

# FEC FORM 5

RECEIVED  
FEC MAIL CENTER

## 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 <b>CRAIG R. CHORMANN</b>		3. FEC Identification Number <b>C</b>
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported <b>3 PRITCHARD COURT</b>		
(c) City, State and ZIP Code <b>FAIRPORT, NY 14450</b>		
2. Corporate filers only Is the filer a qualified nonprofit corporation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Individual filers only Name of Employer <b>QUADRANT MOULDING &amp; SUPPLY, INC.</b>	Occupation <b>CHAIRMAN/C.E.O.</b>	

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

M M / D D / Y Y Y Y		
01 / 01 / 2007		

THROUGH

M M / D D / Y Y Y Y		
12 / 31 / 2007		

6. TOTAL CONTRIBUTIONS ..... **0.00**

7. TOTAL INDEPENDENT EXPENDITURES ..... **49,654.4**

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

**CRAIG R. CHORMANN**

*Craig R Chormann* 1/30/08

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

28039614708

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
**CRAIG R. CHORMANN**

Full Name (Last, First, Middle Initial) of Payee <b>DR. DON'S BUTTONS</b>		Date MM / DD / YYYY <b>11 / 06 / 2007</b>
Mailing Address <b>3906 W. MORROW DR.</b>		Amount <b>310.85</b>
City <b>GLENDALE</b>	State <b>AZ</b>	
Purpose of Expenditure <b>BUTTONS, STICKERS</b>		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>MIKE HUCKABEE</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>310.85</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>PREMIUM GRAPHICX</b>		Date MM / DD / YYYY <b>11 / 08 / 2007</b>
Mailing Address <b>5512 MITCHELDALE</b>		Amount <b>487.59</b>
City <b>HOUSTON</b>	State <b>TX</b>	
Purpose of Expenditure <b>YARD SIGNS</b>		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>MIKE HUCKABEE</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>798.44</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>DR. DON'S BUTTONS</b>		Date MM / DD / YYYY <b>12 / 17 / 2007</b>
Mailing Address <b>3906 W. MORROW DR.</b>		Amount <b>1,045.80</b>
City <b>GLENDALE</b>	State <b>AZ</b>	
Purpose of Expenditure <b>BUTTONS, STICKERS</b>		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>MIKE HUCKABEE</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>1,844.24</b>		Disbursement For: <input checked="" 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..... (carry total from last page forward to Line 7)	▶	

28029614709

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
**CRAIG R. CHORMANN**

Full Name (Last, First, Middle Initial) of Payee <b>PREMIUM GRAPHIX</b>		Date MM / DD / YYYY <b>12 / 19 / 2007</b>
Mailing Address <b>5512 MITCHELLDALE</b>		Amount <b>3,121.20</b>
City <b>HOUSTON</b>	State <b>Tx</b>	
Purpose of Expenditure <b>YARD SIGNS</b>		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>MIKE HUCKABEE</b>		State: _____ District: _____
Calendar Year-To-Date Per Election for Office Sought <b>4,965.44</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee		Date
Mailing Address		MM / DD / YYYY
City	State	Amount
Purpose of Expenditure		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:		State: _____ District: _____
Calendar Year-To-Date Per Election for Office Sought		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) _____

Full Name (Last, First, Middle Initial) of Payee		Date
Mailing Address		MM / DD / YYYY
City	State	Amount
Purpose of Expenditure		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:		State: _____ District: _____
Calendar Year-To-Date Per Election for Office Sought		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>4,965.44</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<b>0.00</b>
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	<b>4,965.44</b>

28039614710

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.

28039614711

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> USPS First Class Mail	Postmarked 11/30/08
<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 type="checkbox"/> USPS Express Mail	Postmarked
<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

*JMA*  
 PREPARER

2/4/08  
 DATE PREPARED