

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 Society for Relief of Distressed and Decayed Pilots Political Action Committee

ADDRESS (number and street) c/o T. J. Tumola, Duane Morris LLP 30 South 17th Street Philadelphia PA 19103 4196 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00240457 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Convention, Special, Runoff (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 07 01 2007 through 12 31 2007

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 Thomas J. Tumola, Asst. Treas.

Signature of Treasurer Electronically Filed by Thomas J. Tumola, Asst. Treas. Date 12 31 2007

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
Society for Relief of Distressed and Decayed Pilots Political Action Committee

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		6027.00
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period .....	17931.00									
(c) Total Receipts (from Line 19) .....	4100.00	28150.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	22031.00	34177.00								
<hr/>										
7. Total Disbursements (from Line 31) .....	10056.00	22202.00								
<hr/>										
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	11975.00	11975.00								
<hr/>										
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
<hr/>										
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name

Society for Relief of Distressed and Decayed Pilots Political Action Committee

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	3500.00	26950.00
(i) Itemized (use Schedule A) .....	200.00	800.00
(ii) Unitemized .....	3700.00	27750.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	400.00	400.00
(c) Other Political Committees (such as PACs) .....	4100.00	28150.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....		
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)) .....	4100.00	28150.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	4100.00	28150.00

**DETAILED SUMMARY PAGE**

of Disbursements

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Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	856.00	1702.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	856.00	1702.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	9200.00	20500.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	10056.00	22202.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	10056.00	22202.00

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	4100.00	28150.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	4100.00	28150.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	856.00	1702.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	856.00	1702.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 15
	<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)  
Society for Relief of Distressed and Decayed Pilots Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Herbert Barnes, Jr.

Mailing Address 750 N. E. Spanish River Blvd.  
Apartment 301

City State Zip Code  
Boca Raton FL 33431

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED 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  
08 / 07 / 2007

Transaction ID: SA11A1.4632

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
J. ALFRED ELLIS

Mailing Address 1904A MARSH ROAD

City State Zip Code  
WILMINGTON DE 19810

FEC ID number of contributing federal political committee. **C**

Name of Employer 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  
08 / 07 / 2007

Transaction ID: SA11A1.4639

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
James G Maloney, Jr.

Mailing Address 52 Pine Reach

City State Zip Code  
Rehoboth DE 19971-1629

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired 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  
12 / 04 / 2007

Transaction ID: SA11A1.4662

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 15
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Society for Relief of Distressed and Decayed Pilots Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Jonathan Mason

Mailing Address 126 Foxcroft Drive

City State Zip Code  
Doylestown PA 18901

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-employed Occupation Pilot

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
08 / 07 / 2007

**Transaction ID:** SA11A1.4631

Amount of Each Receipt this Period  
400.00

**B.** Full Name (Last, First, Middle Initial)  
Matthew D. Nemcic

Mailing Address 274 Stonewater Way

City State Zip Code  
Dover DE 19904

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-employed Occupation Pilot

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
08 / 07 / 2007

**Transaction ID:** SA11A1.4634

Amount of Each Receipt this Period  
400.00

**C.** Full Name (Last, First, Middle Initial)  
ANDREW B. PARISH

Mailing Address Quail's Landing  
24760 Ray's Point Road

City State Zip Code  
St. Michaels MD 21663

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF-EMPLOYED Occupation PILOT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
09 / 20 / 2007

**Transaction ID:** SA11A1.4641

Amount of Each Receipt this Period  
300.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1100.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 8 / 15
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Society for Relief of Distressed and Decayed Pilots Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
LAWRENCE M REARDON

Mailing Address 525 ROTHBURY ROAD

City State Zip Code  
WILMINGTON DE 19803-2439

FEC ID number of contributing federal political committee. **C**

Name of Employer 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  
07 / 20 / 2007

Transaction ID: SA11A1.4628

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
James S Roberts

Mailing Address 4 Shipcarpenter Square

City State Zip Code  
Lewes DE 19958-1246

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired 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  
08 / 07 / 2007

Transaction ID: SA11A1.4633

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	800.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	3500.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 9 / 15
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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)  
Society for Relief of Distressed and Decayed Pilots Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
DUANE MORRIS LLP GOVERNMENT COMMITTEE FEDERAL FUND

Mailing Address Attn: Charles J. O'Donnell  
30 South 17th Street

City Philadelphia State PA Zip Code 19103

FEC ID number of contributing federal political committee. **C** C00364133

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	4	/	2	0	0	7

Transaction ID: SA11C.4654

Amount of Each Receipt this Period  
400.00

CASH CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	400.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	400.00

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

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

FOR LINE NUMBER: (check only one)

<input 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)  
Society for Relief of Distressed and Decayed Pilots Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Pilots' Association for the Bay &amp; River Delaware</b>		<b>Transaction ID:</b> SB21B.4627 Date of Disbursement
Mailing Address 800 S. Columbus Blvd.		<input type="text" value="07"/> / <input type="text" value="02"/> / <input type="text" value="2007"/>
City Philadelphia	State PA	Zip Code 19147
Purpose of Disbursement ACCOUNTING & ADMINISTRATIVE SERVICES		<input type="text" value="001"/> Category/Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial) <b>B. Pilots' Association for the Bay &amp; River Delaware</b>		<b>Transaction ID:</b> SB21B.4647 Date of Disbursement
Mailing Address 800 S. Columbus Blvd.		<input type="text" value="10"/> / <input type="text" value="01"/> / <input type="text" value="2007"/>
City Philadelphia	State PA	Zip Code 19147
Purpose of Disbursement ACCOUNTING & ADMINISTRATIVE SERVICES		<input type="text" value="001"/> Category/Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial) <b>C. PNC Bank</b>		<b>Transaction ID:</b> SB21B.4648 Date of Disbursement
Mailing Address 9th & Walnut Streets		<input type="text" value="10"/> / <input type="text" value="01"/> / <input type="text" value="2007"/>
City Philadelphia	State PA	Zip Code 19107
Purpose of Disbursement BANK CHARGES		<input type="text" value="001"/> Category/Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Amount of Each Disbursement this Period

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="669.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 11 / 15

<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)

Society for Relief of Distressed and Decayed Pilots Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** PNC Bank

Mailing Address 9th & Walnut Streets

City Philadelphia State PA Zip Code 19107

Purpose of Disbursement  
BANK CHARGES

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B.4653

Date of Disbursement

11 / 01 / 2007

Amount of Each Disbursement this Period

19.00

Full Name (Last, First, Middle Initial)

**B.** PNC Bank

Mailing Address 9th & Walnut Streets

City Philadelphia State PA Zip Code 19107

Purpose of Disbursement  
BANK CHARGES

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B.4661

Date of Disbursement

12 / 01 / 2007

Amount of Each Disbursement this Period

19.00

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

38.00

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

707.00

**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 12 / 15

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

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NAME OF COMMITTEE (In Full)  
Society for Relief of Distressed and Decayed Pilots Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. CITIZENS FOR ARLEN SPECTER</b>		Transaction ID: SB23.4629 Date of Disbursement
Mailing Address 3502 PRESTON COURT SUITE 1100 NOR		<input type="text" value="07"/> <input type="text" value="18"/> / <input type="text" value="20"/> <input type="text" value="07"/>
City CHEVY CHASE	State MD	Zip Code 20815
Purpose of Disbursement CASH CONTRIBUTION	<input type="text" value="011"/> Category/ Type	
Candidate Name ARLEN SPECTER		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: PA	District: 00	
		Amount of Each Disbursement this Period <input type="text" value="1000.00"/>

Full Name (Last, First, Middle Initial) <b>B. CITIZENS FOR ARLEN SPECTER</b>		Transaction ID: SB23.4643 Date of Disbursement
Mailing Address 3502 PRESTON COURT SUITE 1100 NOR		<input type="text" value="09"/> <input type="text" value="28"/> / <input type="text" value="20"/> <input type="text" value="07"/>
City CHEVY CHASE	State MD	Zip Code 20815
Purpose of Disbursement CASH CONTRIBUTION	<input type="text" value="011"/> Category/ Type	
Candidate Name ARLEN SPECTER		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: PA	District: 00	
		Amount of Each Disbursement this Period <input type="text" value="1000.00"/>

Full Name (Last, First, Middle Initial) <b>C. COBLE FOR CONGRESS</b>		Transaction ID: SB23.4642 Date of Disbursement
Mailing Address PO Box 1177		<input type="text" value="09"/> <input type="text" value="07"/> / <input type="text" value="20"/> <input type="text" value="07"/>
City Greensboro	State NC	Zip Code 27402
Purpose of Disbursement CASH CONTRIBUTION	<input type="text" value="011"/> Category/ Type	
Candidate Name JOHN HOWARD COBLE		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NC	District: 06	
		Amount of Each Disbursement this Period <input type="text" value="1000.00"/>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="3000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 13 / 15

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

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NAME OF COMMITTEE (In Full)  
Society for Relief of Distressed and Decayed Pilots Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. FRIENDS OF JIM SAXTON</b>		<b>Transaction ID:</b> SB23.4630 Date of Disbursement
Mailing Address PO BOX 795		<input type="text" value="08"/> / <input type="text" value="24"/> / <input type="text" value="2007"/>
City Mount Holly	State NJ	Zip Code 08060
Purpose of Disbursement CASH CONTRIBUTION	<input type="text" value="011"/> Category/ Type	
Candidate Name H. J SAXTON		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NJ	District: 03	
		Amount of Each Disbursement this Period <input type="text" value="1500.00"/>

Full Name (Last, First, Middle Initial) <b>B. LOBIONDO FOR CONGRESS</b>		<b>Transaction ID:</b> SB23.4655 Date of Disbursement
Mailing Address PO BOX 775		<input type="text" value="12"/> / <input type="text" value="04"/> / <input type="text" value="2007"/>
City MARMORA	State NJ	Zip Code 08223
Purpose of Disbursement CASH CONTRIBUTION	<input type="text" value="011"/> Category/ Type	
Candidate Name FRANK A. LOBIONDO		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NJ	District: 02	
		Amount of Each Disbursement this Period <input type="text" value="2500.00"/>

Full Name (Last, First, Middle Initial) <b>C. MURTHA FOR CONGRESS COMMITTEE</b>		<b>Transaction ID:</b> SB23.4652 Date of Disbursement
Mailing Address Suite 120 551 Main Street BT FINANCIAL PLAZA SUITE 220		<input type="text" value="11"/> / <input type="text" value="27"/> / <input type="text" value="2007"/>
City JOHNSTOWN	State PA	Zip Code 15901
Purpose of Disbursement CASH CONTRIBUTION	<input type="text" value="011"/> Category/ Type	
Candidate Name JOHN P MR. MURTHA		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: PA	District: 12	
		Amount of Each Disbursement this Period <input type="text" value="2500.00"/>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="6500.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

Society for Relief of Distressed and Decayed Pilots Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** RICHARDSON FOR PRESIDENT INC.

Mailing Address PO BOX 26208

City ALBUQUERQUE State NM Zip Code 87125

Purpose of Disbursement  
CASH CONTRIBUTION

010  
 011  
Category/  
Type

Candidate Name  
BILL RICHARDSON

Office Sought:  House  Senate  President  
State: NM District: 00  
Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.4659

Date of Disbursement

/   /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B.** RUDY GIULIANI PRESIDENTIAL EXPLORATORY COMMITTEE INC

Mailing Address PROSKAUER ROSE LLP 1585 BROADWAY  
C/O JOHN H GROSS

City NEW YORK State NY Zip Code 10036

Purpose of Disbursement  
RETURNED CHECK

010  
Category/  
Type

Candidate Name  
RUDOLPH W GIULIANI

Office Sought:  House  Senate  President  
State: NY District: 00  
Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼  
OTHER

Transaction ID: SB23.4624

Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

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

Image# 27931718647

Form/Schedule: **F3XN**

FOR 2008, THE PAC WILL BE SWITCHING FROM A SEMI-ANNUAL TO A MONTHLY FILING SCHEDULE.

Transaction ID:

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