

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

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

RECEIVED
FEC MAIL CENTER
OCT 25 9:44

1. (a) Name of Individual, Organization or Corporation <i>Margaret Pillow</i>		3. FEC Identification Number C
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported <i>2435 McKinley Ave.</i>		
(c) City, State and ZIP Code <i>Berkeley CA 94703</i>		
2. Corporate filers only	Is the filer a qualified nonprofit corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Individual filers only	Name of Employer <i>Self</i>	Occupation <i>Real Estate Investment</i>

4. TYPE OF REPORT (check appropriate boxes):

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

24-Hour Report
 48-Hour Report

b) Is this Report an amendment? Yes No

5. COVERING PERIOD: FROM
 07 ' 15 ' 2008
 THROUGH
 10 ' 15 ' 2008

6. TOTAL CONTRIBUTIONS 0

7. TOTAL INDEPENDENT EXPENDITURES 2226.04

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

TYPE OR PRINT NAME OF PERSON COMPLETING FORM	SIGNATURE	DATE
<i>Margaret Pillow</i>	<i>Margaret Pillow</i>	<i>10/15/08</i>

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

28039890590

**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)
Margaret Allow

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

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

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

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

SUBTOTAL of Receipts This Page (optional)	0
TOTAL This Period (last page carry total to Line 6)	0

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**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Margaret Pillow

Full Name (Last, First, Middle Initial) of Payee <u>Tukwark Press</u>	Date <u>09' 29' 2008</u>
Mailing Address <u>2827 7th St.</u>	Amount <u>1,505.10</u>
City <u>Berkeley</u> State <u>CA</u> Zip Code <u>94703</u>	

Purpose of Expenditure <u>Posters</u>	Category/ Type <u>004</u>	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <u>Barack Obama</u>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <u>222604</u>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <u>Tukwark Press</u>	Date <u>10' 13' 2008</u>
Mailing Address <u>2827 7th St.</u>	Amount <u>575.94</u>
City <u>Berkeley</u> State <u>CA</u> Zip Code <u>94703</u>	

Purpose of Expenditure <u>Posters</u>	Category/ Type <u>004</u>	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <u>Barack Obama</u>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <u>222604</u>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee	Date L / D / Y Y Y Y
Mailing Address	Amount
City State Zip Code	

Purpose of Expenditure	Category/ Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	<u>2226.04</u>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<u>0</u>
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	<u>2226.04</u>

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

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked
10/15/06

USPS Registered/Certified Postmarked (R/C)

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

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

JMS

PREPARER

(3/2005)

10/23/06

DATE PREPARED

28039890593