

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

1. (a) Name of Individual, Organization or Corporation Common Sense Issues Inc		3. FEC Identification Number C C90009739
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 8190-A Beechmont Avenue - 103		
(c) City, State and ZIP Code Cincinnati OH 45255		
2. Corporate filers only	Is the filer a qualified nonprofit corporation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Individual filers only	Name of Employer	Occupation

4. TYPE OF REPORT (check appropriate boxes):

(a) April 15 Quarterly Report 24-Hour Report 48-Hour Report

July 15 Quarterly Report

October Quarterly Report

January 31 Year-End Report

(b) Is this Report an amendment? Yes No

5. COVERING PERIOD: FROM

M	M
0	1

 /

D	D
1	5

 /

Y	Y	Y	Y
2	0	0	8

THROUGH

M	M
0	1

 /

D	D
2	4

 /

Y	Y	Y	Y
2	0	0	8

6. TOTAL CONTRIBUTIONS	<table border="1" style="width: 100%;"><tr><td style="text-align: center;">44000.00</td></tr></table>	44000.00
44000.00		
7. TOTAL INDEPENDENT EXPENDITURES.....	<table border="1" style="width: 100%;"><tr><td style="text-align: center;">1785.20</td></tr></table>	1785.20
1785.20		

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

TYPE OR PRINT NAME OF PERSON COMPLETING FORM	SIGNATURE	DATE
Patrick Davis	_____	01/25/2008

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

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

**SCHEDULE 5-A
ITEMIZED RECEIPTS**

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

NAME OF FILER (In Full)
Common Sense Issues Inc

A. Full Name (Last, First, Middle Initial) <u>Keet Lewis</u>			Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 5 / 2 0 0 8		
Mailing Address 3750 Duchess Trail			Transaction ID: F56.4101		
City	State	Zip Code			
Dallas	TX	75229			
Amount of Each Receipt this Period _____ 29000.00					
FEC ID number of contributing federal political committee. C _____					
Name of Employer		Occupation			
Self-Employed		Investor			

B. Full Name (Last, First, Middle Initial) <u>Keet Lewis</u>			Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 5 / 2 0 0 8		
Mailing Address 3750 Duchess Trail			Transaction ID: F56.4103		
City	State	Zip Code			
Dallas	TX	75229			
Amount of Each Receipt this Period _____ 10000.00					
FEC ID number of contributing federal political committee. C _____					
Name of Employer		Occupation			
Self-Employed		Investor			

C. Full Name (Last, First, Middle Initial) <u>Dottie Thompson</u>			Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 5 / 2 0 0 8		
Mailing Address 3322 Shorecrest Drive Suite 235			Transaction ID: F56.4099		
City	State	Zip Code			
Dallas	TX	75235			
Amount of Each Receipt this Period _____ 5000.00					
FEC ID number of contributing federal political committee. C _____					
Name of Employer		Occupation			
Self-Employed		Homemaker			

SUBTOTAL of Receipts This Page (optional)	44000.00
TOTAL This Period (last page carry total to Line 6)	44000.00

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

Common Sense Issues Inc

Full Name (Last, First, Middle Initial) of Payee
CC Advertising

Date

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

Mailing Address
13800 Coppermine Road

Amount

51.93

City State Zip Code
Herndon VA 20171

Purpose of Expenditure
GOTV

Category/
Type

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

Check One: Support Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:
Mike Huckabee

Calendar Year-To-Date Per Election for Office Sought
51.93

Disbursement For: 2008 Primary General
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
CC Advertising

Date

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

Mailing Address
13800 Coppermine Road

Amount

227.58

City State Zip Code
Herndon VA 20171

Purpose of Expenditure
GOTV

Category/
Type

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

Check One: Support Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:
Mike Huckabee

Calendar Year-To-Date Per Election for Office Sought
279.51

Disbursement For: 2008 Primary General
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
CC Advertising

Date

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

Mailing Address
13800 Coppermine Road

Amount

333.57

City State Zip Code
Herndon VA 20171

Purpose of Expenditure
GOTV

Category/
Type

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

Check One: Support Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:
Mike Huckabee

Calendar Year-To-Date Per Election for Office Sought
613.08

Disbursement For: 2008 Primary General
 Other (specify) _____

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

613.08

(b) **SUBTOTAL** of Unitemized Independent Expenditures

(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

Common Sense Issues Inc

Full Name (Last, First, Middle Initial) of Payee
Kensinger and Associates

Date

/ /

Mailing Address
PO Box 67146

Amount

City State Zip Code
Topeka KS 66667

Purpose of Expenditure
Consulting/ Grassroots Organizing

Category/
Type

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

Name of Federal Candidate Supported or Opposed by Expenditure:
Mike Huckabee

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought

Disbursement For: Primary General
2008
 Other (specify) _____

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

(b) **SUBTOTAL** of Unitemized Independent Expenditures

(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)