE NUMBER: PAGE 108 / 289

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MRS JEAN B CANAIY

Mailing Address 2688 ELDORADO SPRINGS DR

City

LOVELAND

State

CO

Zip Code

80538

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

590.00

Date of Receipt

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

Transaction ID: INC.A.609

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

MS ROSEMARY DUNCAN

Mailing Address 808 COUNTY ROAD 438

City

SWEETWATER

State

TX

Zip Code

79556

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: INC.A.781

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

MRS LORRAINE FREEBERG

Mailing Address 801 N BRAND BLVD STE 1010

City

GLENDALE

State

CA

Zip Code

91203

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
IMPERIAL LAND COMPANY

Occupation

SELF-EMPLOYED CERTIFIED PROPERTY MANAG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: INC.A.840

Amount of Each Receipt this Period

1000.00

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

1520.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 109 / 289

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MR LEO A O'HEARN

Mailing Address 3401 OCEAN DR

City

OXNARD

State

CA

Zip Code

93035

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

RETIRED ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: INC.A.321

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

MR ROBERT SUNDERLAND

Mailing Address 953 PYRITE AVE

City

HENDERSON

State

NV

Zip Code

89011

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: INC.A.520

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR LOYL R THOMAS

Mailing Address 9172 JULIE BETH ST

City

CYPRESS

State

CA

Zip Code

90630

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: INC.A.383

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional) .....

625.00

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

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

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)  
MS LOUISE K WINKLES

Mailing Address 135 LAURELWOOD DR

City State Zip Code  
TYRONE GA 30290

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: INC.A.773

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)  
MRS NORMA GARDNER

Mailing Address PO BOX 248

City State Zip Code  
BIOLA CA 93606

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 7 / 2 0 0 8

Transaction ID: INC.A.429

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)  
MR CHARLES J JACOBY

Mailing Address 9688 E OBERLIN WAY

City State Zip Code  
SCOTTSDALE AZ 85262

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 7 / 2 0 0 8

Transaction ID: INC.A.693

Amount of Each Receipt this Period

1000.00

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

1200.00

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

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

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MRS EILEEN KELLEY

Mailing Address 1201 N WARREN AVE

City

OKLAHOMA CITY

State

OK

Zip Code

73107

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 7 / 2 0 0 8

Transaction ID: INC.A.702

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

MRS EILEEN KELLEY

Mailing Address 1201 N WARREN AVE

City

OKLAHOMA CITY

State

OK

Zip Code

73107

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 7 / 2 0 0 8

Transaction ID: INC.A.703

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

MR GEORGE M NEALL, II

Mailing Address 5452 TATES BANK RD

City

CAMBRIDGE

State

MD

Zip Code

21613

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 7 / 2 0 0 8

Transaction ID: INC.A.536

Amount of Each Receipt this Period

1000.00

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

1200.00

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MRS DONNA M RICHTER JONES

Mailing Address 1414 COTTONVILLE DR

City

FRIENDSHIP

State

WI

Zip Code

53934

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

SECONDARY TEACHER/HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 7 / 2 0 0 8

Transaction ID: INC.A.549

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MR JACK C ROSENAU

Mailing Address 1177 OLD FORT DR

City

TALLAHASSEE

State

FL

Zip Code

32301

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

GEOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 7 / 2 0 0 8

Transaction ID: INC.A.257

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MRS JEAN H SIMONDS

Mailing Address 55 STOCKBRIDGE ST

City

COHASSET

State

MA

Zip Code

2025

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 7 / 2 0 0 8

Transaction ID: INC.A.292

Amount of Each Receipt this Period

50.00

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

150.00

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



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

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MS GLADYS A WEBER

Mailing Address 204 E SUSQUEHANNA AVE

City

TOWSON

State

MD

Zip Code

21286

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 7 / 2 0 0 8

Transaction ID: INC.A.559

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

DR ALON P WINNIE

Mailing Address 4409 SEELEY AVE

City

DOWNERS GROVE

State

IL

Zip Code

60515

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 7 / 2 0 0 8

Transaction ID: INC.A.455

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

MR DONALD E AUSTIN

Mailing Address 819 COUNTY ROAD 28

City

SOUTH NEW BERLIN

State

NY

Zip Code

13843

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENERAL MOTORS CORP/SELF-  
EMPLOYED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

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

Transaction ID: INC.A.397

Amount of Each Receipt this Period

20.00

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

770.00

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

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

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

Steven Auvil

Mailing Address 6247 Sauterne Drive

City

Macungie

State

PA

Zip Code

18062

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Air Products and Chemicals

Occupation

Chemical Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

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

Transaction ID: INC.A.954

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

MR CHARLES E BAILEY

Mailing Address PO BOX 36

City

WILTON

State

AL

Zip Code

35187

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

PAINTER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

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

Transaction ID: INC.A.471

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

MRS ELDORIS E BERRETT

Mailing Address 1152 BARCELONA DR

City

SAN DIEGO

State

CA

Zip Code

92107

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: INC.A.564

Amount of Each Receipt this Period

50.00

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

170.00

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MRS JOYCE A BROWNELL

Mailing Address 3179 RIDGEWAY RD

City

DAYTON

State

OH

Zip Code

45419

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

REALTOR-EDUCATOR/HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: INC.A.735

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

MRS VERA BURRELL

Mailing Address RR 1 BOX 214

City

FAIRVIEW

State

OK

Zip Code

73737

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

FARMER/RANCHER/HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

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

Transaction ID: INC.A.327

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Stephen Carpenter

Mailing Address 2300 Pimmit Drive # 411

City

Falls Church

State

VA

Zip Code

22043

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: INC.A.1175

Amount of Each Receipt this Period

50.00

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

1150.00

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)  
MS JENNIE K DACY

Mailing Address PO BOX 1221

City State Zip Code  
**BETHEL AK 99559**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

**05 / 28 / 2008**

Transaction ID: INC.A.462

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)  
MR PAUL DE CLEVA

Mailing Address 350 N ST PAUL ST STE 1625

City State Zip Code  
**DALLAS TX 75201**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

**05 / 28 / 2008**

Transaction ID: INC.A.374

Amount of Each Receipt this Period

150.00

**C.**

Full Name (Last, First, Middle Initial)  
MR JOHN N GALLOWAY

Mailing Address 1643 S 40TH AVE

City State Zip Code  
**HATTIESBURG MS 39402**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOOD INDUSTRIES INC

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

**05 / 28 / 2008**

Transaction ID: INC.A.356

Amount of Each Receipt this Period

1000.00

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

**1250.00**

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

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

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)  
MR D ALLAN GAVAN

Mailing Address PO BOX 971

City State Zip Code  
CENTER HARBOR NH 3226

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: INC.A.804

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)  
MRS SHIRLEY E GRIFFITHS

Mailing Address 2216 GRAFFIUS AVENUE EXT

City State Zip Code  
PUNXSUTAWNEY PA 15767

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

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

Transaction ID: INC.A.721

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)  
MRS FRANCES G HUNTER

Mailing Address PO BOX 65

City State Zip Code  
RANCHO SANTA FE CA 92067

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

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

Transaction ID: INC.A.240

Amount of Each Receipt this Period

50.00

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

200.00

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)  
MS MARILYN F IDEN

Mailing Address 208 E MCQUISTION RD

City State Zip Code  
BUTLER PA 16001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
TEACHER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: INC.A.487

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)  
MS GERTRUDE B LYNCH

Mailing Address 39 MEADOWLARK LN

City State Zip Code  
HILTON HEAD ISLAND SC 29926

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: INC.A.637

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)  
Randy Moore

Mailing Address 3452 Palmer Highway PMB 329

City State Zip Code  
Texas City TX 77590

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Saudi Aramco

Occupation  
Sr. Industrial Skills Trainer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: INC.A.2369

Amount of Each Receipt this Period

100.00

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

700.00

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MR GEORGE F SHIPMAN

Mailing Address PO BOX 91

City

ALBRIGHTSVILLE

State

PA

Zip Code

18210

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
CHEMIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: INC.A.293

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

MS YOLANDE H STRAWINSKI

Mailing Address 1130 SYLVAN PL

City

MONTEREY

State

CA

Zip Code

93940

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NEW YORK LIFE INSURANCE  
CO.

Occupation  
SELF-EMPLOYED INSURANCE AGENT/HOMEMAKE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

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

Transaction ID: INC.A.807

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

MR LOYL R THOMAS

Mailing Address 9172 JULIE BETH ST

City

CYPRESS

State

CA

Zip Code

90630

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: INC.A.384

Amount of Each Receipt this Period

100.00

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

850.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 120 / 289

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MR DONALD E AUSTIN

Mailing Address 819 COUNTY ROAD 28

City

SOUTH NEW BERLIN

State

NY

Zip Code

13843

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENERAL MOTORS CORP/SELF-  
EMPLOYEDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	9	/	2	0	0	8

Transaction ID: INC.A.398

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

MS CORINNE N ASTIN

Mailing Address 604 E GREENWOOD ST

City

SPRINGFIELD

State

MO

Zip Code

65807

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
HOSPICE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2205.00

Date of Receipt

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

Transaction ID: INC.A.226

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

MR DONALD E AUSTIN

Mailing Address 819 COUNTY ROAD 28

City

SOUTH NEW BERLIN

State

NY

Zip Code

13843

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENERAL MOTORS CORP/SELF-  
EMPLOYEDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

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

Transaction ID: INC.A.399

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional) .....

60.00

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



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

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

FOR LINE NUMBER: PAGE 121 / 289

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

LCDR RICHARD W BUDD, RET

Mailing Address PO BOX 2961

City

MINDEN

State

NV

Zip Code

89423

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
U.S.N.

Occupation

RETIRED LCDR

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: INC.A.232

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MR PHILIP O GEIER, JR

Mailing Address 6000 REDBIRD HOLLOW LN

City

CINCINNATI

State

OH

Zip Code

45243

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: INC.A.264

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

MRS HELEN B HALPERN

Mailing Address 4027 FAIRFAX RD

City

EVANSVILLE

State

IN

Zip Code

47710

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: INC.A.685

Amount of Each Receipt this Period

100.00

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

250.00

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

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

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

FOR LINE NUMBER: PAGE 122 / 289

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MRS CORNELIA M HUNT

Mailing Address 3012 DULWICH DR

City

RICHMOND

State

VA

Zip Code

23234

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID: INC.A.366

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

John PeckJr.

Mailing Address P.O. Box 829

City

Rancho Santa Fe

State

CA

Zip Code

92067

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Peck Enterprises

Occupation

Real Estate Investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

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

Transaction ID: INC.A.2547

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

MRS DONNA M RICHTER JONES

Mailing Address 1414 COTTONVILLE DR

City

FRIENDSHIP

State

WI

Zip Code

53934

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

SECONDARY TEACHER/HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: INC.A.550

Amount of Each Receipt this Period

100.00

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

250.00

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

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

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

FOR LINE NUMBER: PAGE 123 / 289

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MRS ELOISE R VALINET

Mailing Address 5300 W 96TH ST

City

INDIANAPOLIS

State

IN

Zip Code

46268

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INDIANAPOLIS LIFE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

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

Transaction ID: INC.A.431

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

MR DONALD E AUSTIN

Mailing Address 819 COUNTY ROAD 28

City

SOUTH NEW BERLIN

State

NY

Zip Code

13843

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENERAL MOTORS CORP/SELF-  
EMPLOYED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

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

Transaction ID: INC.A.400

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

MS JUNE BRESCIA

Mailing Address 1108 COPPER CREEK DR

City

MACCLENNY

State

FL

Zip Code

32063

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: INC.A.566

Amount of Each Receipt this Period

500.00

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

1020.00

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

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

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

FOR LINE NUMBER: PAGE 124 / 289

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MR DONALD W BUCHTA

Mailing Address 848 BAYVIEW RD

City

NEENAH

State

WI

Zip Code

54956

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: INC.A.316

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

MS ORA LEE BURNETT

Mailing Address 9353 COUNTY ROAD 36

City

SULLIGENT

State

AL

Zip Code

35586

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

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

Transaction ID: INC.A.665

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Alfred Calligaris

Mailing Address 16605 Deer Run Road

City

Watertown

State

NY

Zip Code

13601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Stebbins Engineering

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: INC.A.1151

Amount of Each Receipt this Period

250.00

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

600.00

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

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

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MR PAUL S DOHERTY

Mailing Address 1034 DEL HARBOUR DR

City

DELRAY BEACH

State

FL

Zip Code

33483

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: INC.A.438

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

MRS JANE A ERICSON

Mailing Address 2222 CHAMBERS LAKE LN SE

City

LACEY

State

WA

Zip Code

98503

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

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

Transaction ID: INC.A.545

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MRS SALLY A GOINGS

Mailing Address 75 CALLE ARAGON UNIT F

City

LAGUNA WOODS

State

CA

Zip Code

92637

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LWV

Occupation  
RETIRED AMBASSADOR FOR SECURITY/HOMEMA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: INC.A.458

Amount of Each Receipt this Period

100.00

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

1150.00

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

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

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MS LANORA ILENE D MAXON

Mailing Address 334 W BETHANY HOME RD

City

PHOENIX

State

AZ

Zip Code

85013

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: INC.A.671

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

MS BESSIE MULLEN

Mailing Address 24130 FRIAR ST

City

WOODLAND HILLS

State

CA

Zip Code

91367

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: INC.A.800

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

MR & MRS WALTER L NELSON

Mailing Address 32820 20TH AVE S UNIT 14

City

FEDERAL WAY

State

WA

Zip Code

98003

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

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

Transaction ID: INC.A.834

Amount of Each Receipt this Period

200.00

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

400.00

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

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MR WILLIAM B PESCOLIDIO

Mailing Address 3491 CREEKVIEW DR

City

BONITA SPRINGS

State

FL

Zip Code

34134

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: INC.A.841

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

MR JACK C ROSENAU

Mailing Address 1177 OLD FORT DR

City

TALLAHASSEE

State

FL

Zip Code

32301

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
GEOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: INC.A.258

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

MRS MILDRED SHOWS

Mailing Address 279 BLACKWELL RD

City

MENDENHALL

State

MS

Zip Code

39114

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

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

Transaction ID: INC.A.718

Amount of Each Receipt this Period

50.00

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

1150.00

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

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

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

FOR LINE NUMBER: PAGE 128 / 289

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

Kevin Smith

Mailing Address 11 Miracle Dr.

City

Mary Esther

State

FL

Zip Code

32569

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
U. S. Army

Occupation  
Logistics

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: INC.A.2884

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

MRS JOHN B STRASENBURGH

Mailing Address PO BOX 608

City

OCEAN VIEW

State

NJ

Zip Code

8230

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: INC.A.297

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

MR Z K STRZALKOWSKI

Mailing Address 6 DANDELION DR

City

BOILING SPRINGS

State

PA

Zip Code

17007

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
U.S.N.

Occupation  
RETIRED CONTRACT SPECIALIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: INC.A.250

Amount of Each Receipt this Period

100.00

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

450.00

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



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 129 / 289  
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MRS HARRIET M YOUNG

Mailing Address 81910 ARUS AVE

City

INDIO

State

CA

Zip Code

92201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: INC.A.493

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

MR DONALD E AUSTIN

Mailing Address 819 COUNTY ROAD 28

City

SOUTH NEW BERLIN

State

NY

Zip Code

13843

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENERAL MOTORS CORP/SELF-  
EMPLOYEDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

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

Transaction ID: INC.A.401

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

MRS VERA BURRELL

Mailing Address RR 1 BOX 214

City

FAIRVIEW

State

OK

Zip Code

73737

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
FARMER/RANCHER/HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

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

Transaction ID: INC.A.328

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional) .....

1070.00

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

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

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

FOR LINE NUMBER: PAGE 130 / 289

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MR ROBERT K LAGE

Mailing Address 2010 W 10TH ST

City

SPENCER

State

IA

Zip Code

51301

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: INC.A.775

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

MR RICHARD D RICHARDSON

Mailing Address 9 FOXTAIL LN

City

CHADDS FORD

State

PA

Zip Code

19317

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SOLID STATE EQUIPMENT COR-  
PORATION

Occupation

SELF-EMPLOYED EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: INC.A.342

Amount of Each Receipt this Period

4000.00

**C.**

Full Name (Last, First, Middle Initial)

MS ROSE C RUSSO

Mailing Address 6330 SPRINGMEYER DR

City

CINCINNATI

State

OH

Zip Code

45248

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

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

Transaction ID: INC.A.729

Amount of Each Receipt this Period

100.00

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

4350.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 131 / 289

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MRS JOHN B STRASENBURGH

Mailing Address PO BOX 608

City

OCEAN VIEW

State

NJ

Zip Code

8230

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: INC.A.298

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

MR MIKE D TYRHOLM

Mailing Address 3703 COLLIER LN

City

KLAMATH FALLS

State

OR

Zip Code

97603

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

RETIRED INVESTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: INC.A.806

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

COL WILLIAM N DILLARD, RET

Mailing Address 1480 MEADOWBROOK RD NE

City

PALM BAY

State

FL

Zip Code

32905

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
USAF

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	4		2	0	0	8

Transaction ID: INC.A.318

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional) .....

700.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 132 / 289

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MR ABE FEINBERG

Mailing Address 17057 NORTHWAY CIR

City

BOCA RATON

State

FL

Zip Code

33496

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
U.S. ARMY AIR CORPS

Occupation

RETIRED CAPT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	4		2	0	0	8

Transaction ID: INC.A.584

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

MRS SUZANNE GOTTLIEB

Mailing Address 617 N MAPLE DR

City

BEVERLY HILLS

State

CA

Zip Code

90210

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

REAL ESTATE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	4		2	0	0	8

Transaction ID: INC.A.756

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

MRS CORNELIA M HUNT

Mailing Address 3012 DULWICH DR

City

RICHMOND

State

VA

Zip Code

23234

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	4		2	0	0	8

Transaction ID: INC.A.367

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional) .....

425.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 133 / 289

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MS MARILYN F IDEN

Mailing Address 208 E MCQUISTION RD

City

BUTLER

State

PA

Zip Code

16001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
TEACHER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	4		2	0	0	8

Transaction ID: INC.A.488

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

MRS IRIS D JENNEY

Mailing Address 2613 DUFF AVE

City

AMES

State

IA

Zip Code

50010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	4		2	0	0	8

Transaction ID: INC.A.245

Amount of Each Receipt this Period

35.00

**C.**

Full Name (Last, First, Middle Initial)

MS BESSIE MULLEN

Mailing Address 24130 FRIAR ST

City

WOODLAND HILLS

State

CA

Zip Code

91367

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	4		2	0	0	8

Transaction ID: INC.A.801

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional) .....

235.00

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

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

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

FOR LINE NUMBER: PAGE 134 / 289

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MR CHARLES R NADASY

Mailing Address 14718 BARCLAY AVE APT 2A

City

FLUSHING

State

NY

Zip Code

11355

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TISHMAN SPEYER ROCK CENTER

Occupation

RETIRED CLEANER/M. DEGREE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 4 / 2 0 0 8

Transaction ID: INC.A.745

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR RAY G NERPEL

Mailing Address PO BOX 817

City

SEGUIN

State

TX

Zip Code

78156

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

BUSINESS CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 4 / 2 0 0 8

Transaction ID: INC.A.751

Amount of Each Receipt this Period

75.00

**C.**

Full Name (Last, First, Middle Initial)

MR CLIFFORD A NICKEL

Mailing Address 7030 TIMBERBROOKE DR

City

GAINESVILLE

State

GA

Zip Code

30506

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 4 / 2 0 0 8

Transaction ID: INC.A.681

Amount of Each Receipt this Period

500.00

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

600.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 135 / 289

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MR SHERWIN H TERRY

Mailing Address 301 TIDEPOINTE WAY  
VILLA 3306City State Zip Code  
HILTON HEAD ISLAND SC 29928FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	4		2	0	0	8

Transaction ID: INC.A.306

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

MR RICHARD J UDOUJ, SR

Mailing Address 3535 ROYAL SCOTS WAY

City State Zip Code  
FORT SMITH AR 72908FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	4		2	0	0	8

Transaction ID: INC.A.842

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

RADM KENNETH C WALLACE, RET

Mailing Address 1380 GLEN CANNON DR

City State Zip Code  
PISGAH FOREST NC 28768FEC ID number of contributing  
federal political committee.

C

Name of Employer  
USN/SELF EMPLOYEDOccupation  
RETIRED/HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	4		2	0	0	8

Transaction ID: INC.A.237

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional) .....

1050.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 136 / 289

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**Full Name (Last, First, Middle Initial)  
MS SYLVIA J WINDER

Mailing Address 3009 19TH ST

City	State	Zip Code
LUBBOCK	TX	79410

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
RETIRED/INVESTMENTS/FARMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	4		2	0	0	8

Transaction ID: INC.A.467

Amount of Each Receipt this Period

50.00

**B.**Full Name (Last, First, Middle Initial)  
MS LOUISE K WINKLES

Mailing Address 135 LAURELWOOD DR

City	State	Zip Code
TYRONE	GA	30290

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	4		2	0	0	8

Transaction ID: INC.A.774

Amount of Each Receipt this Period

50.00

**C.**Full Name (Last, First, Middle Initial)  
MR HENLEY P WOODS, SR

Mailing Address PO BOX 80939

City	State	Zip Code
SIMPSONVILLE	SC	29680

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PFIZER, INC.Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	4		2	0	0	8

Transaction ID: INC.A.633

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional) .....

200.00

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



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

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

FOR LINE NUMBER: PAGE 137 / 289

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MR DONALD E AUSTIN

Mailing Address 819 COUNTY ROAD 28

City

SOUTH NEW BERLIN

State

NY

Zip Code

13843

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENERAL MOTORS CORP/SELF-  
EMPLOYED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 5 / 2 0 0 8

Transaction ID: INC.A.402

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

MRS ETHEL G BONNER

Mailing Address 1224 VILLAGE CREEK LN APT P4

City

MOUNT PLEASANT

State

SC

Zip Code

29464

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 5 / 2 0 0 8

Transaction ID: INC.A.635

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

MRS JEAN B CANAIY

Mailing Address 2688 ELDORADO SPRINGS DR

City

LOVELAND

State

CO

Zip Code

80538

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

590.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 5 / 2 0 0 8

Transaction ID: INC.A.610

Amount of Each Receipt this Period

50.00

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

170.00

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

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

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

FOR LINE NUMBER: PAGE 138 / 289

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MRS JEANEANE B DUNCAN

Mailing Address 306 SHADYWOOD RD

City

HOUSTON

State

TX

Zip Code

77057

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

INVESTOR/HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 5 / 2 0 0 8

Transaction ID: INC.A.272

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

MRS JANET R HOLDMAN

Mailing Address PO BOX 2008

City

MINDEN

State

NV

Zip Code

89423

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 5 / 2 0 0 8

Transaction ID: INC.A.813

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

MR JOHN W KING

Mailing Address 473 SUMMIT RIDGE RD

City

LAKE TOXAWAY

State

NC

Zip Code

28747

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 5 / 2 0 0 8

Transaction ID: INC.A.694

Amount of Each Receipt this Period

500.00

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

1100.00

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

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 139 / 289

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MRS MADGE LEON MOORE

Mailing Address 2187 CHAPMAN RANCH DR

City

HENDERSON

State

NV

Zip Code

89012

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 5 / 2 0 0 8

Transaction ID: INC.A.309

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MS ROBERTA PAGE

Mailing Address 902 VINE ST

City

KELSO

State

WA

Zip Code

98626

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 5 / 2 0 0 8

Transaction ID: INC.A.676

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

MS CORINNE N ASTIN

Mailing Address 604 E GREENWOOD ST

City

SPRINGFIELD

State

MO

Zip Code

65807

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

HOSPICE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2205.00

Date of Receipt

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

Transaction ID: INC.A.227

Amount of Each Receipt this Period

20.00

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

90.00

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

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

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MR DONALD E AUSTIN

Mailing Address 819 COUNTY ROAD 28

City

SOUTH NEW BERLIN

State

NY

Zip Code

13843

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENERAL MOTORS CORP/SELF-  
EMPLOYED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

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

Transaction ID: INC.A.403

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

MR CHARLES E BAILEY

Mailing Address PO BOX 36

City

WILTON

State

AL

Zip Code

35187

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

PAINTER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

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

Transaction ID: INC.A.472

Amount of Each Receipt this Period

150.00

**C.**

Full Name (Last, First, Middle Initial)

MS LAUREL S EMMETT

Mailing Address 2 WOODSTONE ST

City

AMARILLO

State

TX

Zip Code

79106

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

RETIRED/HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: INC.A.302

Amount of Each Receipt this Period

150.00

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

320.00

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

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

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MRS NORMA GARDNER

Mailing Address PO BOX 248

City

BIOLA

State

CA

Zip Code

93606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

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

Transaction ID: INC.A.430

Amount of Each Receipt this Period

150.00

**B.**

Full Name (Last, First, Middle Initial)

MR D ALLAN GAVAN

Mailing Address PO BOX 971

City

CENTER HARBOR

State

NH

Zip Code

3226

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: INC.A.805

Amount of Each Receipt this Period

150.00

**C.**

Full Name (Last, First, Middle Initial)

MRS SHIRLEY E GRIFFITHS

Mailing Address 2216 GRAFFIUS AVENUE EXT

City

PUNXSUTAWNEY

State

PA

Zip Code

15767

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

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

Transaction ID: INC.A.722

Amount of Each Receipt this Period

130.00

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

430.00

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MRS HELEN B HALPERN

Mailing Address 4027 FAIRFAX RD

City

EVANSVILLE

State

IN

Zip Code

47710

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: INC.A.686

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

MRS PHYLLIS A HAMILTON

Mailing Address 2540 GREENBERRY DR

City

FLORISSANT

State

MO

Zip Code

63033

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
SECRETARY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: INC.A.270

Amount of Each Receipt this Period

150.00

**C.**

Full Name (Last, First, Middle Initial)

DR RODNEY B HURL

Mailing Address 381 HICKORY DR

City

MARYSVILLE

State

OH

Zip Code

43040

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
FAMILY M.D.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: INC.A.334

Amount of Each Receipt this Period

200.00

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

450.00

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

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

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MR ROBERT N JORGENSEN

Mailing Address 35 WEBHANNET HARBOUR RD UNIT 6

City

WELLS

State

ME

Zip Code

4090

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

ANTIQUE DEALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: INC.A.696

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

MS EDNA C PEACH

Mailing Address 61 RACINE DR

City

MURPHY

State

NC

Zip Code

28906

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: INC.A.653

Amount of Each Receipt this Period

150.00

**C.**

Full Name (Last, First, Middle Initial)

MR HALL M ROBERTS

Mailing Address PO BOX 10

City

POSTVILLE

State

IA

Zip Code

52162

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: INC.A.761

Amount of Each Receipt this Period

200.00

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

650.00

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

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

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MS GLADYS A WEBER

Mailing Address 204 E SUSQUEHANNA AVE

City State Zip Code  
TOWSON MD 21286

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

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

Transaction ID: INC.A.560

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

MR THEODORE P AKINS

Mailing Address 194 GORDON AVE

City State Zip Code  
WADSWORTH OH 44281

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 9 / 2 0 0 8

Transaction ID: INC.A.478

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

MR FRANK A BARNES

Mailing Address 706 CHERT LN

City State Zip Code  
BECKLEY WV 25801

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 9 / 2 0 0 8

Transaction ID: INC.A.283

Amount of Each Receipt this Period

200.00

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

500.00

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



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

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MRS MAGDALENE B GORING

Mailing Address 224 GARDENVIEW DR

City

SAN ANTONIO

State

TX

Zip Code

78213

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 9 / 2 0 0 8

Transaction ID: INC.A.416

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

MS ELLA M HELM

Mailing Address 3385 HALLMARK DR SE

City

MARIETTA

State

GA

Zip Code

30067

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 9 / 2 0 0 8

Transaction ID: INC.A.557

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

MR WILBUR C NIELSEN

Mailing Address 513 5TH AVE NE # 391

City

INDEPENDENCE

State

IA

Zip Code

50644

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WAPSIE VALLEY, INC.

Occupation  
VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 9 / 2 0 0 8

Transaction ID: INC.A.295

Amount of Each Receipt this Period

200.00

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

600.00

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

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

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MS NANCY W QUINN

Mailing Address 4340 PAHOA AVE APT 13C

City

HONOLULU

State

HI

Zip Code

96816

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 9 / 2 0 0 8

Transaction ID: INC.A.579

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

MRS BETTY J ALSON

Mailing Address 819 PARADISE LN

City

BROOKINGS

State

OR

Zip Code

97415

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
US ARMY/FORT RICHARDSON,  
AL

Occupation

RETIRED BUDGET OFFICER/HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 0 / 2 0 0 8

Transaction ID: INC.A.481

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

MS MARCELLA T ARENA

Mailing Address 16242 HAWAII LN

City

HUNTINGTON BEACH

State

CA

Zip Code

92649

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 0 / 2 0 0 8

Transaction ID: INC.A.715

Amount of Each Receipt this Period

150.00

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

750.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
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(check only one)

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

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MR J JERALD BRANSON

Mailing Address 7373 E 29TH ST N

LARKSFIELDS PL # W 105

City

WICHITA

State

KS

Zip Code

67226

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	0		2	0	0	8

Transaction ID: INC.A.540

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

MR EUGENE N BRICE

Mailing Address 2896 COUNTRY CLUB PLZ

City

BULLHEAD CITY

State

AZ

Zip Code

86442

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	0		2	0	0	8

Transaction ID: INC.A.828

Amount of Each Receipt this Period

150.00

**C.**

Full Name (Last, First, Middle Initial)

MS ORA LEE BURNETT

Mailing Address 9353 COUNTY ROAD 36

City

SULLIGENT

State

AL

Zip Code

35586

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	0		2	0	0	8

Transaction ID: INC.A.666

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional) .....

750.00

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

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

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MRS VERA BURRELL

Mailing Address RR 1 BOX 214

City

FAIRVIEW

State

OK

Zip Code

73737

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

FARMER/RANCHER/HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 0 / 2 0 0 8

Transaction ID: INC.A.329

Amount of Each Receipt this Period

35.00

**B.**

Full Name (Last, First, Middle Initial)

MS ISABELLE COOVERT

Mailing Address 2 DEACON DR

City

SAINT LOUIS

State

MO

Zip Code

63131

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 0 / 2 0 0 8

Transaction ID: INC.A.381

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

MR JESSE W COUCH

Mailing Address 6015 PINE FOREST RD

City

HOUSTON

State

TX

Zip Code

77057

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 0 / 2 0 0 8

Transaction ID: INC.A.230

Amount of Each Receipt this Period

75.00

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

360.00

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

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 149 / 289

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MR WILLIAM H DAVIS

Mailing Address 122 PHEASANT DR

City

BLAWNOX

State

PA

Zip Code

15238

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 0 / 2 0 0 8

Transaction ID: INC.A.843

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

MR PAUL DE CLEVA

Mailing Address 350 N ST PAUL ST STE 1625

City

DALLAS

State

TX

Zip Code

75201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 0 / 2 0 0 8

Transaction ID: INC.A.375

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

MR GIUSEPPE DI DOMENICO

Mailing Address 18 PINE ST APT 3

City

HAMDEN

State

CT

Zip Code

6514

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 0 / 2 0 0 8

Transaction ID: INC.A.738

Amount of Each Receipt this Period

100.00

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

1100.00

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

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MR BABE S DODGE

Mailing Address 9631 BEVERLY RD  
PO BOX 271

City State Zip Code  
SAINT ELMO AL 36568

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 0 / 2 0 0 8

Transaction ID: INC.A.778

Amount of Each Receipt this Period

150.00

**B.**

Full Name (Last, First, Middle Initial)

MRS JOYCE B DOHENY

Mailing Address 4383 ROYAL PL

City State Zip Code  
HONOLULU HI 96816

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 0 / 2 0 0 8

Transaction ID: INC.A.688

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

MR DICK A ENGEL

Mailing Address 897 SAVAGE CREEK RD

City State Zip Code  
GRANTS PASS OR 97527

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 0 / 2 0 0 8

Transaction ID: INC.A.347

Amount of Each Receipt this Period

150.00

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

800.00

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

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

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MR CHARLES E FAIRCHILD

Mailing Address 425 N PARK AVE

City

SHAWNEE

State

OK

Zip Code

74801

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 0 / 2 0 0 8

Transaction ID: INC.A.726

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

MR CHARLES E FAIRCHILD

Mailing Address 425 N PARK AVE

City

SHAWNEE

State

OK

Zip Code

74801

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 0 / 2 0 0 8

Transaction ID: INC.A.725

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MR ABE FEINBERG

Mailing Address 17057 NORTHWAY CIR

City

BOCA RATON

State

FL

Zip Code

33496

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
U.S. ARMY AIR CORPS

Occupation  
RETIRED CAPT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 0 / 2 0 0 8

Transaction ID: INC.A.585

Amount of Each Receipt this Period

500.00

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

570.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MR TOM C GARY, JR

Mailing Address 255 POSSUM PARK RD APT 301

City

NEWARK

State

DE

Zip Code

19711

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 0 / 2 0 0 8

Transaction ID: INC.A.782

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

MRS SALLY A GOINGS

Mailing Address 75 CALLE ARAGON UNIT F

City

LAGUNA WOODS

State

CA

Zip Code

92637

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LWVOccupation  
RETIRED AMBASSADOR FOR SECURITY/HOMEMA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 0 / 2 0 0 8

Transaction ID: INC.A.459

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

MRS SUZANNE GOTTLIEB

Mailing Address 617 N MAPLE DR

City

BEVERLY HILLS

State

CA

Zip Code

90210

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
REAL ESTATE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 0 / 2 0 0 8

Transaction ID: INC.A.757

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional) .....

1200.00

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



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

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MR WAYNE W HOGUE

Mailing Address 1120 BUDD AVE

City

PROSSER

State

WA

Zip Code

99350

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

RETIRED FARMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 0 / 2 0 0 8

Transaction ID: INC.A.361

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MR JERALD L JASPERSE

Mailing Address 142 OLD MILL RD APT A

City

HIGH POINT

State

NC

Zip Code

27265

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 0 / 2 0 0 8

Transaction ID: INC.A.647

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MRS IRIS D JENNEY

Mailing Address 2613 DUFF AVE

City

AMES

State

IA

Zip Code

50010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 0 / 2 0 0 8

Transaction ID: INC.A.246

Amount of Each Receipt this Period

50.00

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

150.00

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

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

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MRS EILEEN KELLEY

Mailing Address 1201 N WARREN AVE

City

OKLAHOMA CITY

State

OK

Zip Code

73107

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 0 / 2 0 0 8

Transaction ID: INC.A.704

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

MR KEVIN J LAGRAIZE

Mailing Address 4134 ORLEANS AVE

City

NEW ORLEANS

State

LA

Zip Code

70119

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 0 / 2 0 0 8

Transaction ID: INC.A.845

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

MR THOMAS A LUPTON, JR

Mailing Address 1201 TALLAN BLDG  
TWO UNION SQUARE

City

CHATTANOOGA

State

TN

Zip Code

37402

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 0 / 2 0 0 8

Transaction ID: INC.A.263

Amount of Each Receipt this Period

1000.00

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

1600.00

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

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

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MS LUCILLE B MAJOR

Mailing Address 1854 MEADOWGRASS DR APT 5

City

CORDOVA

State

TN

Zip Code

38016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

SCHOOL TEACHER/HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

535.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 0 / 2 0 0 8

Transaction ID: INC.A.491

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR EVERETTE W MC FADDEN, JR

Mailing Address 2211 OLD HICKORY BLVD

City

NASHVILLE

State

TN

Zip Code

37215

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 0 / 2 0 0 8

Transaction ID: INC.A.636

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

MS MARGARET M MOLONEY

Mailing Address 504 N RIVER RD APT C319

City

NAPERVILLE

State

IL

Zip Code

60563

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 0 / 2 0 0 8

Transaction ID: INC.A.824

Amount of Each Receipt this Period

150.00

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

1175.00

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

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 156 / 289

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MR ROBERT A MOORE

Mailing Address 614 FOX RUN RD

City

SEWELL

State

NJ

Zip Code

8080

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 0 / 2 0 0 8

Transaction ID: INC.A.261

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

MR CHARLES R NADASY

Mailing Address 14718 BARCLAY AVE APT 2A

City

FLUSHING

State

NY

Zip Code

11355

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TISHMAN SPEYER ROCK CENTER

Occupation  
RETIRED CLEANER/M. DEGREE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 0 / 2 0 0 8

Transaction ID: INC.A.746

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

MR FORREST E OTT

Mailing Address 107 FRONTAGE RD

City

SUMMERVILLE

State

SC

Zip Code

29485

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
U.S.A.F.

Occupation  
RETIRED LT COL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 0 / 2 0 0 8

Transaction ID: INC.A.338

Amount of Each Receipt this Period

100.00

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

320.00

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MR JOHNNY W OWENS

Mailing Address 165 TEN CEDARS DR

City

TITUS

State

AL

Zip Code

36080

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
USAF

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 0 / 2 0 0 8

Transaction ID: INC.A.600

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

MR EDWARD M PENICK

Mailing Address 14300 CHENAL PKWY APT 7009

City

LITTLE ROCK

State

AR

Zip Code

72211

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
RETIRED BANKER/ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 0 / 2 0 0 8

Transaction ID: INC.A.444

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

MRS NANCY M REED

Mailing Address 2201 E HICKORY HILL RD

City

ARGYLE

State

TX

Zip Code

76226

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 0 / 2 0 0 8

Transaction ID: INC.A.844

Amount of Each Receipt this Period

500.00

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

700.00

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

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

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MR DELBERT R ROBINSON

Mailing Address 801 ALABAMA ST

City

LAKE ARTHUR

State

NM

Zip Code

88253

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 0 / 2 0 0 8

Transaction ID: INC.A.825

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

MR CHRISTOPHER R P RODGERS

Mailing Address 555 PALM WAY

City

DELRAY BEACH

State

FL

Zip Code

33483

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 0 / 2 0 0 8

Transaction ID: INC.A.252

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

MS ROSE C RUSSO

Mailing Address 6330 SPRINGMEYER DR

City

CINCINNATI

State

OH

Zip Code

45248

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 0 / 2 0 0 8

Transaction ID: INC.A.730

Amount of Each Receipt this Period

100.00

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

1600.00

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

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

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 159 / 289

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MISS ETHELYN L SCHAEFFER

Mailing Address 51 N RIDGE CT

City

PARACHUTE

State

CO

Zip Code

81635

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 0 / 2 0 0 8

Transaction ID: INC.A.423

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

COL EDWIN S SCHICK, JR

Mailing Address 55056 COUNTRY CLUB DR

City

YUCCA VALLEY

State

CA

Zip Code

92284

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
U.S.M.C.

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 0 / 2 0 0 8

Transaction ID: INC.A.437

Amount of Each Receipt this Period

2300.00

**C.**

Full Name (Last, First, Middle Initial)

MRS MILDRED SHOWS

Mailing Address 279 BLACKWELL RD

City

MENDENHALL

State

MS

Zip Code

39114

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 0 / 2 0 0 8

Transaction ID: INC.A.719

Amount of Each Receipt this Period

150.00

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

2500.00

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

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

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MR ROBERT E STAIRS

Mailing Address 10443 TAM O SHANTER RD

City

PENSACOLA

State

FL

Zip Code

32514

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

MILITARY/HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 0 / 2 0 0 8

Transaction ID: INC.A.640

Amount of Each Receipt this Period

150.00

**B.**

Full Name (Last, First, Middle Initial)

MS YOLANDE H STRAWINSKI

Mailing Address 1130 SYLVAN PL

City

MONTEREY

State

CA

Zip Code

93940

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NEW YORK LIFE INSURANCE  
CO.

Occupation

SELF-EMPLOYED INSURANCE AGENT/HOMEMAKE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 0 / 2 0 0 8

Transaction ID: INC.A.808

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MR SHERWIN H TERRY

Mailing Address 301 TIDEPOINTE WAY  
VILLA 3306

City

HILTON HEAD ISLAND

State

SC

Zip Code

29928

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 0 / 2 0 0 8

Transaction ID: INC.A.307

Amount of Each Receipt this Period

500.00

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

700.00

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



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
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(check only one)

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

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MS ORA ELIZABETH H TOWNS

Mailing Address 175 HUCKLEBERRY LN  
VILLAGE OF MT LEBANONCity State Zip Code  
GIBSLAND LA 71028FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	0		2	0	0	8

Transaction ID: INC.A.529

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

MRS BARBARA B L TRAFFORD

Mailing Address PO BOX 48

City State Zip Code  
MANCHESTER VT 5254FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RETIREDOccupation  
FARMER/HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	0		2	0	0	8

Transaction ID: INC.A.278

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

MR ROBERT W WARING

Mailing Address 2912 N WINDSOR BLVD

City State Zip Code  
OKLAHOMA CITY OK 73127FEC ID number of contributing  
federal political committee.**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	0		2	0	0	8

Transaction ID: INC.A.242

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional) .....

2500.00

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MS CAROLE WILLIAMS

Mailing Address 4063 BEAVER DAM RD

City

EAGAN

State

MN

Zip Code

55122

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 0 / 2 0 0 8

Transaction ID: INC.A.516

Amount of Each Receipt this Period

150.00

**B.**

Full Name (Last, First, Middle Initial)

MS CAROLE WILLIAMS

Mailing Address 4063 BEAVER DAM RD

City

EAGAN

State

MN

Zip Code

55122

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 0 / 2 0 0 8

Transaction ID: INC.A.515

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MS JOSEPHINE E WOOD

Mailing Address 1400 ENTERPRISE DR APT N330

City

LYNCHBURG

State

VA

Zip Code

24502

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FAIRFAX COUNTY SCHOOL BOA-  
RD

Occupation

RETIRED TEACHER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 0 / 2 0 0 8

Transaction ID: INC.A.355

Amount of Each Receipt this Period

350.00

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

525.00

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MR DONALD E AUSTIN

Mailing Address 819 COUNTY ROAD 28

City

SOUTH NEW BERLIN

State

NY

Zip Code

13843

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENERAL MOTORS CORP/SELF-  
EMPLOYED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 1 / 2 0 0 8

Transaction ID: INC.A.404

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

MS DOROTHY BENGE

Mailing Address 206 DECATUR ST

City

NEW ORLEANS

State

LA

Zip Code

70130

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 1 / 2 0 0 8

Transaction ID: INC.A.846

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

MR WILLIAM R BROOKS

Mailing Address 4581 E HAYDEN LAKE RD

City

HAYDEN

State

ID

Zip Code

83835

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BROOKS SEAPLANE SERV

Occupation  
PILOT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 1 / 2 0 0 8

Transaction ID: INC.A.373

Amount of Each Receipt this Period

75.00

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

1095.00

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MRS JEAN B CANAIY

Mailing Address 2688 ELDORADO SPRINGS DR

City

LOVELAND

State

CO

Zip Code

80538

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

590.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 1 / 2 0 0 8

Transaction ID: INC.A.611

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR JAMES P DOBBS

Mailing Address PO BOX 249

City

CROSSVILLE

State

IL

Zip Code

62827

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CENTRAL SUPPLY CO./SELF-E-  
MPLOYED

Occupation

RETIRED OIL FIELD SUPPLIES SALESMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 1 / 2 0 0 8

Transaction ID: INC.A.474

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

MS BETTY M HOFFMANN

Mailing Address 66 ROSEWALK CIR APT 1E

City

CARMEL

State

IN

Zip Code

46032

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 1 / 2 0 0 8

Transaction ID: INC.A.847

Amount of Each Receipt this Period

500.00

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

725.00

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MR ROBERT HROMADNIK

Mailing Address PO BOX 562

City

OSAWATOMIE

State

KS

Zip Code

66064

FEC ID number of contributing  
federal political committee.

C

Name of Employer

U.S. ARMY/PACIFIC MARATIME  
ASSN. OF S.

Occupation

RETIRED MILITARY/I.L.W.U.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 1 / 2 0 0 8

Transaction ID: INC.A.769

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

MR ROBERT P KIMBALL

Mailing Address 1861 WEALTHY ST SE

City

GRAND RAPIDS

State

MI

Zip Code

49506

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 1 / 2 0 0 8

Transaction ID: INC.A.830

Amount of Each Receipt this Period

150.00

**C.**

Full Name (Last, First, Middle Initial)

MR JAMES B MADDOX

Mailing Address 5009 N EAGLE BRANCH DR

City

MUNCIE

State

IN

Zip Code

47304

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

BANKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 1 / 2 0 0 8

Transaction ID: INC.A.848

Amount of Each Receipt this Period

500.00

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

1150.00

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

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

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MR THEODORE W MORRIS

Mailing Address 1450 N WASHINGTON BLVD  
 TRLR 101

City State Zip Code  
 OGDEN UT 84404

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 RETIRED

Occupation  
 HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 1 1 / 2 0 0 8

Transaction ID: INC.A.523

Amount of Each Receipt this Period

150.00

**B.**

Full Name (Last, First, Middle Initial)

MRS MAE S OVERTON

Mailing Address 1313 W OHIO AVE LOT 1

City State Zip Code  
 GUNNISON CO 81230

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 RETIRED

Occupation  
 HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 1 1 / 2 0 0 8

Transaction ID: INC.A.539

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

MRS ELOISE R VALINET

Mailing Address 5300 W 96TH ST

City State Zip Code  
 INDIANAPOLIS IN 46268

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 INDIANAPOLIS LIFE

Occupation  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 1 1 / 2 0 0 8

Transaction ID: INC.A.432

Amount of Each Receipt this Period

100.00

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

350.00

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MRS BETTY J ALSON

Mailing Address 819 PARADISE LN

City

BROOKINGS

State

OR

Zip Code

97415

FEC ID number of contributing  
federal political committee.

C

Name of Employer

US ARMY/FORT RICHARDSON,  
AL

Occupation

RETIRED BUDGET OFFICER/HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 2 / 2 0 0 8

Transaction ID: INC.A.483

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

MRS BETTY J ALSON

Mailing Address 819 PARADISE LN

City

BROOKINGS

State

OR

Zip Code

97415

FEC ID number of contributing  
federal political committee.

C

Name of Employer

US ARMY/FORT RICHARDSON,  
AL

Occupation

RETIRED BUDGET OFFICER/HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 2 / 2 0 0 8

Transaction ID: INC.A.482

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

MS CORINNE N ASTIN

Mailing Address 604 E GREENWOOD ST

City

SPRINGFIELD

State

MO

Zip Code

65807

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

HOSPICE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2205.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 2 / 2 0 0 8

Transaction ID: INC.A.228

Amount of Each Receipt this Period

20.00

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

1020.00

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

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

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MR DONALD E AUSTIN

Mailing Address 819 COUNTY ROAD 28

City

SOUTH NEW BERLIN

State

NY

Zip Code

13843

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENERAL MOTORS CORP/SELF-  
EMPLOYED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 2 / 2 0 0 8

Transaction ID: INC.A.405

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

MRS JEAN B CANAIY

Mailing Address 2688 ELDORADO SPRINGS DR

City

LOVELAND

State

CO

Zip Code

80538

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

590.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 2 / 2 0 0 8

Transaction ID: INC.A.612

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR HENRY J DESELLIER

Mailing Address 39 KURTZ ST

City

CHICOPEE

State

MA

Zip Code

1013

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 2 / 2 0 0 8

Transaction ID: INC.A.235

Amount of Each Receipt this Period

300.00

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

345.00

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



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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MR DALE FREDRICKSON, JR

Mailing Address 1217 WILLOWOOD LN

City

GULF BREEZE

State

FL

Zip Code

32563

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 2 / 2 0 0 8

Transaction ID: INC.A.764

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

MRS SALLY A GOINGS

Mailing Address 75 CALLE ARAGON UNIT F

City

LAGUNA WOODS

State

CA

Zip Code

92637

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LWV

Occupation  
RETIRED AMBASSADOR FOR SECURITY/HOMEMA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 2 / 2 0 0 8

Transaction ID: INC.A.460

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MR WILLIAM E GUY, JR

Mailing Address 990 E DEL MAR BLVD # 101

City

PASADENA

State

CA

Zip Code

91106

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 2 / 2 0 0 8

Transaction ID: INC.A.597

Amount of Each Receipt this Period

500.00

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

650.00

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MS WINIFRED F HOOD

Mailing Address 1802 WILDFLOWER DR

City

MEDFORD

State

OR

Zip Code

97504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 2 / 2 0 0 8

Transaction ID: INC.A.850

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

MRS CORNELIA M HUNT

Mailing Address 3012 DULWICH DR

City

RICHMOND

State

VA

Zip Code

23234

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 2 / 2 0 0 8

Transaction ID: INC.A.368

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

MR JERALD L JASPERSE

Mailing Address 142 OLD MILL RD APT A

City

HIGH POINT

State

NC

Zip Code

27265

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 2 / 2 0 0 8

Transaction ID: INC.A.648

Amount of Each Receipt this Period

100.00

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

1200.00

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MS SHIRLEY S KLEIN

Mailing Address 2101 ROCK SPRING RD

City

FOREST HILL

State

MD

Zip Code

21050

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

RETIRED MERCHANT

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 2 / 2 0 0 8

Transaction ID: INC.A.500

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

MR PAUL A MICHITSON

Mailing Address 12 NANCY ANN LN

City

MERRIMAC

State

MA

Zip Code

1860

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 2 / 2 0 0 8

Transaction ID: INC.A.849

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

MR RICHARD T ALLISON

Mailing Address 8321 EXETER DR

City

ANCHORAGE

State

AK

Zip Code

99507

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIVIL SERVICE

Occupation

RETIRED LOAD MASTER/HOMEMAKER

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 3 / 2 0 0 8

Transaction ID: INC.A.450

Amount of Each Receipt this Period

100.00

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

450.00

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

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

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MRS JEAN B CANAIY

Mailing Address 2688 ELDORADO SPRINGS DR

City

LOVELAND

State

CO

Zip Code

80538

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

590.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 3 / 2 0 0 8

Transaction ID: INC.A.613

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

COL PAUL D COPHER, RET

Mailing Address 9032 E 33RD PL

City

TUCSON

State

AZ

Zip Code

85710

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AIR FORCE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 3 / 2 0 0 8

Transaction ID: INC.A.817

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

DR PAUL M PEPPER, PHD

Mailing Address 47 W COOKE RD

City

COLUMBUS

State

OH

Zip Code

43214

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 3 / 2 0 0 8

Transaction ID: INC.A.446

Amount of Each Receipt this Period

75.00

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

325.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

Howard Rambin

Mailing Address 1455 West Loop South Suite 700

City

Houston

State

TX

Zip Code

77027

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Moody Rambin InterestsOccupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	3		2	0	0	8

Transaction ID: INC.A.2618

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MRS SHIRLEY A REDMAN

Mailing Address 19 LAKE LORRAINE CIR

City

SHALIMAR

State

FL

Zip Code

32579

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	3		2	0	0	8

Transaction ID: INC.A.533

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Raymond Salzman

Mailing Address 11151 Rawhide Rd.

City

Lusby

State

MD

Zip Code

20657

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	3		2	0	0	8

Transaction ID: INC.A.2739

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional) .....

200.00

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

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

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

John Soldo

Mailing Address 4556 S Hudson Place

City

State

Zip Code

Chandler

AZ

85249

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Colliers International

Occupation  
RE Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 3 / 2 0 0 8

Transaction ID: INC.A.2906

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

MR ANTHONY B WOODSELL

Mailing Address 85 S ATLANTIC AVE APT 304

City

State

Zip Code

COCOA BEACH

FL

32931

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CENSUS BUREAU

Occupation  
RETIRED COMPUTER PROGRAMMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 3 / 2 0 0 8

Transaction ID: INC.A.574

Amount of Each Receipt this Period

150.00

**C.**

Full Name (Last, First, Middle Initial)

Steven Auvil

Mailing Address 6247 Sauterne Drive

City

State

Zip Code

Macungie

PA

18062

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Air Products and Chemicals

Occupation  
Chemical Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 5 / 2 0 0 8

Transaction ID: INC.A.955

Amount of Each Receipt this Period

100.00

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

350.00

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

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

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

H Carr

Mailing Address 3400 Garrison Street NW

City

Washington

State

DC

Zip Code

20008

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 5 / 2 0 0 8

Transaction ID: INC.A.1176

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Steven Hargis

Mailing Address PO Box 1407

City

Hereford

State

TX

Zip Code

79045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Aramco

Occupation  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 5 / 2 0 0 8

Transaction ID: INC.A.1738

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MRS BETTY J ALSON

Mailing Address 819 PARADISE LN

City

BROOKINGS

State

OR

Zip Code

97415

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
US ARMY/FORT RICHARDSON,  
AL

Occupation  
RETIRED BUDGET OFFICER/HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 6 / 2 0 0 8

Transaction ID: INC.A.484

Amount of Each Receipt this Period

200.00

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

500.00

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MRS JEANEANE B DUNCAN

Mailing Address 306 SHADYWOOD RD

City

HOUSTON

State

TX

Zip Code

77057

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

INVESTOR/HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 6 / 2 0 0 8

Transaction ID: INC.A.273

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

MR DALE FREDRICKSON, JR

Mailing Address 1217 WILLOWOOD LN

City

GULF BREEZE

State

FL

Zip Code

32563

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 6 / 2 0 0 8

Transaction ID: INC.A.765

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

MAJOR CARL W GABORIK, RET

Mailing Address 1370 CORAL PL

City

HAMPTON

State

VA

Zip Code

23669

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
U.S. ARMY

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 6 / 2 0 0 8

Transaction ID: INC.A.521

Amount of Each Receipt this Period

500.00

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

700.00

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



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

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MR PHILIP O GEIER, JR

Mailing Address 6000 REDBIRD HOLLOW LN

City

CINCINNATI

State

OH

Zip Code

45243

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 6 / 2 0 0 8

Transaction ID: INC.A.265

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

MRS SHIRLEY E GRIFFITHS

Mailing Address 2216 GRAFFIUS AVENUE EXT

City

PUNXSUTAWNEY

State

PA

Zip Code

15767

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 6 / 2 0 0 8

Transaction ID: INC.A.723

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

MRS LAURA S HILLS

Mailing Address 820 LOCUST ST

City

MANISTEE

State

MI

Zip Code

49660

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 6 / 2 0 0 8

Transaction ID: INC.A.498

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 178 / 289

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MR WAYNE W HOGUE

Mailing Address 1120 BUDD AVE

City

PROSSER

State

WA

Zip Code

99350

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

RETIRED FARMER

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	6		2	0	0	8

Transaction ID: INC.A.362

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MR JERALD L JASPERSE

Mailing Address 142 OLD MILL RD APT A

City

HIGH POINT

State

NC

Zip Code

27265

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	6		2	0	0	8

Transaction ID: INC.A.649

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

MR JAMES S KERNAN, JR

Mailing Address 273 CLINTON ST

City

WHITESBORO

State

NY

Zip Code

13492

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	6		2	0	0	8

Transaction ID: INC.A.439

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

650.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 179 / 289

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MR MATHEW W LIPSCOMB

Mailing Address 2775 FOGG RD N

City

NESBIT

State

MS

Zip Code

38651

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	6		2	0	0	8

Transaction ID: INC.A.255

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

MRS MADGE LEON MOORE

Mailing Address 2187 CHAPMAN RANCH DR

City

HENDERSON

State

NV

Zip Code

89012

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	6		2	0	0	8

Transaction ID: INC.A.310

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MR CHARLES R NADASY

Mailing Address 14718 BARCLAY AVE APT 2A

City

FLUSHING

State

NY

Zip Code

11355

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TISHMAN SPEYER ROCK CENTER

Occupation

RETIRED CLEANER/M. DEGREE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	6		2	0	0	8

Transaction ID: INC.A.747

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional) .....

600.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 180 / 289

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MR RAY G NERPEL

Mailing Address PO BOX 817

City

SEGUIN

State

TX

Zip Code

78156

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

BUSINESS CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 6 / 2 0 0 8

Transaction ID: INC.A.752

Amount of Each Receipt this Period

150.00

**B.**

Full Name (Last, First, Middle Initial)

MR JACK C ROSENAU

Mailing Address 1177 OLD FORT DR

City

TALLAHASSEE

State

FL

Zip Code

32301

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

GEOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 6 / 2 0 0 8

Transaction ID: INC.A.259

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

MR SHERWIN H TERRY

Mailing Address 301 TIDEPOINTE WAY  
VILLA 3306

City

HILTON HEAD ISLAND

State

SC

Zip Code

29928

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 6 / 2 0 0 8

Transaction ID: INC.A.308

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

350.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 181 / 289

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MR LOYL R THOMAS

Mailing Address 9172 JULIE BETH ST

City

CYPRESS

State

CA

Zip Code

90630

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	6		2	0	0	8

Transaction ID: INC.A.385

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

MR DONALD E AUSTIN

Mailing Address 819 COUNTY ROAD 28

City

SOUTH NEW BERLIN

State

NY

Zip Code

13843

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENERAL MOTORS CORP/SELF-  
EMPLOYEDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	7		2	0	0	8

Transaction ID: INC.A.406

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

MS JENNIE K DACY

Mailing Address PO BOX 1221

City

BETHEL

State

AK

Zip Code

99559

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	7		2	0	0	8

Transaction ID: INC.A.463

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional) .....

220.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 182 / 289

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MR CHARLES DISTEFANO

Mailing Address 8309 W SUNNYSIDE AVE

City

HARWOOD HEIGHTS

State

IL

Zip Code

60706

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	7		2	0	0	8

Transaction ID: INC.A.525

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

MS EVELYN D DVORAK

Mailing Address 15437 N PLZ

City

OMAHA

State

NE

Zip Code

68137

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
U.S. NAVYOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	7		2	0	0	8

Transaction ID: INC.A.852

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

MRS JANE A ERICSON

Mailing Address 2222 CHAMBERS LAKE LN SE

City

LACEY

State

WA

Zip Code

98503

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	7		2	0	0	8

Transaction ID: INC.A.546

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional) .....

620.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 183 / 289

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MRS BARBARA L ESKRIDGE

Mailing Address 3216 ROCK HOLLOW RD

City

OKLAHOMA CITY

State

OK

Zip Code

73120

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	7		2	0	0	8

Transaction ID: INC.A.851

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

MS GLADYS G FREY

Mailing Address 633 ADMIRAL DR APT 9205

City

ANNAPOLIS

State

MD

Zip Code

21401

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

HOMEMAKER

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	7		2	0	0	8

Transaction ID: INC.A.350

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

CAPT JOHN E HOCH, JR

Mailing Address 1833 COVE POINT RD

City

ANNAPOLIS

State

MD

Zip Code

21401

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
U.S.N.

Occupation

RETIRED

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	7		2	0	0	8

Transaction ID: INC.A.594

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional) .....

700.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 184 / 289  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)  
MS GLADYS E JOHNSON

Mailing Address 301 E VETERANS RD

City State Zip Code  
LAURENS IA 50554

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 0 8

Transaction ID: INC.A.542

Amount of Each Receipt this Period

150.00

**B.**

Full Name (Last, First, Middle Initial)  
MR WALTER L NELSON

Mailing Address 32820 20TH AVE S UNIT 14

City State Zip Code  
FEDERAL WAY WA 98003

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
U.S. NAVY

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 0 8

Transaction ID: INC.A.672

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)  
MS EDNA C PEACH

Mailing Address 61 RACINE DR

City State Zip Code  
MURPHY NC 28906

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 0 8

Transaction ID: INC.A.654

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional) .....

600.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 185 / 289

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MR CHRISTOPHER R P RODGERS

Mailing Address 555 PALM WAY

City

DELRAY BEACH

State

FL

Zip Code

33483

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 7 / 2 0 0 8

Transaction ID: INC.A.253

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

MR HARRY W SHADE

Mailing Address 11701 W 21ST PL

City

LAKEWOOD

State

CO

Zip Code

80215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 7 / 2 0 0 8

Transaction ID: INC.A.661

Amount of Each Receipt this Period

35.00

**C.**

Full Name (Last, First, Middle Initial)

MRS JOHN B STRASENBURGH

Mailing Address PO BOX 608

City

OCEAN VIEW

State

NJ

Zip Code

8230

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 7 / 2 0 0 8

Transaction ID: INC.A.299

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional) .....

1235.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 186 / 289

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

RADM KENNETH C WALLACE, RET

Mailing Address 1380 GLEN CANNON DR

City

PISGAH FOREST

State

NC

Zip Code

28768

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
USN/SELF EMPLOYED

Occupation

RETIRED/HOMEMAKER

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 7 / 2 0 0 8

Transaction ID: INC.A.238

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

MS SYLVIA J WINDER

Mailing Address 3009 19TH ST

City

LUBBOCK

State

TX

Zip Code

79410

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

RETIRED/INVESTMENTS/FARMER

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 7 / 2 0 0 8

Transaction ID: INC.A.468

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MR DONALD E AUSTIN

Mailing Address 819 COUNTY ROAD 28

City

SOUTH NEW BERLIN

State

NY

Zip Code

13843

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENERAL MOTORS CORP/SELF-EMPLOYED

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 8 / 2 0 0 8

Transaction ID: INC.A.407

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

170.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 187 / 289

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MRS JEAN B CANAIY

Mailing Address 2688 ELDORADO SPRINGS DR

City

LOVELAND

State

CO

Zip Code

80538

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

590.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 8 / 2 0 0 8

Transaction ID: INC.A.614

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Stephen Carpenter

Mailing Address 2300 Pimmit Drive # 411

City

Falls Church

State

VA

Zip Code

22043

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 8 / 2 0 0 8

Transaction ID: INC.A.1174

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

MS GLADYS G FREY

Mailing Address 633 ADMIRAL DR APT 9205

City

ANNAPOLIS

State

MD

Zip Code

21401

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 8 / 2 0 0 8

Transaction ID: INC.A.351

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

145.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 188 / 289

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MRS EILEEN KELLEY

Mailing Address 1201 N WARREN AVE

City

OKLAHOMA CITY

State

OK

Zip Code

73107

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	0	8

Transaction ID: INC.A.707

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MRS EILEEN KELLEY

Mailing Address 1201 N WARREN AVE

City

OKLAHOMA CITY

State

OK

Zip Code

73107

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	0	8

Transaction ID: INC.A.706

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

MRS EILEEN KELLEY

Mailing Address 1201 N WARREN AVE

City

OKLAHOMA CITY

State

OK

Zip Code

73107

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	0	8

Transaction ID: INC.A.705

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional) .....

250.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 189 / 289

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MRS DONNA M RICHTER JONES

Mailing Address 1414 COTTONVILLE DR

City

FRIENDSHIP

State

WI

Zip Code

53934

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

SECONDARY TEACHER/HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 8 / 2 0 0 8

Transaction ID: INC.A.551

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR CHRISTOPHER R P RODGERS

Mailing Address 555 PALM WAY

City

DELRAY BEACH

State

FL

Zip Code

33483

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 8 / 2 0 0 8

Transaction ID: INC.A.254

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

MR RONALD L TODD

Mailing Address 5081 HIGHCLIFF DR APT E11

City

NORTH LITTLE ROCK

State

AR

Zip Code

72116

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

862.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 8 / 2 0 0 8

Transaction ID: INC.A.505

Amount of Each Receipt this Period

150.00

**SUBTOTAL** of Receipts This Page (optional) .....

1175.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 190 / 289

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MS GLADYS A WEBER

Mailing Address 204 E SUSQUEHANNA AVE

City

TOWSON

State

MD

Zip Code

21286

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	0	8

Transaction ID: INC.A.561

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

MRS JEAN B CANAIY

Mailing Address 2688 ELDORADO SPRINGS DR

City

LOVELAND

State

CO

Zip Code

80538

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

590.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	9		2	0	0	8

Transaction ID: INC.A.615

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR CHARLES DISTEFANO

Mailing Address 8309 W SUNNYSIDE AVE

City

HARWOOD HEIGHTS

State

IL

Zip Code

60706

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	9		2	0	0	8

Transaction ID: INC.A.526

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional) .....

175.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 191 / 289

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MS GLADYS G FREY

Mailing Address 633 ADMIRAL DR APT 9205

City

ANNAPOLIS

State

MD

Zip Code

21401

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 9 / 2 0 0 8

Transaction ID: INC.A.352

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MRS CORNELIA M HUNT

Mailing Address 3012 DULWICH DR

City

RICHMOND

State

VA

Zip Code

23234

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 9 / 2 0 0 8

Transaction ID: INC.A.369

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR LAURENCE C PFAFF

Mailing Address 168 CLUB COURSE DR

City

HILTON HEAD ISLAND

State

SC

Zip Code

29928

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 9 / 2 0 0 8

Transaction ID: INC.A.448

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

325.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 192 / 289

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MR DELBERT R ROBINSON

Mailing Address 801 ALABAMA ST

City

LAKE ARTHUR

State

NM

Zip Code

88253

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 9 / 2 0 0 8

Transaction ID: INC.A.826

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MS ROSE C RUSSO

Mailing Address 6330 SPRINGMEYER DR

City

CINCINNATI

State

OH

Zip Code

45248

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 9 / 2 0 0 8

Transaction ID: INC.A.731

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

MS ROSE C RUSSO

Mailing Address 6330 SPRINGMEYER DR

City

CINCINNATI

State

OH

Zip Code

45248

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 9 / 2 0 0 8

Transaction ID: INC.A.732

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

250.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 193 / 289

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)  
MS MARY V THOMAS

Mailing Address 1090 WOODMERE RD

City State Zip Code  
COLUMBUS OH 43220

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 9 / 2 0 0 8

Transaction ID: INC.A.337

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)  
MR DONALD E AUSTIN

Mailing Address 819 COUNTY ROAD 28

City State Zip Code  
SOUTH NEW BERLIN NY 13843

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
GENERAL MOTORS CORP/SELF-EMPLOYED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 8

Transaction ID: INC.A.408

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)  
brian bauer

Mailing Address 918 freeburg ave

City State Zip Code  
belleville IL 62220

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
self

Occupation  
self

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 8

Transaction ID: INC.A.1000

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

370.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 194 / 289

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

Michael Burke

Mailing Address Box 45

City

Savanna

State

OK

Zip Code

74565

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DoD Army MCAAP

Occupation  
IT Specialist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 8

Transaction ID: INC.A.1135

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

MS ORA LEE BURNETT

Mailing Address 9353 COUNTY ROAD 36

City

SULLIGENT

State

AL

Zip Code

35586

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 8

Transaction ID: INC.A.667

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

MRS MARTHA P GIESE

Mailing Address 20 FRAMINGHAM LN

City

PITTSFORD

State

NY

Zip Code

14534

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 8

Transaction ID: INC.A.577

Amount of Each Receipt this Period

150.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 195 / 289

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

Jerry Lindley

Mailing Address 5008 So. 108th St.

City

Omaha

State

NE

Zip Code

68137

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Red D Cash Inc.

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 8

Transaction ID: INC.A.2136

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

MS ROBERTA PAGE

Mailing Address 902 VINE ST

City

KELSO

State

WA

Zip Code

98626

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 8

Transaction ID: INC.A.677

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

John PeckJr.

Mailing Address P.O. Box 829

City

Rancho Santa Fe

State

CA

Zip Code

92067

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Peck Enterprises

Occupation  
Real Estate Investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 8

Transaction ID: INC.A.2546

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

650.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 196 / 289

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MRS DONNA M RICHTER JONES

Mailing Address 1414 COTTONVILLE DR

City

FRIENDSHIP

State

WI

Zip Code

53934

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

SECONDARY TEACHER/HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 8

Transaction ID: INC.A.552

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Leah Schatzki

Mailing Address 4 Larch Lane

City

Moraga

State

CA

Zip Code

94556

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Chevron

Occupation

billing analyst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 8

Transaction ID: INC.A.2762

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

CW Smith

Mailing Address 994 Antelope Rd

City

White City

State

OR

Zip Code

97503

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Consultant

Occupation

Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 8

Transaction ID: INC.A.2893

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

425.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 197 / 289

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MRS ELOISE R VALINET

Mailing Address 5300 W 96TH ST

City

INDIANAPOLIS

State

IN

Zip Code

46268

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INDIANAPOLIS LIFE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 8

Transaction ID: INC.A.433

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

MRS HARRIET M YOUNG

Mailing Address 81910 ARUS AVE

City

INDIO

State

CA

Zip Code

92201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 8

Transaction ID: INC.A.494

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Michael Cohen

Mailing Address 2711 Sunset Blvd

City

Houston

State

TX

Zip Code

77005

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
Internet Business Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 1 / 2 0 0 8

Transaction ID: INC.A.1236

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1350.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 198 / 289

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
--	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

Oliver Moses

Mailing Address 2025 Augusta Drive Apt. 706

City

Houston

State

TX

Zip Code

77057

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Chevron

Occupation

Lead Operator

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 1 / 2 0 0 8

Transaction ID: INC.A.2390

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Charles Preston

Mailing Address 438 Cottage Row

City

Tappahannock

State

VA

Zip Code

22560

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
USMC

Occupation

retired

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 1 / 2 0 0 8

Transaction ID: INC.A.2600

Amount of Each Receipt this Period

400.00

**C.**

Full Name (Last, First, Middle Initial)

Diane Ransom

Mailing Address 14 Wentworth Park

City

Farmington

State

CT

Zip Code

06032

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

homemaker

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 1 / 2 0 0 8

Transaction ID: INC.A.2625

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional) .....

1200.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 199 / 289

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

barry traub

Mailing Address PO BOX 1169

City

NASHVILLE

State

NC

Zip Code

27856

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation  
investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 1 / 2 0 0 8

Transaction ID: INC.A.3079

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Frank Willard

Mailing Address 1046 Pacific Beach Drive

City

San Diego

State

CA

Zip Code

92109

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 1 / 2 0 0 8

Transaction ID: INC.A.3217

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

MR LE ROY BACKBERG

Mailing Address 2540 COUNTY ROAD 120 NE

City

ALEXANDRIA

State

MN

Zip Code

56308

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 3 / 2 0 0 8

Transaction ID: INC.A.645

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 200 / 289

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MRS ELDORIS E BERRETT

Mailing Address 1152 BARCELONA DR

City

SAN DIEGO

State

CA

Zip Code

92107

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 0 8

Transaction ID: INC.A.565

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

DR DONALD E BISSING

Mailing Address 18153 W 157TH ST

City

OLATHE

State

KS

Zip Code

66062

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 0 8

Transaction ID: INC.A.628

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

MRS JOAN L BOWSER

Mailing Address 155 MILL CREEK DR

City

CHARLOTTESVILLE

State

VA

Zip Code

22902

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 0 8

Transaction ID: INC.A.589

Amount of Each Receipt this Period

400.00

**SUBTOTAL** of Receipts This Page (optional) .....

700.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 201 / 289

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)  
DR DELMAR R CALDWELL

Mailing Address 1430 TULANE AVE  
SL 69

City State Zip Code  
NEW ORLEANS LA 70112

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
TULANE UNIVERSITY

Occupation  
PROFESSOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 0 8

Transaction ID: INC.A.853

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)  
MR PAUL DE CLEVA

Mailing Address 350 N ST PAUL ST STE 1625

City State Zip Code  
DALLAS TX 75201

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 0 8

Transaction ID: INC.A.376

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)  
MS SUSANNE DEMILT

Mailing Address 62 WOODMERE RD

City State Zip Code  
STAMFORD CT 6905

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
FERGUSON LIBRARY

Occupation  
LIBRARIAN'S ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 0 8

Transaction ID: INC.A.854

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1750.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 202 / 289

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MR ABE FEINBERG

Mailing Address 17057 NORTHWAY CIR

City

BOCA RATON

State

FL

Zip Code

33496

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
U.S. ARMY AIR CORPS

Occupation

RETIRED CAPT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	3		2	0	0	8

Transaction ID: INC.A.586

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

MR TOM C GARY, JR

Mailing Address 255 POSSUM PARK RD APT 301

City

NEWARK

State

DE

Zip Code

19711

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	3		2	0	0	8

Transaction ID: INC.A.783

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

MR PHILIP O GEIER, JR

Mailing Address 6000 REDBIRD HOLLOW LN

City

CINCINNATI

State

OH

Zip Code

45243

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	3		2	0	0	8

Transaction ID: INC.A.266

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional) .....

700.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 203 / 289

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MISS PEARL GRABHAM

Mailing Address 418 W WALNUT ST

City

INDEPENDENCE

State

KS

Zip Code

67301

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNION GAS SYSTEM, INC.

Occupation

RETIRED SECRETARY TO CO. TREASURER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 3 / 2 0 0 8

Transaction ID: INC.A.569

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

MS ALICE K HAYES

Mailing Address 4014 QUAIL RIDGE DR N APT A

City

BOYNTON BEACH

State

FL

Zip Code

33436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 3 / 2 0 0 8

Transaction ID: INC.A.582

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

MS MARGUERITE J HEPPLER

Mailing Address 140 FOWLER AVENUE EXT

City

MERIDEN

State

CT

Zip Code

6451

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 3 / 2 0 0 8

Transaction ID: INC.A.788

Amount of Each Receipt this Period

40.00

**SUBTOTAL** of Receipts This Page (optional) .....

640.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 204 / 289

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

CAPT JOHN E HOCH, JR

Mailing Address 1833 COVE POINT RD

City

ANNAPOLIS

State

MD

Zip Code

21401

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
U.S.N.Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	3		2	0	0	8

Transaction ID: INC.A.595

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

MRS JANET R HOLDMAN

Mailing Address PO BOX 2008

City

MINDEN

State

NV

Zip Code

89423

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	3		2	0	0	8

Transaction ID: INC.A.814

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MRS EILEEN KELLEY

Mailing Address 1201 N WARREN AVE

City

OKLAHOMA CITY

State

OK

Zip Code

73107

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	3		2	0	0	8

Transaction ID: INC.A.708

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional) .....

275.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 205 / 289

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MS SHIRLEY S KLEIN

Mailing Address 2101 ROCK SPRING RD

City

FOREST HILL

State

MD

Zip Code

21050

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

RETIRED MERCHANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 0 8

Transaction ID: INC.A.501

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

MS LUCILLE B MAJOR

Mailing Address 1854 MEADOWGRASS DR APT 5

City

CORDOVA

State

TN

Zip Code

38016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

SCHOOL TEACHER/HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

535.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 0 8

Transaction ID: INC.A.492

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

MS RUBY H MILLER

Mailing Address PO BOX 1008

City

PALM CITY

State

FL

Zip Code

34991

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 0 8

Transaction ID: INC.A.479

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

760.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 206 / 289

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MR CHARLES R NADASY

Mailing Address 14718 BARCLAY AVE APT 2A

City

FLUSHING

State

NY

Zip Code

11355

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TISHMAN SPEYER ROCK CENTER

Occupation

RETIRED CLEANER/M. DEGREE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 3 / 2 0 0 8

Transaction ID: INC.A.748

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MS MARY C NELSON

Mailing Address 175 MATAWAN AVE

City

MATAWAN

State

NJ

Zip Code

7747

FEC ID number of contributing  
federal political committee.

C

Name of Employer

FEDERAL GOVERNMENT/DEFENSE  
DEPT/USPS

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 3 / 2 0 0 8

Transaction ID: INC.A.624

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

DR PETER PACKARD, MD

Mailing Address 720 SEABURY RD

City

BURLINGAME

State

CA

Zip Code

94010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

RETIRED PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 3 / 2 0 0 8

Transaction ID: INC.A.325

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

145.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MR JENS T PEDERSON

Mailing Address 204 RAILROAD AVE W APT 109

City

ONAMIA

State

MN

Zip Code

56359

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 3 / 2 0 0 8

Transaction ID: INC.A.713

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MS NANCY W QUINN

Mailing Address 4340 PAHOA AVE APT 13C

City

HONOLULU

State

HI

Zip Code

96816

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 3 / 2 0 0 8

Transaction ID: INC.A.580

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

MRS DONNA M RICHTER JONES

Mailing Address 1414 COTTONVILLE DR

City

FRIENDSHIP

State

WI

Zip Code

53934

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
SECONDARY TEACHER/HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 3 / 2 0 0 8

Transaction ID: INC.A.553

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

200.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MR HORACE ROOKE

Mailing Address PO BOX 31024

City

CHARLESTON

State

SC

Zip Code

29417

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

GENERAL CONTRACTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 3 / 2 0 0 8

Transaction ID: INC.A.831

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

MS ELLEN C RUTSON

Mailing Address 1401 HERMITS WAY W

City

THE DALLES

State

OR

Zip Code

97058

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 3 / 2 0 0 8

Transaction ID: INC.A.281

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

MS ROSE C RUSSO

Mailing Address 6330 SPRINGMEYER DR

City

CINCINNATI

State

OH

Zip Code

45248

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 3 / 2 0 0 8

Transaction ID: INC.A.733

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

1025.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MISS ETHELYN L SCHAEFFER

Mailing Address 51 N RIDGE CT

City

PARACHUTE

State

CO

Zip Code

81635

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 0 8

Transaction ID: INC.A.424

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

MR KENNETH P SHERRILL

Mailing Address PO BOX 358

City

ARNETT

State

OK

Zip Code

73832

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
RETIRED FARMER/RANCHER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 0 8

Transaction ID: INC.A.663

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MRS JOHN B STRASENBURGH

Mailing Address PO BOX 608

City

OCEAN VIEW

State

NJ

Zip Code

8230

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 0 8

Transaction ID: INC.A.300

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

225.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MR RONALD L TODD

Mailing Address 5081 HIGHCLIFF DR APT E11

City

NORTH LITTLE ROCK

State

AR

Zip Code

72116

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

862.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 3 / 2 0 0 8

Transaction ID: INC.A.506

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

MR DONALD E AUSTIN

Mailing Address 819 COUNTY ROAD 28

City

SOUTH NEW BERLIN

State

NY

Zip Code

13843

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENERAL MOTORS CORP/SELF-  
EMPLOYED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 4 / 2 0 0 8

Transaction ID: INC.A.409

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

MS ELIZABETH P BERGBOWER

Mailing Address 102 GLENMOOR CIR S

City

EASTON

State

PA

Zip Code

18045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNITED AIRLINES

Occupation  
RETIRED AIRLINE STEWARDESS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 4 / 2 0 0 8

Transaction ID: INC.A.822

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

570.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

LCDR RICHARD W BUDD, RET

Mailing Address PO BOX 2961

City

MINDEN

State

NV

Zip Code

89423

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
U.S.N.

Occupation

RETIRED LCDR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 0 8

Transaction ID: INC.A.233

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

MR RAY BUTLER

Mailing Address 705 HI STIRRUP

City

HORSESHOE BAY

State

TX

Zip Code

78657

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 0 8

Transaction ID: INC.A.344

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

MRS ELEANOR COBB

Mailing Address 131 S VISTA ST

City

LOS ANGELES

State

CA

Zip Code

90036

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 0 8

Transaction ID: INC.A.758

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)  
MS JENNIE K DACY

Mailing Address PO BOX 1221

City State Zip Code  
**BETHEL AK 99559**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 6 / 2 4 / 2 0 0 8**

Transaction ID: INC.A.464

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)  
MRS ANNI C DERNER

Mailing Address 1000 TOWN CENTER DR # 3100

City State Zip Code  
**KLAMATH FALLS OR 97601**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 6 / 2 4 / 2 0 0 8**

Transaction ID: INC.A.651

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)  
COL WILLIAM N DILLARD, RET

Mailing Address 1480 MEADOWBROOK RD NE

City State Zip Code  
**PALM BAY FL 32905**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
USAF

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 6 / 2 4 / 2 0 0 8**

Transaction ID: INC.A.319

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

**250.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MISS AGNES GROCHOW

Mailing Address 3710 N IVAR AVE

City

ROSEMEAD

State

CA

Zip Code

91770

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 0 8

Transaction ID: INC.A.274

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

DR JOHN W HENDERSON

Mailing Address 4001 GLACIER HILLS DR  
UNIT 327

City

ANN ARBOR

State

MI

Zip Code

48105

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 0 8

Transaction ID: INC.A.380

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

DR JOHN W HENDERSON

Mailing Address 4001 GLACIER HILLS DR  
UNIT 327

City

ANN ARBOR

State

MI

Zip Code

48105

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 0 8

Transaction ID: INC.A.379

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

200.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MS MARGUERITE J HEPPLER

Mailing Address 140 FOWLER AVENUE EXT

City

MERIDEN

State

CT

Zip Code

6451

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 0 8

Transaction ID: INC.A.789

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MRS CORNELIA M HUNT

Mailing Address 3012 DULWICH DR

City

RICHMOND

State

VA

Zip Code

23234

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 0 8

Transaction ID: INC.A.370

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

MRS IRIS D JENNEY

Mailing Address 2613 DUFF AVE

City

AMES

State

IA

Zip Code

50010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 0 8

Transaction ID: INC.A.247

Amount of Each Receipt this Period

43.00

**SUBTOTAL** of Receipts This Page (optional) .....

193.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MRS EILEEN KELLEY

Mailing Address 1201 N WARREN AVE

City

OKLAHOMA CITY

State

OK

Zip Code

73107

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 4 / 2 0 0 8

Transaction ID: INC.A.709

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MRS SHERRILL B MARTINEZ

Mailing Address 981 S CLOVER AVE

City

SAN JOSE

State

CA

Zip Code

95128

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
PUBLIC HEALTH NURSE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 4 / 2 0 0 8

Transaction ID: INC.A.821

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

MS BESSIE MULLEN

Mailing Address 24130 FRIAR ST

City

WOODLAND HILLS

State

CA

Zip Code

91367

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 4 / 2 0 0 8

Transaction ID: INC.A.802

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

450.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

Stephen Odrobina

Mailing Address 4537 Moonlake Ridge Dr.

City

Corpus Christi

State

TX

Zip Code

78413

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
retiredOccupation  
na

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	4		2	0	0	8

Transaction ID: INC.A.2472

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

MR FORREST E OTT

Mailing Address 107 FRONTAGE RD

City

SUMMERVILLE

State

SC

Zip Code

29485

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
U.S.A.F.Occupation  
RETIRED LT COL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	4		2	0	0	8

Transaction ID: INC.A.339

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

MRS DONNA M RICHTER JONES

Mailing Address 1414 COTTONVILLE DR

City

FRIENDSHIP

State

WI

Zip Code

53934

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
SECONDARY TEACHER/HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	4		2	0	0	8

Transaction ID: INC.A.554

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional) .....

450.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 217 / 289

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MS ROSE C RUSSO

Mailing Address 6330 SPRINGMEYER DR

City

CINCINNATI

State

OH

Zip Code

45248

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 0 8

Transaction ID: INC.A.734

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MS PEGGY L SHOEMAKE

Mailing Address 818 ROSEWOOD DR

City

LEBANON

State

MO

Zip Code

65536

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 0 8

Transaction ID: INC.A.619

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MR EARL M SIMMONS, JR

Mailing Address 1616 S PERRY ST

City

MONTGOMERY

State

AL

Zip Code

36104

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DR

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 0 8

Transaction ID: INC.A.642

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 218 / 289

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MR LOYL R THOMAS

Mailing Address 9172 JULIE BETH ST

City

CYPRESS

State

CA

Zip Code

90630

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 4 / 2 0 0 8

Transaction ID: INC.A.387

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MR LOYL R THOMAS

Mailing Address 9172 JULIE BETH ST

City

CYPRESS

State

CA

Zip Code

90630

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 4 / 2 0 0 8

Transaction ID: INC.A.386

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MR RONALD L TODD

Mailing Address 5081 HIGHCLIFF DR APT E11

City

NORTH LITTLE ROCK

State

AR

Zip Code

72116

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

862.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 4 / 2 0 0 8

Transaction ID: INC.A.507

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

350.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 219 / 289

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MR DONALD E AUSTIN

Mailing Address 819 COUNTY ROAD 28

City

SOUTH NEW BERLIN

State

NY

Zip Code

13843

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENERAL MOTORS CORP/SELF-  
EMPLOYED

Occupation

RETIRED

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	5		2	0	0	8

Transaction ID: INC.A.410

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

MRS JEAN B CANAIY

Mailing Address 2688 ELDORADO SPRINGS DR

City

LOVELAND

State

CO

Zip Code

80538

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

HOMEMAKER

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

590.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	5		2	0	0	8

Transaction ID: INC.A.616

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MRS ANNI C DERNER

Mailing Address 1000 TOWN CENTER DR # 3100

City

KLAMATH FALLS

State

OR

Zip Code

97601

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	5		2	0	0	8

Transaction ID: INC.A.652

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional) .....

95.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 220 / 289

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

R D EDWARDS

Mailing Address 110 LA CERRA DR

City

RANCHO MIRAGE

State

CA

Zip Code

92270

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
BANKING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 5 / 2 0 0 8

Transaction ID: INC.A.809

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

MR MICHAEL H FINNELL

Mailing Address 625 FAIR OAKS AVE STE 288

City

SOUTH PASADENA

State

CA

Zip Code

91030

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 5 / 2 0 0 8

Transaction ID: INC.A.767

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

MISS PEARL GRABHAM

Mailing Address 418 W WALNUT ST

City

INDEPENDENCE

State

KS

Zip Code

67301

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNION GAS SYSTEM, INC.

Occupation  
RETIRED SECRETARY TO CO. TREASURER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 5 / 2 0 0 8

Transaction ID: INC.A.570

Amount of Each Receipt this Period

35.00

**SUBTOTAL** of Receipts This Page (optional) .....

1535.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MARGERY L KEIDEL

Mailing Address 27765 CALLE VALDES

City

MISSION VIEJO

State

CA

Zip Code

92692

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 5 / 2 0 0 8

Transaction ID: INC.A.512

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MRS MADGE LEON MOORE

Mailing Address 2187 CHAPMAN RANCH DR

City

HENDERSON

State

NV

Zip Code

89012

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 5 / 2 0 0 8

Transaction ID: INC.A.311

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

MRS MADGE LEON MOORE

Mailing Address 2187 CHAPMAN RANCH DR

City

HENDERSON

State

NV

Zip Code

89012

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 5 / 2 0 0 8

Transaction ID: INC.A.312

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

200.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 222 / 289

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MR ROBERT F RAYMOND

Mailing Address 10 SADDLEBACK RD

City

GALENA

State

IL

Zip Code

61036

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MGT SERVICES, INC.

Occupation

RETIRED EXECUTIVE CHEMICAL ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 5 / 2 0 0 8

Transaction ID: INC.A.419

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

MR LEE ANTONELLI

Mailing Address 10 ISLAND RD

City

STUART

State

FL

Zip Code

34996

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

RETIRED INVESTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 6 / 2 0 0 8

Transaction ID: INC.A.855

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

MR DONALD E AUSTIN

Mailing Address 819 COUNTY ROAD 28

City

SOUTH NEW BERLIN

State

NY

Zip Code

13843

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENERAL MOTORS CORP/SELF-  
EMPLOYED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 6 / 2 0 0 8

Transaction ID: INC.A.411

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

620.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MRS ANN H BACHMEYER

Mailing Address 5330 EAGLESVIEW CT

City

CINCINNATI

State

OH

Zip Code

45230

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 6 / 2 0 0 8

Transaction ID: INC.A.692

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

MR CHARLES DISTEFANO

Mailing Address 8309 W SUNNYSIDE AVE

City

HARWOOD HEIGHTS

State

IL

Zip Code

60706

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 6 / 2 0 0 8

Transaction ID: INC.A.527

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

MR TOM C GARY, JR

Mailing Address 255 POSSUM PARK RD APT 301

City

NEWARK

State

DE

Zip Code

19711

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 6 / 2 0 0 8

Transaction ID: INC.A.784

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 224 / 289

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MRS MAGDALENE B GORING

Mailing Address 224 GARDENVIEW DR

City

SAN ANTONIO

State

TX

Zip Code

78213

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 6 / 2 0 0 8

Transaction ID: INC.A.417

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

MARGERY L KEIDEL

Mailing Address 27765 CALLE VALDES

City

MISSION VIEJO

State

CA

Zip Code

92692

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 6 / 2 0 0 8

Transaction ID: INC.A.513

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MRS EILEEN KELLEY

Mailing Address 1201 N WARREN AVE

City

OKLAHOMA CITY

State

OK

Zip Code

73107

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 6 / 2 0 0 8

Transaction ID: INC.A.710

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

400.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MS FRANCES M KING

Mailing Address 3321 DEVON CIR

City

HUNTINGTON BEACH

State

CA

Zip Code

92649

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
B.W. IND.

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 6 / 2 0 0 8

Transaction ID: INC.A.766

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

MR DAVID L LUKE, III

Mailing Address 775 PARK AVE

City

NEW YORK

State

NY

Zip Code

10021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 6 / 2 0 0 8

Transaction ID: INC.A.588

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

MRS MURIEL G MOE

Mailing Address 5300 S MAIN ST APT 31

City

CEDAR FALLS

State

IA

Zip Code

50613

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
COLLEGE PROF/HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 6 / 2 0 0 8

Transaction ID: INC.A.288

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

1600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MR CHARLES R NADASY

Mailing Address 14718 BARCLAY AVE APT 2A

City

FLUSHING

State

NY

Zip Code

11355

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TISHMAN SPEYER ROCK CENTER

Occupation

RETIRED CLEANER/M. DEGREE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 6 / 2 0 0 8

Transaction ID: INC.A.749

Amount of Each Receipt this Period

15.00

**B.**

Full Name (Last, First, Middle Initial)

MRS ELOISE R VALINET

Mailing Address 5300 W 96TH ST

City

INDIANAPOLIS

State

IN

Zip Code

46268

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INDIANAPOLIS LIFE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 6 / 2 0 0 8

Transaction ID: INC.A.434

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

MRS BETTY J ALSON

Mailing Address 819 PARADISE LN

City

BROOKINGS

State

OR

Zip Code

97415

FEC ID number of contributing  
federal political committee.

C

Name of Employer

US ARMY/FORT RICHARDSON,  
AL

Occupation

RETIRED BUDGET OFFICER/HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 7 / 2 0 0 8

Transaction ID: INC.A.485

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

615.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MR DONALD E AUSTIN

Mailing Address 819 COUNTY ROAD 28

City

SOUTH NEW BERLIN

State

NY

Zip Code

13843

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENERAL MOTORS CORP/SELF-  
EMPLOYED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 7 / 2 0 0 8

Transaction ID: INC.A.413

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

MR DONALD E AUSTIN

Mailing Address 819 COUNTY ROAD 28

City

SOUTH NEW BERLIN

State

NY

Zip Code

13843

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GENERAL MOTORS CORP/SELF-  
EMPLOYED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 7 / 2 0 0 8

Transaction ID: INC.A.412

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MS ORA LEE BURNETT

Mailing Address 9353 COUNTY ROAD 36

City

SULLIGENT

State

AL

Zip Code

35586

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 7 / 2 0 0 8

Transaction ID: INC.A.668

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

170.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

COL WILLIAM N DILLARD, RET

Mailing Address 1480 MEADOWBROOK RD NE

City

PALM BAY

State

FL

Zip Code

32905

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
USAF

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 7 / 2 0 0 8

Transaction ID: INC.A.320

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

MRS JOYCE B DOHENY

Mailing Address 4383 ROYAL PL

City

HONOLULU

State

HI

Zip Code

96816

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 7 / 2 0 0 8

Transaction ID: INC.A.689

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

MR ABE FEINBERG

Mailing Address 17057 NORTHWAY CIR

City

BOCA RATON

State

FL

Zip Code

33496

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
U.S. ARMY AIR CORPS

Occupation  
RETIRED CAPT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 7 / 2 0 0 8

Transaction ID: INC.A.587

Amount of Each Receipt this Period

600.00

**SUBTOTAL** of Receipts This Page (optional) .....

950.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MR TOM C GARY, JR

Mailing Address 255 POSSUM PARK RD APT 301

City

NEWARK

State

DE

Zip Code

19711

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 7 / 2 0 0 8

Transaction ID: INC.A.785

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

MS MARGUERITE J HEPPL

Mailing Address 140 FOWLER AVENUE EXT

City

MERIDEN

State

CT

Zip Code

6451

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 7 / 2 0 0 8

Transaction ID: INC.A.790

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

MS MARILYN F IDEN

Mailing Address 208 E MCQUISTION RD

City

BUTLER

State

PA

Zip Code

16001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
TEACHER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 7 / 2 0 0 8

Transaction ID: INC.A.489

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

220.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MR WILLIAM E POWERS

Mailing Address 242 E BROMLEY ST

City

TUCSON

State

AZ

Zip Code

85704

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
U.S BORDER PATROL

Occupation

RETIRED FACILITIES MAINTENANCE FORMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 7 / 2 0 0 8

Transaction ID: INC.A.358

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

MR DONALD E AUSTIN

Mailing Address 819 COUNTY ROAD 28

City

SOUTH NEW BERLIN

State

NY

Zip Code

13843

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENERAL MOTORS CORP/SELF-  
EMPLOYED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 8

Transaction ID: INC.A.414

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

MR LE ROY BACKBERG

Mailing Address 2540 COUNTY ROAD 120 NE

City

ALEXANDRIA

State

MN

Zip Code

56308

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 8

Transaction ID: INC.A.646

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

140.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)  
DR DONALD E BISSING

Mailing Address 18153 W 157TH ST

City State Zip Code  
OLATHE KS 66062

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 0 8

Transaction ID: INC.A.629

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)  
MR DONALD W BUCHTA

Mailing Address 848 BAYVIEW RD

City State Zip Code  
NEENAH WI 54956

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 0 8

Transaction ID: INC.A.317

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)  
LCDR RICHARD W BUDD, RET

Mailing Address PO BOX 2961

City State Zip Code  
MINDEN NV 89423

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
U.S.N.

Occupation  
RETIRED LCDR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 0 8

Transaction ID: INC.A.234

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MRS VERA BURRELL

Mailing Address RR 1 BOX 214

City

FAIRVIEW

State

OK

Zip Code

73737

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

FARMER/RANCHER/HOMEMAKER

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 8

Transaction ID: INC.A.331

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MRS VERA BURRELL

Mailing Address RR 1 BOX 214

City

FAIRVIEW

State

OK

Zip Code

73737

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

FARMER/RANCHER/HOMEMAKER

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 8

Transaction ID: INC.A.330

Amount of Each Receipt this Period

35.00

**C.**

Full Name (Last, First, Middle Initial)

MRS VERA BURRELL

Mailing Address RR 1 BOX 214

City

FAIRVIEW

State

OK

Zip Code

73737

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

FARMER/RANCHER/HOMEMAKER

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 8

Transaction ID: INC.A.332

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

135.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 233 / 289

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MR JESSE W COUCH

Mailing Address 6015 PINE FOREST RD

City

HOUSTON

State

TX

Zip Code

77057

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 0 8

Transaction ID: INC.A.231

Amount of Each Receipt this Period

75.00

**B.**

Full Name (Last, First, Middle Initial)

MR BABE S DODGE

Mailing Address 9631 BEVERLY RD  
PO BOX 271

City

SAINT ELMO

State

AL

Zip Code

36568

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 0 8

Transaction ID: INC.A.779

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

MRS JANE A ERICSON

Mailing Address 2222 CHAMBERS LAKE LN SE

City

LACEY

State

WA

Zip Code

98503

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 0 8

Transaction ID: INC.A.547

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

195.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MR CHARLES E FAIRCHILD

Mailing Address 425 N PARK AVE

City

SHAWNEE

State

OK

Zip Code

74801

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 8

Transaction ID: INC.A.727

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

MR PHILIP O GEIER, JR

Mailing Address 6000 REDBIRD HOLLOW LN

City

CINCINNATI

State

OH

Zip Code

45243

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 8

Transaction ID: INC.A.267

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

MISS AGNES GROCHOW

Mailing Address 3710 N IVAR AVE

City

ROSEMEAD

State

CA

Zip Code

91770

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 8

Transaction ID: INC.A.275

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

700.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MS MARGUERITE J HEPPLER

Mailing Address 140 FOWLER AVENUE EXT

City

MERIDEN

State

CT

Zip Code

6451

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 0 8

Transaction ID: INC.A.792

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

MS MARGUERITE J HEPPLER

Mailing Address 140 FOWLER AVENUE EXT

City

MERIDEN

State

CT

Zip Code

6451

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 0 8

Transaction ID: INC.A.791

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

MR WAYNE W HOGUE

Mailing Address 1120 BUDD AVE

City

PROSSER

State

WA

Zip Code

99350

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

RETIRED FARMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 0 8

Transaction ID: INC.A.363

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional) .....

70.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 236 / 289

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MRS MADGE LEON MOORE

Mailing Address 2187 CHAPMAN RANCH DR

City

HENDERSON

State

NV

Zip Code

89012

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 0 8

Transaction ID: INC.A.313

Amount of Each Receipt this Period

35.00

**B.**

Full Name (Last, First, Middle Initial)

MS MARY C NELSON

Mailing Address 175 MATAWAN AVE

City

MATAWAN

State

NJ

Zip Code

7747

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FEDERAL GOVERNMENT/DEFENSE  
DEPT/USPS

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 0 8

Transaction ID: INC.A.625

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

MR FORREST E OTT

Mailing Address 107 FRONTAGE RD

City

SUMMERVILLE

State

SC

Zip Code

29485

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
U.S.A.F.

Occupation

RETIRED LT COL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 0 8

Transaction ID: INC.A.340

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

235.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 237 / 289

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

John Peck Jr.

Mailing Address P.O. Box 829

City

Rancho Santa Fe

State

CA

Zip Code

92067

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Peck Enterprises

Occupation

Real Estate Investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 8

Transaction ID: INC.A.2545

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

DR PAUL M PEPPER, PHD

Mailing Address 47 W COOKE RD

City

COLUMBUS

State

OH

Zip Code

43214

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 8

Transaction ID: INC.A.447

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

MR ROBERT F RAYMOND

Mailing Address 10 SADDLEBACK RD

City

GALENA

State

IL

Zip Code

61036

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MGT SERVICES, INC.

Occupation

RETIRED EXECUTIVE CHEMICAL ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 8

Transaction ID: INC.A.420

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

1200.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 238 / 289

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MRS SHIRLEY A REDMAN

Mailing Address 19 LAKE LORRAINE CIR

City

SHALIMAR

State

FL

Zip Code

32579

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 8

Transaction ID: INC.A.534

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Raymond Salzman

Mailing Address 11151 Rawhide Rd.

City

Lusby

State

MD

Zip Code

20657

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 8

Transaction ID: INC.A.2740

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

MR JESSE L UPCHURCH

Mailing Address 505 MAIN STREET  
SUITE 500

City

FORT WORTH

State

TX

Zip Code

76102

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 8

Transaction ID: INC.A.435

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1150.00

**TOTAL** This Period (last page this line number only) .....

163785.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 239 / 289

<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)  
National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)  
Washington Intelligence Bureau

Mailing Address 4128 Pepsi Place

City Chantilly State VA Zip Code 20151

Purpose of Disbursement  
Admin Account Services

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2008 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** EXP.B.135

Date of Disbursement

04 / 07 / 2008

Amount of Each Disbursement this Period

541.34

**B.**

Full Name (Last, First, Middle Initial)  
Barrett Garcia

Mailing Address 32302 Camino Capistrano #214

City San Juan Capistran State CA Zip Code 92675

Purpose of Disbursement  
Accounting services

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** EXP.B.54

Date of Disbursement

04 / 21 / 2008

Amount of Each Disbursement this Period

874.20

**C.**

Full Name (Last, First, Middle Initial)  
Special Guests, Inc.

Mailing Address PO Box 1927

City Wendell State NC Zip Code 27591

Purpose of Disbursement  
Talk show publicity for ad

Candidate Name

004  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** EXP.B.55

Date of Disbursement

04 / 22 / 2008

Amount of Each Disbursement this Period

5000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

6415.54

**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 240 / 289

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
National Campaign Fund

<b>A.</b> Full Name (Last, First, Middle Initial) Bank of America <hr/> Mailing Address PO Box 37176	<b>Transaction ID:</b> EXP.B.56 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 3 / 2 0 0 8</div> </div>
<div> <div>City San Francisco State CA Zip Code 94137</div> <div> <div>Purpose of Disbursement Bank Service Charge</div> <div>Candidate Name</div> </div> <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>State: District:</div> </div> <div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> </div> </div> <div>001 Category/Type</div>	<b>Amount of Each Disbursement this Period</b> <div>3.44</div>
<b>B.</b> Full Name (Last, First, Middle Initial) Bank of America <hr/> Mailing Address PO Box 37176	<b>Transaction ID:</b> EXP.B.856 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 3 / 2 0 0 8</div> </div>
<div> <div>City San Francisco State CA Zip Code 94137</div> <div> <div>Purpose of Disbursement Merchant Fees</div> <div>Candidate Name</div> </div> <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>State: District:</div> </div> <div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> </div> </div> <div>001 Category/Type</div>	<b>Amount of Each Disbursement this Period</b> <div>17.23</div>
<b>C.</b> Full Name (Last, First, Middle Initial) Bank of America <hr/> Mailing Address PO Box 37176	<b>Transaction ID:</b> EXP.B.100 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 9 / 2 0 0 8</div> </div>
<div> <div>City San Francisco State CA Zip Code 94137</div> <div> <div>Purpose of Disbursement Check print charge</div> <div>Candidate Name</div> </div> <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>State: District:</div> </div> <div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> </div> </div> <div>001 Category/Type</div>	<b>Amount of Each Disbursement this Period</b> <div>19.36</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

**40.03**

**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 241 / 289

<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)  
National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)  
United States Postal Service

Mailing Address 8 Herbert Street

City Alexandria State VA Zip Code 22305

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

**Transaction ID:** EXP.B.102

Date of Disbursement

/   /

Amount of Each Disbursement this Period

485.00

001

Category/  
Type

**B.**

Full Name (Last, First, Middle Initial)  
Washington Intelligence Bureau

Mailing Address 4128 Pepsi Place

City Chantilly State VA Zip Code 20151

Purpose of Disbursement  
Admin Account Services

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

**Transaction ID:** EXP.B.151

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1206.92

001

Category/  
Type

**C.**

Full Name (Last, First, Middle Initial)  
Landslide Communications

Mailing Address 30011 Ivy Glenn Dr.  
Ste. 223

City Laguna Niguel State CA Zip Code 92677

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** EXP.B.60

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2000.00

004

Category/  
Type

**SUBTOTAL** of Disbursements This Page (optional) .....

3691.92

**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 242 / 289

<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)  
National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)  
Barrett Garcia

Mailing Address 32302 Camino Capistrano #214

City State Zip Code  
San Juan Capistran CA 92675

Purpose of Disbursement  
Accounting services

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** EXP.B.62

Date of Disbursement

05 / 13 / 2008

Amount of Each Disbursement this Period

967.50

**B.**

Full Name (Last, First, Middle Initial)  
Regus

Mailing Address 1101 Pennsylvania Ave 5th Floor

City State Zip Code  
Washington DC 20004

Purpose of Disbursement  
Rent

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** EXP.B.70

Date of Disbursement

05 / 21 / 2008

Amount of Each Disbursement this Period

1117.95

**C.**

Full Name (Last, First, Middle Initial)  
Saigon West

Mailing Address 12881 Knott St.  
#105

City State Zip Code  
Garden Grove CA 92841

Purpose of Disbursement

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

**Transaction ID:** EXP.B.81

Date of Disbursement

05 / 21 / 2008

Amount of Each Disbursement this Period

2500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

4585.45

**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 243 / 289

<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)  
National Campaign Fund

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Bank of America</p> <p>Mailing Address PO Box 37176</p> <p>City San Francisco State CA Zip Code 94137</p> <p>Purpose of Disbursement Bank Check Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>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> EXP.B.99</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="130.25"/></p> <p><input type="text" value="001"/> Category/Type</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Bank of America</p> <p>Mailing Address PO Box 37176</p> <p>City San Francisco State CA Zip Code 94137</p> <p>Purpose of Disbursement Merchant Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>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> EXP.B.857</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="22.75"/></p> <p><input type="text" value="001"/> Category/Type</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Bank of America</p> <p>Mailing Address PO Box 37176</p> <p>City San Francisco State CA Zip Code 94137</p> <p>Purpose of Disbursement Merchant Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>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> EXP.B.859</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="3.25"/></p> <p><input type="text" value="001"/> Category/Type</p>

**SUBTOTAL** of Disbursements This Page (optional) .....

**156.25**

**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 244 / 289

<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)  
National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)  
Bank of America

Mailing Address PO Box 37176

City San Francisco State CA Zip Code 94137

Purpose of Disbursement

Merchant Fees

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: EXP.B.860

Date of Disbursement

05 / 30 / 2008

Amount of Each Disbursement this Period

19.50

**B.**

Full Name (Last, First, Middle Initial)  
Bank of America

Mailing Address PO Box 37176

City San Francisco State CA Zip Code 94137

Purpose of Disbursement

Merchant Fees

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: EXP.B.861

Date of Disbursement

05 / 30 / 2008

Amount of Each Disbursement this Period

1.63

**C.**

Full Name (Last, First, Middle Initial)  
Landslide Communications

Mailing Address 30011 Ivy Glenn Dr., Ste. 223

City Laguna Niguel State CA Zip Code 92677

Purpose of Disbursement

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: EXP.B.75

Date of Disbursement

06 / 03 / 2008

Amount of Each Disbursement this Period

15000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

15021.13

**TOTAL** This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
National Campaign Fund

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **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

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
National Campaign Fund

<b>A.</b> Full Name (Last, First, Middle Initial) Bank of America Mailing Address PO Box 37176	<b>Transaction ID:</b> EXP.B.124 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 3 / 2 0 0 8</div> </div>
City San Francisco State CA Zip Code 94137 Purpose of Disbursement Wire transfer fee Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	<b>Amount of Each Disbursement this Period</b> <div>30.00</div> <div>001 Category/ Type</div>
<b>B.</b> Full Name (Last, First, Middle Initial) Douglas Ramsey Mailing Address 23112 SE 8th Street	<b>Transaction ID:</b> EXP.B.103 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 3 / 2 0 0 8</div> </div>
City Sammamish State WA Zip Code 98074 Purpose of Disbursement Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	<b>Amount of Each Disbursement this Period</b> <div>2000.00</div> <div>001 Category/ Type</div>
<b>C.</b> Full Name (Last, First, Middle Initial) Washington Intelligence Bureau Mailing Address 4128 Pepsi Place	<b>Transaction ID:</b> EXP.B.179 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 7 / 2 0 0 8</div> </div>
City Chantilly State VA Zip Code 20151 Purpose of Disbursement Admin Account Services Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	<b>Amount of Each Disbursement this Period</b> <div>1569.51</div> <div>001 Category/ Type</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

**3599.51**

**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

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)  
Barrett Garcia

Mailing Address 32302 Camino Capistrano #214

City State Zip Code  
San Juan Capistran CA 92675

Purpose of Disbursement  
Accounting services

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2008 ☐ Primary ☒ General  
State: District: ☐ Other (specify) ▼

**Transaction ID:** EXP.B.119

Date of Disbursement

06 / 21 / 2008

Amount of Each Disbursement this Period

1125.00

**B.**

Full Name (Last, First, Middle Initial)  
Regus

Mailing Address 1101 Pennsylvania Ave 5th Floor

City State Zip Code  
Washington DC 20004

Purpose of Disbursement  
Rent

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2008 ☐ Primary ☒ General  
State: District: ☐ Other (specify) ▼

**Transaction ID:** EXP.B.118

Date of Disbursement

06 / 21 / 2008

Amount of Each Disbursement this Period

167.56

**C.**

Full Name (Last, First, Middle Initial)  
Special Guests, Inc.

Mailing Address PO Box 1927

City State Zip Code  
Wendell NC 27591

Purpose of Disbursement  
Consulting services

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: ☐ Primary ☐ General  
State: District: ☐ Other (specify) ▼

**Transaction ID:** EXP.B.125

Date of Disbursement

06 / 24 / 2008

Amount of Each Disbursement this Period

5000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

6292.56

**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 248 / 289

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)  
Landslide Communications

Mailing Address 30011 Ivy Glenn Dr.  
Ste. 223

City Laguna Niguel State CA Zip Code 92677

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

001  
Category/  
Type

**Transaction ID:** EXP.B.149

Date of Disbursement

06 / 28 / 2008

Amount of Each Disbursement this Period

15000.00

**B.**

Full Name (Last, First, Middle Initial)  
Bank of America

Mailing Address PO Box 37176

City San Francisco State CA Zip Code 94137

Purpose of Disbursement  
Merchant/Bank Fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

001  
Category/  
Type

**Transaction ID:** EXP.B.3312

Date of Disbursement

06 / 30 / 2008

Amount of Each Disbursement this Period

355.24

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

15355.24

**TOTAL** This Period (last page this line number only) ..... ►

56788.93



# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Campaign Fund		FEC IDENTIFICATION NUMBER <b>C</b> C00437822	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Mid America Printing		Date MM / DD / YYYY 04 / 03 / 2008	
Mailing Address 2070 Chain Bridge Rd # 520		Amount 7045.76	
City State Zip Code Vienna VA 22182		Transaction ID: EDT.EALC.53	
Purpose of Expenditure Printing		Office Sought: <input type="checkbox"/> House State: _____ <input checked="" type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Category/Type 003		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: John McCain		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 304290.44		2008	
Full Name (Last, First, Middle, Initial) of Payee Wide World Photos		Date MM / DD / YYYY 04 / 03 / 2008	
Mailing Address 450 West 33rd Street		Amount 250.00	
City State Zip Code New York NY 10001		Transaction ID: EDT.EALC.52	
Purpose of Expenditure Photos		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Category/Type 003		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: John McCain		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 304290.44		2008	
(a) SUBTOTAL of Itemized Independent Expenditures .....		7295.76	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
James Lacy Signature		Date MM / DD / YYYY 07 / 15 / 2008	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 250 / 289

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Campaign Fund		FEC IDENTIFICATION NUMBER <b>C</b> C00437822	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Direct Response Data Mngt		Date MM / DD / YYYY 04 / 07 / 2008	
Mailing Address 2070 Chain Bridge Rd # 520		Amount 3415.19	
City State Zip Code Vienna VA 22182		Transaction ID: EDT.EALC.55	
Purpose of Expenditure Data entry for mailings		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Category/Type 003		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: John McCain		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 304290.44		2008	
Full Name (Last, First, Middle, Initial) of Payee Fullfillment Management Svc		Date MM / DD / YYYY 04 / 07 / 2008	
Mailing Address 2070 Chain Bridge Rd # 520		Amount 858.18	
City State Zip Code Vienna VA 22182		Transaction ID: EDT.EALC.56	
Purpose of Expenditure Folding/Inserting Mail		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Category/Type 003		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: John McCain		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 304290.44		2008	
(a) SUBTOTAL of Itemized Independent Expenditures .....		4273.37	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
James Lacy Signature		Date MM / DD / YYYY 07 / 15 / 2008	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Campaign Fund		FEC IDENTIFICATION NUMBER <b>C</b> C00437822	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Response Dynamics, Inc.		Date M M / D D / Y Y Y Y 0 4 / 0 7 / 2 0 0 8	
Mailing Address 2070 Chain Bridge Rd # 520		Amount 1554.55	
City State Zip Code Vienna VA 22182		Transaction ID: EDT.EALC.57	
Purpose of Expenditure Mailing Services		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Category/Type 003		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: John McCain		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 304290.44		2008	
Full Name (Last, First, Middle, Initial) of Payee The Best List, Inc.		Date M M / D D / Y Y Y Y 0 4 / 0 7 / 2 0 0 8	
Mailing Address 2070 Chain Bridge Rd. # 520		Amount 810.45	
City State Zip Code Vienna VA 22182		Transaction ID: EDT.EALC.54	
Purpose of Expenditure Lists		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Category/Type 003		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: John McCain		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 304290.44		2008	
(a) SUBTOTAL of Itemized Independent Expenditures .....		2365.00	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
James Lacy Signature		Date M M / D D / Y Y Y Y 0 7 / 1 5 / 2 0 0 8	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Campaign Fund		FEC IDENTIFICATION NUMBER <b>C</b> C00437822	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Response Dynamics, Inc.		Date MM / DD / YYYY 04 / 08 / 2008	
Mailing Address 2070 Chain Bridge Road Ste 520		Amount 3710.69	
City State Zip Code Vienna VA 22182		Transaction ID: EDT.EALC.58	
Purpose of Expenditure Postage		Office Sought: <input type="checkbox"/> House State: _____ <input checked="" type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Category/Type 003		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: John McCain		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 304290.44		2008	
Full Name (Last, First, Middle, Initial) of Payee Mid America Printing		Date MM / DD / YYYY 04 / 09 / 2008	
Mailing Address 2070 Chain Bridge Rd # 520		Amount 8053.08	
City State Zip Code Vienna VA 22182		Transaction ID: EDT.EALC.59	
Purpose of Expenditure Printing		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Category/Type 003		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: John McCain		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 304290.44		2008	
(a) SUBTOTAL of Itemized Independent Expenditures .....		11763.77	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
James Lacy Signature		Date MM / DD / YYYY 07 / 15 / 2008	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Campaign Fund		FEC IDENTIFICATION NUMBER <b>C</b> C00437822	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Response Dynamics, Inc.		Date M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 8	
Mailing Address 2070 Chain Bridge Road Ste 520		Amount 6697.67	
City State Zip Code Vienna VA 22182		Transaction ID: EDT.EALC.60	
Purpose of Expenditure Postage		Office Sought: <input type="checkbox"/> House State: _____ <input checked="" type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Category/Type 003		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: John McCain		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2008	
304290.44			
Full Name (Last, First, Middle, Initial) of Payee Fullfillment Management Svc		Date M M / D D / Y Y Y Y 0 4 / 1 6 / 2 0 0 8	
Mailing Address 2070 Chain Bridge Rd # 520		Amount 1413.18	
City State Zip Code Vienna VA 22182		Transaction ID: EDT.EALC.63	
Purpose of Expenditure Folding/Inserting Ma- il		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Category/Type 003		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: John McCain		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2008	
304290.44			
(a) SUBTOTAL of Itemized Independent Expenditures .....		8110.85	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
James Lacy Signature		Date M M / D D / Y Y Y Y 0 7 / 1 5 / 2 0 0 8	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Campaign Fund		FEC IDENTIFICATION NUMBER <b>C</b> C00437822	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Response Dynamics, Inc.		Date M M / D D / Y Y Y Y 0 4 / 1 6 / 2 0 0 8	
Mailing Address 2070 Chain Bridge Rd # 520		Amount 1622.65	
City State Zip Code Vienna VA 22182		Transaction ID: EDT.EALC.62	
Purpose of Expenditure Mailing Services		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Category/Type 003		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: John McCain		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 304290.44		2008	
Full Name (Last, First, Middle, Initial) of Payee The Best List, Inc.		Date M M / D D / Y Y Y Y 0 4 / 1 6 / 2 0 0 8	
Mailing Address 2070 Chain Bridge Rd. # 520		Amount 450.30	
City State Zip Code Vienna VA 22182		Transaction ID: EDT.EALC.61	
Purpose of Expenditure Lists		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Category/Type 003		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: John McCain		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 304290.44		2008	
(a) SUBTOTAL of Itemized Independent Expenditures .....		2072.95	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
James Lacy Signature		Date M M / D D / Y Y Y Y 0 7 / 1 5 / 2 0 0 8	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Campaign Fund		FEC IDENTIFICATION NUMBER <b>C</b> C00437822	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Response Dynamics, Inc.		Date M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 8	
Mailing Address 2070 Chain Bridge Road Ste 520		Amount 8177.14	
City State Zip Code Vienna VA 22182		Transaction ID: EDT.EALC.64	
Purpose of Expenditure Postage		Office Sought: <input type="checkbox"/> House State: _____ <input checked="" type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Category/Type 003		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: John McCain		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2008	
304290.44			
Full Name (Last, First, Middle, Initial) of Payee Direct Response Data Mngt		Date M M / D D / Y Y Y Y 0 4 / 2 3 / 2 0 0 8	
Mailing Address 2070 Chain Bridge Rd # 520		Amount 2559.58	
City State Zip Code Vienna VA 22182		Transaction ID: EDT.EALC.67	
Purpose of Expenditure Data entry for mailings		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Category/Type 003		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: John McCain		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2008	
304290.44			
(a) SUBTOTAL of Itemized Independent Expenditures .....		10736.72	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
James Lacy Signature		Date M M / D D / Y Y Y Y 0 7 / 1 5 / 2 0 0 8	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Campaign Fund		FEC IDENTIFICATION NUMBER <b>C</b> C00437822	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Fullfillment Management Svc		Date M M / D D / Y Y Y Y 0 4 / 2 3 / 2 0 0 8	
Mailing Address 2070 Chain Bridge Rd # 520		Amount 1233.21	
City State Zip Code Vienna VA 22182		Transaction ID: EDT.EALC.66	
Purpose of Expenditure Folding/Inserting Mail		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Category/Type 003		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: John McCain		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 304290.44		2008	
Full Name (Last, First, Middle, Initial) of Payee Response Dynamics, Inc.		Date M M / D D / Y Y Y Y 0 4 / 2 3 / 2 0 0 8	
Mailing Address 2070 Chain Bridge Rd # 520		Amount 1475.20	
City State Zip Code Vienna VA 22182		Transaction ID: EDT.EALC.65	
Purpose of Expenditure Mailing Services		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Category/Type 003		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: John McCain		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 304290.44		2008	
(a) SUBTOTAL of Itemized Independent Expenditures .....		2708.41	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
James Lacy Signature		Date M M / D D / Y Y Y Y 0 7 / 1 5 / 2 0 0 8	



# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Campaign Fund		FEC IDENTIFICATION NUMBER <b>C</b> C00437822	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Response Dynamics, Inc.		Date MM / DD / YYYY 04 / 23 / 2008	
Mailing Address 2070 Chain Bridge Road Ste 520		Amount 2971.08	
City State Zip Code Vienna VA 22182		Transaction ID: EDT.EALC.69	
Purpose of Expenditure Postage		Office Sought: <input type="checkbox"/> House State: _____ <input checked="" type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Category/Type 003		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: John McCain		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 304290.44		2008	
Full Name (Last, First, Middle, Initial) of Payee The Best List, Inc.		Date MM / DD / YYYY 04 / 23 / 2008	
Mailing Address 2070 Chain Bridge Rd. # 520		Amount 45.03	
City State Zip Code Vienna VA 22182		Transaction ID: EDT.EALC.68	
Purpose of Expenditure Lists		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Category/Type 003		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: John McCain		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 304290.44		2008	
(a) SUBTOTAL of Itemized Independent Expenditures .....		3016.11	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
James Lacy Signature		Date MM / DD / YYYY 07 / 15 / 2008	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Campaign Fund		FEC IDENTIFICATION NUMBER <b>C</b> C00437822	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Strategic Services Advisors		Date MM / DD / YYYY 05 / 01 / 2008	
Mailing Address 3110 Judson St. PMB #221		Amount 5000.00	
City State Zip Code Gig Harbor WA 98335		Transaction ID: EDT.EALC.33	
Purpose of Expenditure Fundraising Campaign Management		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Category/Type 003		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Barack Obama		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 73532.15		2008	
Full Name (Last, First, Middle, Initial) of Payee Warfield & Co.		Date MM / DD / YYYY 05 / 01 / 2008	
Mailing Address 3122 Rokeby Rd.		Amount 4816.10	
City State Zip Code Delaplane VA 20144		Transaction ID: EDT.EALC.32	
Purpose of Expenditure Advertising		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Barack Obama		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 73532.15		2008	
(a) SUBTOTAL of Itemized Independent Expenditures .....		9816.10	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
James Lacy Signature		Date MM / DD / YYYY 07 / 15 / 2008	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Campaign Fund		FEC IDENTIFICATION NUMBER <b>C</b> C00437822	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Mid America Printing		Date MM / DD / YYYY 05 / 07 / 2008	
Mailing Address 2070 Chain Bridge Rd # 520		Amount 9638.14	
City State Zip Code Vienna VA 22182		Transaction ID: EDT.EALC.71	
Purpose of Expenditure Printing		Office Sought: <input type="checkbox"/> House State: _____ <input checked="" type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Category/Type 003		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: John McCain		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2008	
304290.44			
Full Name (Last, First, Middle, Initial) of Payee Response Dynamics, Inc.		Date MM / DD / YYYY 05 / 07 / 2008	
Mailing Address 2070 Chain Bridge Road Ste 520		Amount 11617.89	
City State Zip Code Vienna VA 22182		Transaction ID: EDT.EALC.70	
Purpose of Expenditure Postage		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Category/Type 003		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: John McCain		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2008	
304290.44			
(a) SUBTOTAL of Itemized Independent Expenditures .....		21256.03	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
James Lacy Signature		Date MM / DD / YYYY 07 / 15 / 2008	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Campaign Fund		FEC IDENTIFICATION NUMBER <b>C</b> C00437822	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee The Best List, Inc.		Date M M / D D / Y Y Y Y 0 5 / 0 7 / 2 0 0 8	
Mailing Address 2070 Chain Bridge Rd. # 520		Amount 5848.02	
City State Zip Code Vienna VA 22182		Transaction ID: EDT.EALC.72	
Purpose of Expenditure Lists		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Category/Type 003		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: John McCain		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2008	
304290.44			
Full Name (Last, First, Middle, Initial) of Payee Fullfillment Management Svc		Date M M / D D / Y Y Y Y 0 5 / 0 8 / 2 0 0 8	
Mailing Address 2070 Chain Bridge Rd # 520		Amount 867.43	
City State Zip Code Vienna VA 22182		Transaction ID: EDT.EALC.74	
Purpose of Expenditure Folding/Inserting Ma- il		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Category/Type 003		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: John McCain		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2008	
304290.44			
(a) SUBTOTAL of Itemized Independent Expenditures .....		6715.45	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
James Lacy Signature		Date M M / D D / Y Y Y Y 0 7 / 1 5 / 2 0 0 8	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Campaign Fund		FEC IDENTIFICATION NUMBER <b>C</b> C00437822	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Response Dynamics, Inc.		Date MM / DD / YYYY 05 / 08 / 2008	
Mailing Address 2070 Chain Bridge Rd # 520		Amount 1116.70	
City State Zip Code Vienna VA 22182		Transaction ID: EDT.EALC.73	
Purpose of Expenditure Mailing Services		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> Presidential State: _____ District: _____	
Category/Type 003		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: John McCain		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 304290.44		2008	
Full Name (Last, First, Middle, Initial) of Payee Eagle Publishing		Date MM / DD / YYYY 05 / 12 / 2008	
Mailing Address One Massachusetts Ave., 6th Floor		Amount 2716.80	
City State Zip Code Washington DC 20001		Transaction ID: EDT.EALC.35	
Purpose of Expenditure E-mail Services		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> Presidential State: _____ District: _____	
Category/Type 003		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Barack Obama		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 73532.15		2008	
(a) SUBTOTAL of Itemized Independent Expenditures .....		3833.50	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
James Lacy Signature		Date MM / DD / YYYY 07 / 15 / 2008	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Campaign Fund		FEC IDENTIFICATION NUMBER <b>C</b> C00437822	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Eagle Publishing		Date M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 8	
Mailing Address One Massachusetts Ave., 6th Floor		Amount 4150.04	
City State Zip Code Washington DC 20001		Transaction ID: EDT.EALC.36	
Purpose of Expenditure E-mail Services		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Category/Type 003		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Barack Obama		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 73532.15		2008	
Full Name (Last, First, Middle, Initial) of Payee Endeavor Media Group, LLC		Date M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 8	
Mailing Address 2620 Sunday House Dr.		Amount 6000.33	
City State Zip Code Pearland TX 77584		Transaction ID: EDT.EALC.34	
Purpose of Expenditure E-mail List Rental		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Category/Type 003		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Barack Obama		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 73532.15		2008	
(a) SUBTOTAL of Itemized Independent Expenditures .....		10150.37	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
James Lacy Signature		Date M M / D D / Y Y Y Y 0 7 / 1 5 / 2 0 0 8	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Campaign Fund		FEC IDENTIFICATION NUMBER <b>C</b> C00437822	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee C4Strategies		Date M M / D D / Y Y Y Y 0 5 / 1 3 / 2 0 0 8	
Mailing Address 8230 Catbird Circle #302		Amount 6454.44	
City State Zip Code Lorton VA 22079		Transaction ID: EDT.EALC.38	
Purpose of Expenditure Website Services		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Category/Type 003		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Barack Obama		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 73532.15		2008	
Full Name (Last, First, Middle, Initial) of Payee Diener Consultants, Inc.		Date M M / D D / Y Y Y Y 0 5 / 1 3 / 2 0 0 8	
Mailing Address 1725 Oregon Pike # 106		Amount 2836.60	
City State Zip Code Lancaster PA 17601		Transaction ID: EDT.EALC.37	
Purpose of Expenditure E-mail Lists		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Category/Type 003		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Barack Obama		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 73532.15		2008	
(a) SUBTOTAL of Itemized Independent Expenditures .....		9291.04	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
James Lacy Signature		Date M M / D D / Y Y Y Y 0 7 / 1 5 / 2 0 0 8	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Campaign Fund		FEC IDENTIFICATION NUMBER <b>C</b> C00437822	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Newsmax Media, Inc.		Date MM / DD / YYYY 05 / 14 / 2008	
Mailing Address 560 Village Blvd. #120		Amount 3998.50	
City State Zip Code West Palm Beach FL 33409		Transaction ID: EDT.EALC.39	
Purpose of Expenditure E-mail Lists		Office Sought: <input type="checkbox"/> House State: _____ <input checked="" type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Category/Type 003		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Barack Obama		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2008	
73532.15			
Full Name (Last, First, Middle, Initial) of Payee Direct Response Data Mngt		Date MM / DD / YYYY 05 / 19 / 2008	
Mailing Address 2070 Chain Bridge Rd # 520		Amount 13659.32	
City State Zip Code Vienna VA 22182		Transaction ID: EDT.EALC.75	
Purpose of Expenditure Data entry for mailings		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Category/Type 003		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: John McCain		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2008	
304290.44			
(a) SUBTOTAL of Itemized Independent Expenditures .....		17657.82	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
James Lacy Signature		Date MM / DD / YYYY 07 / 15 / 2008	



# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Campaign Fund		FEC IDENTIFICATION NUMBER <b>C</b> C00437822	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Response Dynamics, Inc.		Date M M / D D / Y Y Y Y 0 5 / 1 9 / 2 0 0 8	
Mailing Address 2070 Chain Bridge Road Ste 520		Amount 1178.10	
City State Zip Code Vienna VA 22182		Transaction ID: EDT.EALC.76	
Purpose of Expenditure Postage		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Category/Type 003		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: John McCain		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 304290.44		2008	
Full Name (Last, First, Middle, Initial) of Payee Response Dynamics, Inc.		Date M M / D D / Y Y Y Y 0 5 / 1 9 / 2 0 0 8	
Mailing Address 2070 Chain Bridge Road Ste 520		Amount 7243.07	
City State Zip Code Vienna VA 22182		Transaction ID: EDT.EALC.77	
Purpose of Expenditure Postage		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Category/Type 003		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: John McCain		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 304290.44		2008	
(a) SUBTOTAL of Itemized Independent Expenditures .....		8421.17	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
James Lacy Signature		Date M M / D D / Y Y Y Y 0 7 / 1 5 / 2 0 0 8	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Campaign Fund		FEC IDENTIFICATION NUMBER <b>C</b> C00437822	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Mid America Printing		Date M M / D D / Y Y Y Y 0 5 / 2 0 / 2 0 0 8	
Mailing Address 2070 Chain Bridge Rd # 520		Amount 9140.88	
City State Zip Code Vienna VA 22182		Transaction ID: EDT.EALC.78	
Purpose of Expenditure Printing		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Category/Type 003		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: John McCain		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2008	
304290.44			
Full Name (Last, First, Middle, Initial) of Payee Mid America Printing		Date M M / D D / Y Y Y Y 0 5 / 2 1 / 2 0 0 8	
Mailing Address 2070 Chain Bridge Rd # 520		Amount 7776.65	
City State Zip Code Vienna VA 22182		Transaction ID: EDT.EALC.79	
Purpose of Expenditure Printing		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Category/Type 003		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: John McCain		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2008	
304290.44			
(a) SUBTOTAL of Itemized Independent Expenditures .....		16917.53	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
James Lacy Signature		Date M M / D D / Y Y Y Y 0 7 / 1 5 / 2 0 0 8	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Campaign Fund		FEC IDENTIFICATION NUMBER <b>C</b> C00437822	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Mid America Printing		Date M M / D D / Y Y Y Y 0 5 / 2 2 / 2 0 0 8	
Mailing Address 2070 Chain Bridge Rd # 520		Amount 4687.78	
City State Zip Code Vienna VA 22182		Transaction ID: EDT.EALC.80	
Purpose of Expenditure Printing		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Category/Type 003		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: John McCain		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 304290.44		2008	
Full Name (Last, First, Middle, Initial) of Payee Apex Advertising		Date M M / D D / Y Y Y Y 0 5 / 2 7 / 2 0 0 8	
Mailing Address 119 Reese Ave.		Amount 1210.00	
City State Zip Code Lancaster PA 17602		Transaction ID: EDT.EALC.81	
Purpose of Expenditure Advertising		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: John McCain		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 304290.44		2008	
(a) SUBTOTAL of Itemized Independent Expenditures .....		5897.78	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
James Lacy Signature		Date M M / D D / Y Y Y Y 0 7 / 1 5 / 2 0 0 8	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Campaign Fund		FEC IDENTIFICATION NUMBER <b>C</b> C00437822	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee The Best List, Inc.		Date M M / D D / Y Y Y Y 0 5 / 2 8 / 2 0 0 8	
Mailing Address 2070 Chain Bridge Rd. # 520		Amount 7448.42	
City State Zip Code Vienna VA 22182		Transaction ID: EDT.EALC.82	
Purpose of Expenditure Lists		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Category/Type 003		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: John McCain		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 304290.44		2008	
Full Name (Last, First, Middle, Initial) of Payee The Best List, Inc.		Date M M / D D / Y Y Y Y 0 5 / 2 9 / 2 0 0 8	
Mailing Address 2070 Chain Bridge Rd. # 520		Amount 5957.05	
City State Zip Code Vienna VA 22182		Transaction ID: EDT.EALC.83	
Purpose of Expenditure Lists		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Category/Type 003		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: John McCain		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 304290.44		2008	
(a) SUBTOTAL of Itemized Independent Expenditures .....		13405.47	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
James Lacy Signature		Date M M / D D / Y Y Y Y 0 7 / 1 5 / 2 0 0 8	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Campaign Fund		FEC IDENTIFICATION NUMBER <b>C</b> C00437822	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Response Dynamics, Inc.		Date MM / DD / YYYY 06 / 02 / 2008	
Mailing Address 2070 Chain Bridge Road Ste 520		Amount 6685.81	
City State Zip Code Vienna VA 22182		Transaction ID: EDT.EALC.84	
Purpose of Expenditure Postage		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Category/Type 003		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: John McCain		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 304290.44		2008	
Full Name (Last, First, Middle, Initial) of Payee Response Dynamics, Inc.		Date MM / DD / YYYY 06 / 03 / 2008	
Mailing Address 2070 Chain Bridge Road Ste 520		Amount 8870.32	
City State Zip Code Vienna VA 22182		Transaction ID: EDT.EALC.85	
Purpose of Expenditure Postage		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Category/Type 003		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: John McCain		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 304290.44		2008	
(a) SUBTOTAL of Itemized Independent Expenditures .....		15556.13	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
James Lacy Signature		Date MM / DD / YYYY 07 / 15 / 2008	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Campaign Fund		FEC IDENTIFICATION NUMBER <b>C</b> C00437822	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Mid America Printing		Date MM / DD / YYYY 06 / 04 / 2008	
Mailing Address 2070 Chain Bridge Rd # 520		Amount 8314.03	
City State Zip Code Vienna VA 22182		Transaction ID: EDT.EALC.86	
Purpose of Expenditure Printing		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Category/Type 003		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: John McCain		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2008	
304290.44			
Full Name (Last, First, Middle, Initial) of Payee Mid America Printing		Date MM / DD / YYYY 06 / 05 / 2008	
Mailing Address 2070 Chain Bridge Rd # 520		Amount 8854.98	
City State Zip Code Vienna VA 22182		Transaction ID: EDT.EALC.87	
Purpose of Expenditure Printing		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Category/Type 003		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: John McCain		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2008	
304290.44			
(a) SUBTOTAL of Itemized Independent Expenditures .....		17169.01	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
James Lacy Signature		Date MM / DD / YYYY 07 / 15 / 2008	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Campaign Fund		FEC IDENTIFICATION NUMBER <b>C</b> C00437822	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Response Dynamics, Inc.		Date MM / DD / YYYY 06 / 06 / 2008	
Mailing Address 2070 Chain Bridge Road Ste 520		Amount 7409.80	
City State Zip Code Vienna VA 22182		Transaction ID: EDT.EALC.88	
Purpose of Expenditure Postage		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Category/Type 003		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: John McCain		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 304290.44		2008	
Full Name (Last, First, Middle, Initial) of Payee Special Guests, Inc.		Date MM / DD / YYYY 06 / 06 / 2008	
Mailing Address PO Box 1927		Amount 3000.00	
City State Zip Code Wendell NC 27591		Transaction ID: EDT.EALC.40	
Purpose of Expenditure Publicity services		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Category/Type 003		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Barack Obama		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 73532.15		2008	
(a) SUBTOTAL of Itemized Independent Expenditures .....		10409.80	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
James Lacy Signature		Date MM / DD / YYYY 07 / 15 / 2008	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Campaign Fund		FEC IDENTIFICATION NUMBER <b>C</b> C00437822	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Strategic Services Advisors		Date MM / DD / YYYY 06 / 06 / 2008	
Mailing Address 3110 Judson St. PMB #221		Amount 5000.00	
City State Zip Code Gig Harbor WA 98335		Transaction ID: EDT.EALC.41	
Purpose of Expenditure Project management expense		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Category/Type 003		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Barack Obama		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 73532.15		2008	
Full Name (Last, First, Middle, Initial) of Payee United States Postal Service		Date MM / DD / YYYY 06 / 06 / 2008	
Mailing Address 8 Herbert Street		Amount 2000.00	
City State Zip Code Alexandria VA 22305		Transaction ID: EDT.EALC.89	
Purpose of Expenditure Postage		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Category/Type 003		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: John McCain		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 304290.44		2008	
(a) SUBTOTAL of Itemized Independent Expenditures .....		7000.00	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
James Lacy Signature		Date MM / DD / YYYY 07 / 15 / 2008	



# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Campaign Fund		FEC IDENTIFICATION NUMBER <b>C</b> C00437822	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Endeavor Media Group, LLC		Date MM / DD / YYYY 06 / 09 / 2008	
Mailing Address 2620 Sunday House Dr.		Amount 3758.67	
City State Zip Code Pearland TX 77584		Transaction ID: EDT.EALC.42	
Purpose of Expenditure E-mail List Rental		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Category/Type 003		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Barack Obama		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2008	
73532.15			
Full Name (Last, First, Middle, Initial) of Payee Response Dynamics, Inc.		Date MM / DD / YYYY 06 / 10 / 2008	
Mailing Address 2070 Chain Bridge Rd # 520		Amount 4068.75	
City State Zip Code Vienna VA 22182		Transaction ID: EDT.EALC.90	
Purpose of Expenditure Mailing Services		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Category/Type 003		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: John McCain		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2008	
304290.44			
(a) SUBTOTAL of Itemized Independent Expenditures .....		7827.42	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
James Lacy Signature		Date MM / DD / YYYY 07 / 15 / 2008	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Campaign Fund		FEC IDENTIFICATION NUMBER <b>C</b> C00437822	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Fullfillment Management Svc		Date MM / DD / YYYY 06 / 11 / 2008	
Mailing Address 2070 Chain Bridge Rd # 520		Amount 3185.28	
City State Zip Code Vienna VA 22182		Transaction ID: EDT.EALC.92	
Purpose of Expenditure Folding/Inserting Mail		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Category/Type 003		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: John McCain		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 304290.44		2008	
Full Name (Last, First, Middle, Initial) of Payee Mid America Printing		Date MM / DD / YYYY 06 / 11 / 2008	
Mailing Address 2070 Chain Bridge Rd # 520		Amount 6703.61	
City State Zip Code Vienna VA 22182		Transaction ID: EDT.EALC.91	
Purpose of Expenditure Printing		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Category/Type 003		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: John McCain		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 304290.44		2008	
(a) SUBTOTAL of Itemized Independent Expenditures .....		9888.89	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
James Lacy Signature		Date MM / DD / YYYY 07 / 15 / 2008	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Campaign Fund		FEC IDENTIFICATION NUMBER <b>C</b> C00437822	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Response Dynamics, Inc.		Date MM / DD / YYYY 06 / 11 / 2008	
Mailing Address 2070 Chain Bridge Road Ste 520		Amount 15883.83	
City State Zip Code Vienna VA 22182		Transaction ID: EDT.EALC.93	
Purpose of Expenditure Postage		Office Sought: <input type="checkbox"/> House State: _____ <input checked="" type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Category/Type 003		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: John McCain		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 304290.44		2008	
Full Name (Last, First, Middle, Initial) of Payee North Woods Graphics		Date MM / DD / YYYY 06 / 12 / 2008	
Mailing Address 3252 SE Nelson Road		Amount 1627.50	
City State Zip Code Olalla WA 98359		Transaction ID: EDT.EALC.43	
Purpose of Expenditure Video Production Services		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Category/Type 003		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Barack Obama		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 73532.15		2008	
(a) SUBTOTAL of Itemized Independent Expenditures .....		17511.33	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
James Lacy Signature		Date MM / DD / YYYY 07 / 15 / 2008	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Campaign Fund		FEC IDENTIFICATION NUMBER <b>C</b> C00437822	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Response Dynamics, Inc.		Date M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 8	
Mailing Address 2070 Chain Bridge Road Ste 520		Amount 10965.04	
City State Zip Code Vienna VA 22182		Transaction ID: EDT.EALC.94	
Purpose of Expenditure Postage		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Category/Type 003		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: John McCain		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2008	
304290.44			
Full Name (Last, First, Middle, Initial) of Payee Response Dynamics, Inc.		Date M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 8	
Mailing Address 2070 Chain Bridge Road Ste 520		Amount 8266.09	
City State Zip Code Vienna VA 22182		Transaction ID: EDT.EALC.95	
Purpose of Expenditure Postage		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Category/Type 003		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: John McCain		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2008	
304290.44			
(a) SUBTOTAL of Itemized Independent Expenditures .....		19231.13	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
James Lacy Signature		Date M M / D D / Y Y Y Y 0 7 / 1 5 / 2 0 0 8	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Campaign Fund		FEC IDENTIFICATION NUMBER <b>C</b> C00437822	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Patrick Media		Date MM / DD / YYYY 06 / 13 / 2008	
Mailing Address 200 W Jefferson		Amount 4297.00	
City Marshfield		Transaction ID: EDT.EALC.44	
State MO		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Zip Code 65706		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Purpose of Expenditure Comcast expenses		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Category/Type 003		2008	
Name of Federal Candidate supported or Opposed by expenditure: Barack Obama			
Calendar Year-To-Date Per Election for Office Sought		73532.15	
Full Name (Last, First, Middle, Initial) of Payee United States Postal Service		Date MM / DD / YYYY 06 / 13 / 2008	
Mailing Address 8 Herbert Street		Amount 1000.00	
City Alexandria		Transaction ID: EDT.EALC.96	
State VA		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Zip Code 22305		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Purpose of Expenditure Postage		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Category/Type 003		2008	
Name of Federal Candidate supported or Opposed by expenditure: John McCain			
Calendar Year-To-Date Per Election for Office Sought		304290.44	
(a) SUBTOTAL of Itemized Independent Expenditures .....		5297.00	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
James Lacy Signature		Date MM / DD / YYYY 07 / 15 / 2008	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Campaign Fund		FEC IDENTIFICATION NUMBER <b>C</b> C00437822	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Mid America Printing		Date MM / DD / YYYY 06 / 17 / 2008	
Mailing Address 2070 Chain Bridge Rd # 520		Amount 10525.37	
City State Zip Code Vienna VA 22182		Transaction ID: EDT.EALC.50	
Purpose of Expenditure Printing		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Category/Type 003		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: John McCain		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 304290.44		2008	
Full Name (Last, First, Middle, Initial) of Payee C4Strategies		Date MM / DD / YYYY 06 / 18 / 2008	
Mailing Address 8230 Catbird Circle #302		Amount 6454.44	
City State Zip Code Lorton VA 22079		Transaction ID: EDT.EALC.45	
Purpose of Expenditure Website services		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Category/Type 003		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Barack Obama		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 73532.15		2008	
(a) SUBTOTAL of Itemized Independent Expenditures .....		16979.81	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
James Lacy Signature		Date MM / DD / YYYY 07 / 15 / 2008	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Campaign Fund		FEC IDENTIFICATION NUMBER <b>C</b> C00437822	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Response Dynamics, Inc.		Date MM / DD / YYYY 06 / 19 / 2008	
Mailing Address 2070 Chain Bridge Rd # 520		Amount 3000.00	
City State Zip Code Vienna VA 22182		Transaction ID: EDT.EALC.97	
Purpose of Expenditure Mailing services		Office Sought: <input type="checkbox"/> House State: _____ <input checked="" type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Category/Type 003		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: John McCain		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 304290.44		2008	
Full Name (Last, First, Middle, Initial) of Payee Mid America Printing		Date MM / DD / YYYY 06 / 20 / 2008	
Mailing Address 2070 Chain Bridge Rd # 520		Amount 9253.16	
City State Zip Code Vienna VA 22182		Transaction ID: EDT.EALC.49	
Purpose of Expenditure Printing		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Category/Type 003		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: John McCain		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 304290.44		2008	
(a) SUBTOTAL of Itemized Independent Expenditures .....		12253.16	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
James Lacy Signature		Date MM / DD / YYYY 07 / 15 / 2008	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Campaign Fund		FEC IDENTIFICATION NUMBER <b>C</b> C00437822	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Postmaster		Date MM / DD / YYYY 06 / 20 / 2008	
Mailing Address 8 Herbert Street		Amount 2000.00	
City State Zip Code Alexandria VA 22305		Transaction ID: EDT.EALC.98	
Purpose of Expenditure Postage		Office Sought: <input type="checkbox"/> House State: _____ <input checked="" type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Category/Type 003		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: John McCain		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2008	
304290.44			
Full Name (Last, First, Middle, Initial) of Payee C4Strategies		Date MM / DD / YYYY 06 / 21 / 2008	
Mailing Address 8230 Catbird Circle #302		Amount 7104.91	
City State Zip Code Lorton VA 22079		Transaction ID: EDT.EALC.46	
Purpose of Expenditure Website services		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Category/Type 003		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Barack Obama		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2008	
73532.15			
(a) SUBTOTAL of Itemized Independent Expenditures .....		9104.91	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
James Lacy Signature		Date MM / DD / YYYY 07 / 15 / 2008	



# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Campaign Fund		FEC IDENTIFICATION NUMBER <b>C</b> C00437822	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Diener Consultants, Inc.		Date MM / DD / YYYY 06 / 21 / 2008	
Mailing Address 1725 Oregon Pike # 106		Amount 2079.48	
City State Zip Code Lancaster PA 17601		Transaction ID: EDT.EALC.47	
Purpose of Expenditure E-mail lists		Office Sought: <input type="checkbox"/> House State: _____ <input checked="" type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Category/Type 003		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Barack Obama		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2008	
73532.15			
Full Name (Last, First, Middle, Initial) of Payee North Woods Graphics		Date MM / DD / YYYY 06 / 21 / 2008	
Mailing Address 3252 SE Nelson Road		Amount 237.34	
City State Zip Code Olalla WA 98359		Transaction ID: EDT.EALC.48	
Purpose of Expenditure Graphics production		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Category/Type 003		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Barack Obama		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2008	
73532.15			
(a) SUBTOTAL of Itemized Independent Expenditures .....		2316.82	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
James Lacy Signature		Date MM / DD / YYYY 07 / 15 / 2008	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Campaign Fund		FEC IDENTIFICATION NUMBER <b>C</b> C00437822	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Fullfillment Management Svc		Date MM / DD / YYYY 06 / 24 / 2008	
Mailing Address 2070 Chain Bridge Rd # 520		Amount 5767.67	
City State Zip Code Vienna VA 22182		Transaction ID: EDT.EALC.99	
Purpose of Expenditure Folding/inserting ma- il		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Category/Type 003		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: John McCain		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 304290.44		2008	
Full Name (Last, First, Middle, Initial) of Payee Response Dynamics, Inc.		Date MM / DD / YYYY 06 / 24 / 2008	
Mailing Address 2070 Chain Bridge Rd # 520		Amount 7031.66	
City State Zip Code Vienna VA 22182		Transaction ID: EDT.EALC.100	
Purpose of Expenditure Postage		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Category/Type 003		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: John McCain		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 304290.44		2008	
(a) SUBTOTAL of Itemized Independent Expenditures .....		12799.33	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
James Lacy Signature		Date MM / DD / YYYY 07 / 15 / 2008	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Campaign Fund		FEC IDENTIFICATION NUMBER <b>C</b> C00437822	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee The Joan Randall Agency		Date MM / DD / YYYY 06 / 24 / 2008	
Mailing Address 444 Bunker Rd., Suite 209		Amount 4000.00	
City State Zip Code West Palm Beach FL 33405		Transaction ID: EDT.EALC.51	
Purpose of Expenditure Website advertising		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Barack Obama		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2008	
73532.15			
Full Name (Last, First, Middle, Initial) of Payee Response Dynamics, Inc.		Date MM / DD / YYYY 06 / 26 / 2008	
Mailing Address 2070 Chain Bridge Rd # 520		Amount 4535.41	
City State Zip Code Vienna VA 22182		Transaction ID: EDT.EALC.101	
Purpose of Expenditure Postage		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Category/Type 003		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: John McCain		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2008	
304290.44			
(a) SUBTOTAL of Itemized Independent Expenditures .....		8535.41	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
James Lacy Signature		Date MM / DD / YYYY 07 / 15 / 2008	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Campaign Fund		FEC IDENTIFICATION NUMBER <b>C</b> C00437822	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Apex Advertising		Date MM / DD / YYYY 06 / 30 / 2008	
Mailing Address 119 Reese Ave.		Amount 1552.21	
City Lancaster		Transaction ID: EDT.EALC.102	
State PA		Office Sought: <input type="checkbox"/> House State: _____	
Zip Code 17602		<input type="checkbox"/> Senate District: _____	
Purpose of Expenditure Advertising		<input checked="" type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: John McCain		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
Calendar Year-To-Date Per Election for Office Sought		2008 <input type="checkbox"/> Other (specify) : _____	
304290.44			
Full Name (Last, First, Middle, Initial) of Payee Direct Response Data Mngt		Date MM / DD / YYYY 06 / 30 / 2008	
Mailing Address 2070 Chain Bridge Rd # 520		Amount 1107.23	
City Vienna		Transaction ID: EDT.EALC.104	
State VA		Office Sought: <input type="checkbox"/> House State: _____	
Zip Code 22182		<input type="checkbox"/> Senate District: _____	
Purpose of Expenditure Data entry		<input checked="" type="checkbox"/> Presidential	
Category/Type 003		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: John McCain		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
Calendar Year-To-Date Per Election for Office Sought		2008 <input type="checkbox"/> Other (specify) : _____	
304290.44			
(a) SUBTOTAL of Itemized Independent Expenditures .....		2659.44	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
James Lacy Signature		Date MM / DD / YYYY 07 / 15 / 2008	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Campaign Fund		FEC IDENTIFICATION NUMBER <b>C</b> C00437822	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Direct Response Data Mngt		Date MM / DD / YYYY 06 / 30 / 2008	
Mailing Address 2070 Chain Bridge Rd # 520		Amount 5377.18	
City State Zip Code Vienna VA 22182		Transaction ID: EDT.EALC.105	
Purpose of Expenditure Data entry		Office Sought: <input type="checkbox"/> House State: _____ <input checked="" type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Category/Type 003		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: John McCain		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2008	
304290.44			
Full Name (Last, First, Middle, Initial) of Payee The Best List, Inc.		Date MM / DD / YYYY 06 / 30 / 2008	
Mailing Address 2070 Chain Bridge Rd. # 520		Amount 1635.50	
City State Zip Code Vienna VA 22182		Transaction ID: EDT.EALC.103	
Purpose of Expenditure Mailing lists		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Category/Type 003		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: John McCain		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2008	
304290.44			
(a) SUBTOTAL of Itemized Independent Expenditures .....		7012.68	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....		357257.47	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
James Lacy Signature		Date MM / DD / YYYY 07 / 15 / 2008	

# **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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input checked="" type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
National Campaign Fund

A.

Full Name (Last, First, Middle Initial)  
Legacy Committee PAC

Mailing Address 30011 Ivy Glenn Dr., Ste 223

City Laguna Niguel State CA Zip Code 92677

Purpose of Disbursement

Candidate Name  
Legacy Committee PAC

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: EXP.B.83

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	6		2	0	0	8

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) .....

5000.00

TOTAL This Period (last page this line number only) .....

5000.00

# **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)

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<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

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
National Campaign Fund

A.

Full Name (Last, First, Middle Initial)  
Capitol Resources, Inc.

Mailing Address 700 E. Pleasant St.  
PO Box 257

City State Zip Code  
Brooklyn IA 52211

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Category/  
Type

Transaction ID: EXP.B.82

Date of Disbursement

/   /

Amount of Each Disbursement this Period

212.85

SUBTOTAL of Disbursements This Page (optional) .....

212.85

TOTAL This Period (last page this line number only) .....

212.85

**SCHEDULE C (FEC Form 3X)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)  
National Campaign Fund

Transaction ID: RCV:C:84

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
Legacy Committee PAC

Election:

☐ Primary  
☐ General  
☐ Other (specify) ▼

Mailing Address 30011 Ivy Glenn Dr., Ste 223

City Laguna Niguel State CA ZIP Code 92677

Original Amount of Loan

5000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

5000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M  
0 6D D  
0 6Y Y Y Y  
2 0 0 8

. None

0.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

5000.00

**TOTALS** This Period (last page in this line only) ▶

5000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.



**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 289 / 289

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
National Campaign Fund**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Landslide CommunicationsNature of Debt (Purpose):  
Poll and analysisMailing Address 30011 Ivy Glenn Dr.  
Ste. 223City State ZIP Code  
Laguna Niguel CA 92677

Outstanding Balance Beginning This Period

0.00

Transaction ID: PAY:D:120

Amount Incurred This Period

13100.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

13100.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Response Dynamics, Inc.Nature of Debt (Purpose):  
P.O.Box and bulk rate mail-  
ing account deposit

Mailing Address 2070 Chain Bridge Rd # 520

City State ZIP Code  
Vienna VA 22182

Outstanding Balance Beginning This Period

1960.00

Transaction ID: PAY:D:107

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1960.00

1) **SUBTOTALS** This Period This Page (optional)..... ▶

15060.00

2) **TOTALS** This Period (last page this line number only)..... ▶

15060.00

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

15060.00