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

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| 1. (a) Name of Individual, Organization or Corporation | |
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| CRAIG R. CHORMANN | |
| (b) Address (number and street) | |
| 3 PRITCHARD COURT | |
| (c) City, State and ZIP Code | 3. FEC Identification Number |
| FAIRPORT, NY 14450 | |
| 2. Corporate filers only Is the filer a qualified nonprofit corporation? Types 🔀 No | |
| Individual filers only Name of Employer O | ccupation |
| QUADRANT MOULDING & SUPPLY, INC CH. | AIRMAN/C.E.O. |
| 4. TYPE OF REPORT (check appropriate boxes): | |
| (a) April 15 Quarterly Report | n annaich a saois an saois an Saois an saois an saoi |
| July 15 Quarterly Report | |
| C October 15 Quarterly Report | |
| Statistics Statistics at a second statistic statistic statistics at a second statistics at a second statistics at a second statisti | 97 J - 54 |
| <pre>control_Adapating control control</pre> | · |
| b) Is this Report an amendment? Yes \Box No $\overleftarrow{\mathcal{X}}$ | |
| 5. COVERING PERIOD: FROM 0 1 2007 THROUGH 1 2 3 1 2007 | |
| 6. TOTAL CONTRIBUTIONS | |
| 7. TOTAL INDEPENDENT EXPENDITURES | <u>A</u> <u>4</u> <u>9</u> <u>6</u> <u>5</u> <u>4</u> <u>4</u> |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent. In additive herein were made by a corporation) I certify that the corporation is a qualified nonprofit corporation under the Commission's re | on, (if the independent expenditures reported |
| TYPE OR PRINT NAME OF PERSON COMPLETING FORM SIGNATURE | DATE |
| CRAIG R. CHORMANN Ciary RC | lon 1/30/08 |
| NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the | he 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

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| SCHEDU | LΕ | 5-E | |
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| ITEMIZED | IND | EPENDENT | EXPENDITURES |

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NAME OF FILER (In Full)

| | CRAIG | R. CHORN | IANN | | | | | |
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| F | ull Name (Last, First, Mi | ddle Initial) of Payee | | | | Date | | |
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| | ailing Address | | | | | 6 | | |
| | 3906 4 | J. MORROW | DR. | | | Amount | | |
| C | Sity | | State | Zip Code | | ; <u></u> ;- | ر مزید برگید میکسیسکان و | 210 85 |
| | GLENDAI | LE 1 | 4 Z | 85308 | | <u> Ľ 2 – L</u> | <u> 19 - 19 - 19 - 19 - 19 - 19 - 19 - 19 </u> | 31085 |
| P | urpose of Expenditure | | | Category/ | Offic | e Sought: | House | State: |
| | BUTTONIS | STICKERS | | Category/ Type | | | Senate | |
| | | | d by Expend | iture: | | | President | District: |
| | Name of Federal Candidate Supported or Opposed by Expenditure: MIKE HUCKABEE | | | | | ck One: | Support | Oppose |
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SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

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| | CRAIG R. CHORMANN | 1 - | | | | | | | |
| | Full Name (Last, First, Middle Initial) of Payee | <u></u> | | Date | | | | | |
| | PREMIUM GRAPHICX | | | M M | י דים - ים אר | ······································ | | | |
| | Mailing Address | | | <u> /_2</u> | . 19 | 2007 | | | |
| | 5512 MITCHELLDALE | | 4 | Amount | | | | | |
| | City , State | Zip Code | | | | ः स्टब्स्ट्रान्ड् स | | | |
| | HOUSTON TX | 77092 | | <u></u> | <u>3</u> , | 2.1.20 | | | |
| | Purpose of Expenditure | Category/ | Office | Sought: | House | State: | | | |
| | YARD SIGNS | | 011100 | oougin. | Senate | | | | |
| | Name of Federal Candidate Supported or Opposed by Expendi | | | | × President | District: | | | |
| | MIKE HUCKABEE | | Check | One: | Support | Oppose | | | |
| | | | Disburg | sement Fo | or: [] Primary | General | | | |
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| | (a) SUBTOTAL of Itemized Independent Expenditures | | | <u></u> | <u>, 4</u> ,9 | 6 5 4 4 | | | |
| | | | 17 | | | · · · · · · · · · | | | |
| | (b) SUBTOTAL of Unitemized Independent Expenditures | | | | | 000 | | | |
| | | | г. Г | | | | | | |
| | (c) TOTAL Independent Expenditures | | | <u></u> | <u>~4,9</u> | 6544 | | | |
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| Federal Election Comm ENVELOPE REPLACEMENT PAGE FOR I The FEC added this page to the end of this filing | NCOMING DOCUMENTS |
|---|--------------------------------------|
| Hand Delivered | Date of Receipt |
| USPS First Class Mail | Postmarked |
| USPS Registered/Certified | Postmarked (R/C) |
| USPS Priority Mail | Postmarked |
| Delivery Confirmation [™] or Signa | ture Confirmation [™] Label |
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| Received from House Records & Registration (| Date of Receipt |
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| Other (Specify): | Date of Receipt or Postmarked |
| Imp | 2/4/08 |
| (3/2005) | DATE PREPARED |