

# FEC FORM 9

## 24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

### 1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations

(a) Name

AMERICAN LEADERSHIP PROJECT

(b) Address (number and street)  check if different than previously reported

2261 MARKET STREET PMB 319

(c) City, State and ZIP Code

SAN FRANCISCO

CA

94114

(d) Name of Employer or Principal Place of Business

(e) Occupation

### 2. FEC Identification Number

C C30000871

3. Is This Statement

New

or

Amended

### 4. Covering Period

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 |   | 1 | 6 |   | 2 | 0 | 0 | 8 |

through

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 |   | 2 | 9 |   | 2 | 0 | 0 | 8 |

5. (a) Date of Public Distribution(s)

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 |   | 2 | 8 |   | 2 | 0 | 0 | 8 |

(b) Communication Title

Middle &amp; Fighting

6. Is the Filer a Qualified Nonprofit Corporation under 11 CFR 114.10(c)?

Yes No 

7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account?

Yes No 

### 8. Custodian of Records

(a) Name

Nancy L Warren

(b) Address (number and street)

2261 Market Street PMB 319

(c) City, State and ZIP Code

San Francisco

CA

94114

(d) Name of Employer or Principal Place of Business

Warren &amp; Associates LLC

(e) Occupation

Accountant

### 9. Total Donations This Statement

410150.00

### 10. Total Disbursements/Obligations This Statement

495000.00

Under penalty of perjury, I certify that this statement is true, correct and complete. In addition, if the electioneering communications 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

Nancy L Warren

SIGNATURE \_\_\_\_\_

DATE 05/29/2008

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

# List of Person(s) Sharing/Exercising Control

(use additional pages as necessary)

## 11. Person(s) Sharing/Exercising Control

|           |  |                                    |
|-----------|--|------------------------------------|
| <b>A.</b> | (a) Name<br>Jason Kinney   | <b>Transaction ID : F91.000001</b> |
|           | (b) Address (number and street)<br>980 9th Street Suite 2000                     |                                    |
|           | (c) City, State and Zip Code<br>Sacramento CA 95814                              |                                    |
|           | (d) Name of Employer or Principal Place of Business<br>California Strategies LLC | (e) Occupation<br>Consultant       |
| <b>B.</b> | (a) Name<br>Roger Salazar  | <b>Transaction ID : F91.000002</b> |
|           | (b) Address (number and street)<br>1005 12th Street Ste A                        |                                    |
|           | (c) City, State and Zip Code<br>Sacramento CA 95814                              |                                    |
|           | (d) Name of Employer or Principal Place of Business<br>Acosta Salazar            | (e) Occupation<br>Consultant       |

**A.** Full Name of Donor  
 Sheet Metal Workers Intl Assoc PAC

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Mailing Address of Donor  
 1750 New York Avenue NW

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|            |       |       |
|------------|-------|-------|
| City       | State | Zip   |
| Washington | DC    | 20006 |

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 | / | 1 | 6 | / | 2 | 0 | 0 | 8 |

Amount  

|          |
|----------|
| 50000.00 |
|----------|

**Transaction ID :** F92.000001

**B.** Full Name of Donor  
 Machinists Nonpartisan Political Fund

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Mailing Address of Donor  
 9000 Machinists Place

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|                |       |       |
|----------------|-------|-------|
| City           | State | Zip   |
| Upper Marlboro | MD    | 20772 |

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 | / | 2 | 0 | / | 2 | 0 | 0 | 8 |

Amount  

|           |
|-----------|
| 100000.00 |
|-----------|

**Transaction ID :** F92.000002

**C.** Full Name of Donor  
 American Fed of State County Muni Emps AFSCME

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Mailing Address of Donor  
 1625 L Street NW

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|            |       |       |
|------------|-------|-------|
| City       | State | Zip   |
| Washington | DC    | 20036 |

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 | / | 2 | 1 | / | 2 | 0 | 0 | 8 |

Amount  

|           |
|-----------|
| 260000.00 |
|-----------|

**Transaction ID :** F92.000003

**D.** Full Name of Donor  
 Cheryl Solis

---

Mailing Address of Donor  
 928 Peggy Lane

---

|            |       |       |
|------------|-------|-------|
| City       | State | Zip   |
| Menlo Park | CA    | 94025 |

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 | / | 1 | 9 | / | 2 | 0 | 0 | 8 |

Amount  

|       |
|-------|
| 50.00 |
|-------|

**Transaction ID :** F92.000004

**E.** Full Name of Donor  
 Veronica McClaskey

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Mailing Address of Donor  
 14905 SE Rivershore Drive

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|           |       |       |
|-----------|-------|-------|
| City      | State | Zip   |
| Vancouver | WA    | 98683 |

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 | / | 2 | 0 | / | 2 | 0 | 0 | 8 |

Amount  

|        |
|--------|
| 100.00 |
|--------|

**Transaction ID :** F92.000005

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

**410150.00**

**TOTAL** This Period (last page this line number only).....  
 (carry total from last page to Line 9)

**410150.00**

**SCHEDULE 9-B**

**Disbursement(s) Made or Obligations**

|   |             |                   |  |  |  |
|---|-------------|-------------------|--|--|--|
| <b>A.</b> Full Name (Last, First, Middle Initial) of Payee<br>Lisa Cabanel Consulting |             |                   | Date of Disbursement or Obligation<br>M M / D D / Y Y Y Y<br>0 5 / 2 2 / 2 0 0 8 |  |  |
| Mailing Address of Payee<br>1604 Fawn Lane  |             |                   | Amount<br>300000.00  |  |  |
| City<br>Huntingdon Valley   | State<br>PA | Zip Code<br>19006 | Communication Date<br>M M / D D / Y Y Y Y<br>0 5 / 2 8 / 2 0 0 8                 |  |  |
| Name of Employer<br>NA  |             | Occupation<br>NA  | <b>Transaction ID :</b> F93.000001   |  |  |

Purpose of Disbursement (including title(s) of communication(s))  
TV airtime - Middle

|  |  |                                 |  |
|--|--|---------------------------------|--|
| Name of Federal Candidate<br>Hillary Clinton | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input checked="" type="checkbox"/> President | State: MT<br>District: _____    | Disbursement/Obligation For: 2008<br><input checked="" type="checkbox"/> Primary<br><input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) _____ |
| F94.000002                                   |  |                                 |  |
| Name of Federal Candidate                    | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President            | State: _____<br>District: _____ | Disbursement/Obligation For:<br><input type="checkbox"/> Primary<br><input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) _____                 |
| Name of Federal Candidate                    | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President            | State: _____<br>District: _____ | Disbursement/Obligation For:<br><input type="checkbox"/> Primary<br><input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) _____                 |

|   |             |                   |  |  |  |
|---|-------------|-------------------|--|--|--|
| <b>B.</b> Full Name (Last, First, Middle Initial) of Payee<br>Lisa Cabanel Consulting |             |                   | Date of Disbursement or Obligation<br>M M / D D / Y Y Y Y<br>0 5 / 2 3 / 2 0 0 8 |  |  |
| Mailing Address of Payee<br>1604 Fawn Lane  |             |                   | Amount<br>30000.00   |  |  |
| City<br>Huntingdon Valley   | State<br>PA | Zip Code<br>19006 | Communication Date<br>M M / D D / Y Y Y Y<br>0 5 / 2 8 / 2 0 0 8                 |  |  |
| Name of Employer  |             | Occupation        | <b>Transaction ID :</b> F93.000002   |  |  |

Purpose of Disbursement (including title(s) of communication(s))  
TV ad production - Middle

|  |  |                                 |  |
|--|--|---------------------------------|--|
| Name of Federal Candidate<br>Hillary Clinton | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input checked="" type="checkbox"/> President | State: SD<br>District: _____    | Disbursement/Obligation For: 2008<br><input checked="" type="checkbox"/> Primary<br><input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) _____ |
| F94.000004                                   |  |                                 |  |
| Name of Federal Candidate                    | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President            | State: _____<br>District: _____ | Disbursement/Obligation For:<br><input type="checkbox"/> Primary<br><input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) _____                 |
| Name of Federal Candidate                    | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President            | State: _____<br>District: _____ | Disbursement/Obligation For:<br><input type="checkbox"/> Primary<br><input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) _____                 |

|   |           |
|---|-----------|
| <b>SUBTOTAL</b> of Disbursement/Obligation This Page (optional) ..... | 330000.00 |
| <b>TOTAL</b> This Period (last page this line number only) .....      |           |
| (carry total from last page to line 10)                               |           |

**SCHEDULE 9-B**

**Disbursement(s) Made or Obligations**

|   |   |   |           |   |           |       |   |                     |                     |           |                     |                     |
|---|---|---|-----------|---|-----------|-------|---|---------------------|---------------------|-----------|---------------------|---------------------|
| <p><b>A.</b> Full Name (Last, First, Middle Initial) of Payee<br/>Adelstein Liston</p> <hr/> <p>Mailing Address of Payee<br/>2222 West Ontario Street Ste 600</p> <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Chicago</td> <td>IL</td> <td>60610</td> </tr> </table> <hr/> <p>Name of Employer _____ Occupation _____</p>                                       | City  | State   | Zip Code  | Chicago   | IL        | 60610 | <p>Date of Disbursement or Obligation<br/> <table style="width:100%; border: none;"> <tr> <td style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">0 5 / 2 7 / 2 0 0 8</td> </tr> </table> </p> <p>Amount<br/> <table style="width:100%; border: none;"> <tr> <td style="border: 1px solid black; padding: 2px;">150000.00</td> </tr> </table> </p> <p>Communication Date<br/> <table style="width:100%; border: none;"> <tr> <td style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">0 5 / 2 9 / 2 0 0 8</td> </tr> </table> </p> <p><b>Transaction ID :</b> F93.000003</p> | M M / D D / Y Y Y Y | 0 5 / 2 7 / 2 0 0 8 | 150000.00 | M M / D D / Y Y Y Y | 0 5 / 2 9 / 2 0 0 8 |
| City  | State   | Zip Code  |           |   |           |       |   |                     |                     |           |                     |                     |
| Chicago   | IL  | 60610   |           |   |           |       |   |                     |                     |           |                     |                     |
| M M / D D / Y Y Y Y   |   |   |           |   |           |       |   |                     |                     |           |                     |                     |
| 0 5 / 2 7 / 2 0 0 8   |   |   |           |   |           |       |   |                     |                     |           |                     |                     |
| 150000.00   |   |   |           |   |           |       |   |                     |                     |           |                     |                     |
| M M / D D / Y Y Y Y   |   |   |           |   |           |       |   |                     |                     |           |                     |                     |
| 0 5 / 2 9 / 2 0 0 8   |   |   |           |   |           |       |   |                     |                     |           |                     |                     |
| <p>Purpose of Disbursement (including title(s) of communication(s))<br/>TV airtime - Fighting</p>   |   |   |           |   |           |       |   |                     |                     |           |                     |                     |
| <p>Name of Federal Candidate<br/>Hillary Clinton</p> <p>F94.000006</p>  | <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President</p> <p>State: PR District: _____</p> |   |           |   |           |       |   |                     |                     |           |                     |                     |
| <p>Disbursement/Obligation For: 2008<br/> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify) _____</p>  |   |   |           |   |           |       |   |                     |                     |           |                     |                     |
| <p>Name of Federal Candidate</p>  | <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: _____ District: _____</p>         |   |           |   |           |       |   |                     |                     |           |                     |                     |
| <p>Disbursement/Obligation For:<br/> <input type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify) _____</p>  |   |   |           |   |           |       |   |                     |                     |           |                     |                     |
| <p>Name of Federal Candidate</p>  | <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: _____ District: _____</p>         |   |           |   |           |       |   |                     |                     |           |                     |                     |
| <p>Disbursement/Obligation For:<br/> <input type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify) _____</p>  |   |   |           |   |           |       |   |                     |                     |           |                     |                     |
| <p><b>B.</b> Full Name (Last, First, Middle Initial) of Payee<br/>Adelstein Liston</p> <hr/> <p>Mailing Address of Payee<br/>2222 West Ontario Street Ste 600</p> <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Chicago</td> <td>IL</td> <td>60610</td> </tr> </table> <hr/> <p>Name of Employer _____ Occupation _____</p>                                       | City  | State   | Zip Code  | Chicago   | IL        | 60610 | <p>Date of Disbursement or Obligation<br/> <table style="width:100%; border: none;"> <tr> <td style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">0 5 / 2 8 / 2 0 0 8</td> </tr> </table> </p> <p>Amount<br/> <table style="width:100%; border: none;"> <tr> <td style="border: 1px solid black; padding: 2px;">15000.00</td> </tr> </table> </p> <p>Communication Date<br/> <table style="width:100%; border: none;"> <tr> <td style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">0 5 / 2 9 / 2 0 0 8</td> </tr> </table> </p> <p><b>Transaction ID :</b> F93.000004</p>  | M M / D D / Y Y Y Y | 0 5 / 2 8 / 2 0 0 8 | 15000.00  | M M / D D / Y Y Y Y | 0 5 / 2 9 / 2 0 0 8 |
| City  | State   | Zip Code  |           |   |           |       |   |                     |                     |           |                     |                     |
| Chicago   | IL  | 60610   |           |   |           |       |   |                     |                     |           |                     |                     |
| M M / D D / Y Y Y Y   |   |   |           |   |           |       |   |                     |                     |           |                     |                     |
| 0 5 / 2 8 / 2 0 0 8   |   |   |           |   |           |       |   |                     |                     |           |                     |                     |
| 15000.00  |   |   |           |   |           |       |   |                     |                     |           |                     |                     |
| M M / D D / Y Y Y Y   |   |   |           |   |           |       |   |                     |                     |           |                     |                     |
| 0 5 / 2 9 / 2 0 0 8   |   |   |           |   |           |       |   |                     |                     |           |                     |                     |
| <p>Purpose of Disbursement (including title(s) of communication(s))<br/>TV ad production - Fighting</p>   |   |   |           |   |           |       |   |                     |                     |           |                     |                     |
| <p>Name of Federal Candidate<br/>Hillary Clinton</p> <p>F94.000008</p>  | <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President</p> <p>State: PR District: _____</p> |   |           |   |           |       |   |                     |                     |           |                     |                     |
| <p>Disbursement/Obligation For: 2008<br/> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify) _____</p>  |   |   |           |   |           |       |   |                     |                     |           |                     |                     |
| <p>Name of Federal Candidate</p>  | <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: _____ District: _____</p>         |   |           |   |           |       |   |                     |                     |           |                     |                     |
| <p>Disbursement/Obligation For:<br/> <input type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify) _____</p>  |   |   |           |   |           |       |   |                     |                     |           |                     |                     |
| <p>Name of Federal Candidate</p>  | <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: _____ District: _____</p>         |   |           |   |           |       |   |                     |                     |           |                     |                     |
| <p>Disbursement/Obligation For:<br/> <input type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify) _____</p>  |   |   |           |   |           |       |   |                     |                     |           |                     |                     |
| <table style="width:100%; border: none;"> <tr> <td style="width:60%;"><b>SUBTOTAL</b> of Disbursement/Obligation This Page (optional) .....</td> <td style="border: 1px solid black; padding: 5px; text-align: center;">165000.00</td> </tr> <tr> <td style="width:60%;"><b>TOTAL</b> This Period (last page this line number only) .....<br/>(carry total from last page to line 10)</td> <td style="border: 1px solid black; padding: 5px; text-align: center;">495000.00</td> </tr> </table> |   | <b>SUBTOTAL</b> of Disbursement/Obligation This Page (optional) ..... | 165000.00 | <b>TOTAL</b> This Period (last page this line number only) .....<br>(carry total from last page to line 10) | 495000.00 |       |   |                     |                     |           |                     |                     |
| <b>SUBTOTAL</b> of Disbursement/Obligation This Page (optional) .....   | 165000.00   |   |           |   |           |       |   |                     |                     |           |                     |                     |
| <b>TOTAL</b> This Period (last page this line number only) .....<br>(carry total from last page to line 10)   | 495000.00   |   |           |   |           |       |   |                     |                     |           |                     |                     |