

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

RECEIVED
FEC MAIL CENTER
2008 OCT 24 AM 9:04

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

YES WE CAN LONG ISLAND, INC.

ADDRESS (number and street) 2818 MERRICK ROAD

Check if different than previously reported. (ACC)

BELLMORE NY 11710-5310

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C00454181

3. IS THIS REPORT X 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 Year-End 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) X General (12G) Runoff (12R) Convention (12C) Special (12S)

Election on 11 04 2008 in the State of NY

(d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S)

Election on M M / D D / Y Y Y Y In the State of

5. Covering Period 10 01 2008 through 10 19 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 Joanna F. LUCAS

Signature of Treasurer *Joanna F. Lucas*

Date 10 22 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							
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FEC FORM 3X
Rev. 12/2004

28039893703

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

YES WE CAN LONG ISLAND

Report Covering the Period:

From: 10'01'2008

To: 10'19'2008

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, y y y y		∅
(b) Cash on Hand at Beginning of Reporting Period.....	23,076.	
(c) Total Receipts (from Line 19)	20,760.	44,881.
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	43,836.	44,881.
7. Total Disbursements (from Line 31).....	19,736.	21,122.
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	24,100.	23,759.
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		

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

28039893704

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

YES WE CAN, LOD4 ISLAND

Report Covering the Period: From:

10^M ' 01^D ' 2008^Y

To:

10^M ' 19^D ' 2008^Y

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		
(i) Itemized (use Schedule A).....	4,650.	18,150.
(ii) Unitemized	11,110.	21,731.
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	15,760.	39,881.
(b) Political Party Committees
(c) Other Political Committees (such as PACs).....	5,000.	5,000.
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶	20,760.	44,881.
12. Transfers From Affiliated/Other Party Committees.....	.	.
13. All Loans Received
14. Loan Repayments Received.....	.	.
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	.	.
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	.	.
17. Other Federal Receipts (Dividends, Interest, etc.).....	.	.
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	.	.
(b) Levin Funds (from Schedule H5).....	.	.
(c) Total Transfers (add 18(a) and 18(b))..	.	.
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	20,760.	44,881.
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	20,760.	44,881.

28039893705

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) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	,	,
(ii) Non-Federal Share.....	,	,
(b) Other Federal Operating Expenditures	2,010.	3,055.
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	2,010.	3,055.
22. Transfers to Affiliated/Other Party Committees.....	,	,
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	,	,
24. Independent Expenditures (use Schedule E)	17,726.06	18,067.06
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	,	,
26. Loan Repayments Made.....	,	,
27. Loans Made.....	,	,
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	,	,
(b) Political Party Committees	,	,
(c) Other Political Committees (such as PACs).....	,	,
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	,	,
29. Other Disbursements	,	,
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	,	,
(ii) "Levin" Share.....	,	,
(b) Federal Election Activity Paid Entirely With Federal Funds	,	,
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	,	,
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	19,736.06	21,122.06
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	19,736.06	21,122.06

28039893706

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)	20,760.	44,881.
34. Total Contribution Refunds (from Line 28(d))	,	,
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	20,760.	44,881.
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	2,010	3,055.
37. Offsets to Operating Expenditures (from Line 15, page 3)	,	,
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2,010	3,055.

28039893707

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

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

FOR LINE NUMBER: PAGE 1 OF 2
(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)
YES WE CAN LONG ISLAND

A. Full Name (Last, First, Middle Initial)
HANSEN, JOSHUA

Mailing Address
46 YELLOW COVE RD

City **DOYSTER BAY COVE NY** State **NY** Zip Code **11771**

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
10 04 2008

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
HARRIS, CHRISTOPHER

Mailing Address
33 CRESCENT RD

City **PORT WASHINGTON NY** State **NY** Zip Code **11050**

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
10 06 2008

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
COOPER, TODD

Mailing Address
125 BARN RD

City **OLD WESTBURY NY** State **NY** Zip Code **11568**

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

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) _____

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
10 06 2008

Amount of Each Receipt this Period
1500.00

SUBTOTAL of Receipts This Page (optional).....▶	
TOTAL This Period (last page this line number only).....▶	

28039893708

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

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

FOR LINE NUMBER:
(check only one)

PAGE 2 OF 2

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

YES WE CAN LONG ISLAND

A. Full Name (Last, First, Middle Initial)
COOPER, MILTON

Mailing Address
N/A

City N/A State Zip Code

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

10 06 2008

Amount of Each Receipt this Period

1000.00

B. Full Name (Last, First, Middle Initial)
SACHS, ROBIN

Mailing Address
4 SWEET GUM CT.

City Dix Hills State N.Y. Zip Code 11746

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For:
 Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

10 06 2008

Amount of Each Receipt this Period

400.00

C. Full Name (Last, First, Middle Initial)
KIRDOFF, RICK

Mailing Address
24 TRAILS END

City CHAPPAQUA State N.Y. Zip Code 10514

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

10 06 2008

Amount of Each Receipt this Period

250.00

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

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

4,650.00

28039893709

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE	OF
<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input checked="" type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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)
YES WE CAN LONG ISLAND

A. Full Name (Last, First, Middle Initial)
FRIENDS OF TOM SHOZZI

Mailing Address
410 JERICHO TRKE STATE 303

City **JERICHO** State **NY** Zip Code **11753-1318**

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
10 16 2008

Amount of Each Receipt this Period
5000.00

B. Full Name (Last, First, Middle Initial)

Mailing Address

City _____ State _____ Zip Code _____

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

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City _____ State _____ Zip Code _____

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

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y

Amount of Each Receipt this Period

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

TOTAL This Period (last page this line number only)..... ▶ **5,000.00**

28039893710

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) YES WE CAN LONG ISLAND	FEC IDENTIFICATION NUMBER 000454181
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle Initial) of Payee CYBERVISION ENTERTAINMENT	Date 10'03'2008
Mailing Address 201 W. 139 ST.	Amount 800.00
City State Zip Code NEW YORK NY 10030	

Purpose of Expenditure ENTERTAINMENT @ FUNDRAISING	Category/Type 003	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 800.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee JOHN SKVARLA	Date 10'07'2008
Mailing Address N/A	Amount 1,262.00
City State Zip Code	

Purpose of Expenditure T. SHIRT PRINTING	Category/Type 006	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 1,262.00		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures	-
(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.

Signature _____ Date MM / DD / YYYY

28039893711

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) YES WE CAN LODG ISLAND	FEC IDENTIFICATION NUMBER ▼ C00454181
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle Initial) of Payee MIKES PARTY TENTS	Date 10 16 2008
Mailing Address	Amount .706.06
City N/A State Zip Code	

Purpose of Expenditure TABLES, CHAIRS, SETUP	Category/Type 007	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District:
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose

Calendar Year-To-Date Per Election for Office Sought .706.06	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
--	---

Full Name (Last, First, Middle Initial) of Payee RENT A JOHN	Date 10 16 2008
Mailing Address	Amount .489.00
City N/A State Zip Code	

Purpose of Expenditure DEPOSIT- PORTABLE TOILETS	Category/Type 007	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District:
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose

Calendar Year-To-Date Per Election for Office Sought .489.00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
--	--

(a) SUBTOTAL of Itemized Independent Expenditures	▶
(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.

Signature

Date **MM / DD / YYYY**

28039893712

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <u>YES WE CAN LONG ISLAND</u>	FEC IDENTIFICATION NUMBER ▼ <u>0:00454181</u>
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle Initial) of Payee <u>STEDEN DAWES</u>	Date <u>10'10'2008</u>
Mailing Address <u>1 SCHOOL ST.</u>	Amount <u>5,464.00</u>
City <u>GLEND HEAD</u> State <u>NY</u> Zip Code <u>11545</u>	
Purpose of Expenditure <u>PURCH. OF SIGNS</u>	Category/Type <u>006</u>
Name of Federal Candidate Supported or Opposed by Expenditure: <u>BARACK OBAMA</u>	
Calendar Year-To-Date Per Election for Office Sought <u>5,464.00</u>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <u>NEW YORK DEMOCRATIC CLUB</u>	Date <u>10'12'2008</u>
Mailing Address	Amount <u>500.00</u>
City _____ State _____ Zip Code _____	
Purpose of Expenditure <u>CONTRIBUTION</u>	Category/Type <u>011</u>
Name of Federal Candidate Supported or Opposed by Expenditure:	
Calendar Year-To-Date Per Election for Office Sought <u>500.00</u>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures	▶
(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.

Signature _____

Date

M M / D D / Y Y Y Y

28039893713

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) YES WE CAN LONG ISLAND	FEC IDENTIFICATION NUMBER ▼ C00454181
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle Initial) of Payee EDENT RADIO INC.	Date 10'16'2008
Mailing Address 7015 AUSTIN ST.	Amount 1,000.00
City State Zip Code FOREST HILLS NY 11375	
Purpose of Expenditure DEPOSIT RADIO RENTALS	Category/Type 007
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA	
Calendar Year-To-Date Per Election for Office Sought 1,000.00	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee JOHN MANEK	Date 10'14'2008
Mailing Address N/A	Amount 1,075.00
City State Zip Code N/A	
Purpose of Expenditure PURCH OF SIGNS	Category/Type 006
Name of Federal Candidate Supported or Opposed by Expenditure:	
Calendar Year-To-Date Per Election for Office Sought 1,075.00	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures	▶
(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.

Signature _____ Date / /

28039893714

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) YES WE CAN LONG ISLAND	FEC IDENTIFICATION NUMBER 000454181
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle Initial) of Payee KREITZBERGER, MARVIN	Date 10' 06' 2008
Mailing Address 51 HENRY ST.	Amount 4,880.00
City MERRICK State NY Zip Code 11566	

Purpose of Expenditure REIMBURSEMENT - LAID OUT CAMPAIGN MAT.	Category/Type 006
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA	

Office Sought:	<input type="checkbox"/> House	State: _____
	<input type="checkbox"/> Senate	District: _____
	<input checked="" type="checkbox"/> President	
Check One:	<input checked="" type="checkbox"/> Support	<input type="checkbox"/> Oppose

Calendar Year-To-Date Per Election for Office Sought 5,221.00

Disbursement For:	<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
	<input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee INTER COUNTY BUS CORP.	Date 10' 07' 2008
Mailing Address PO BOX 17	Amount 1,550.00
City BARYLON State NY Zip Code 11702	

Purpose of Expenditure TRANSPORTATION - PA-DOOR TO DOOR EFFORTS	Category/Type 007
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA	

Office Sought:	<input type="checkbox"/> House	State: _____
	<input type="checkbox"/> Senate	District: _____
	<input checked="" type="checkbox"/> President	
Check One:	<input checked="" type="checkbox"/> Support	<input type="checkbox"/> Oppose

Calendar Year-To-Date Per Election for Office Sought 1,550.00

Disbursement For:	<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
	<input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures	
(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.

Joanna J. Lucas
Signature

Date **10' 22' 2008**

28039893715

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input checked="" type="checkbox"/> USPS Express Mail	Postmarked <i>10/23/08</i>
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

Jmp
 PREPARER

10/24/08
 DATE PREPARED

28039893716