

**FEC  
FORM 3X**

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

RECEIVED  
FEC MAIL CENTER  
2008 OCT 24 AM 11:19  
*[Signature]*  
Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines

FLORIDA DELIVERS LEADERSHIP PAC

ADDRESS (number and street) 1831 BAY STREET SE

Check if different than previously reported. (ACC)  
WASHINGTON DC 20003

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C00450247

3. IS THIS REPORT  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 Quarterly Report(YE)
- July 31 Mid-Year Report(Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

<input type="checkbox"/> Feb 20 (M2)	<input type="checkbox"/> May 20 (M5)	<input type="checkbox"/> Aug 20 (M8)	<input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only)
<input type="checkbox"/> Mar 20 (M3)	<input type="checkbox"/> Jun 20 (M6)	<input type="checkbox"/> Sep 20 (M9)	<input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only)
<input type="checkbox"/> Apr 20 (M4)	<input type="checkbox"/> Jul 20 (M7)	<input type="checkbox"/> Oct 20 (M10)	<input type="checkbox"/> Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

<input type="checkbox"/> Primary (12P)	<input checked="" type="checkbox"/> General (12G)	<input type="checkbox"/> Runoff (12R)
<input type="checkbox"/> Convention (12C)	<input type="checkbox"/> Special (12G)	

Election on 11 04 2008 in the State of

(d) 30-Day Post -Election Report for the:

<input type="checkbox"/> General (30G)	<input type="checkbox"/> Runoff (30R)	<input type="checkbox"/> Special (30S)
--	---------------------------------------	--

Election on in the State of

5. Covering Period 10 01 2008 through 10 15 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 Dorothy Wynn

Signature of Treasurer *[Signature]* Date 10 23 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

**FEC FORM 3X**  
(Rev. 12/2004)

28039894852

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
FLORIDA DELIVERS LEADERSHIP PAC

Report Covering the Period: From: 

M	M
10	

D	D
01	

Y	Y	Y	Y
2008			

 To: 

M	M
10	

D	D
15	

Y	Y	Y	Y
2008			

28039894853

	COLUMN A This Period	COLUMN B Calendar Year-to-Date										
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2008</td><td></td><td></td><td></td></tr></table>	Y	Y	Y	Y	2008				<table border="1"><tr><td> </td></tr></table>		<table border="1"><tr><td>0.00</td></tr></table>	0.00
Y	Y	Y	Y									
2008												
0.00												
(b) Cash on Hand at Beginning of Reporting Period .....	<table border="1"><tr><td>21208.11</td></tr></table>	21208.11										
21208.11												
(c) Total Receipts (from Line 19) .....	<table border="1"><tr><td>7983.21</td></tr></table>	7983.21	<table border="1"><tr><td>54070.71</td></tr></table>	54070.71								
7983.21												
54070.71												
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	<table border="1"><tr><td>29191.32</td></tr></table>	29191.32	<table border="1"><tr><td>54070.71</td></tr></table>	54070.71								
29191.32												
54070.71												
7. Total Disbursements (from Line 31) .....	<table border="1"><tr><td>15095.82</td></tr></table>	15095.82	<table border="1"><tr><td>39975.21</td></tr></table>	39975.21								
15095.82												
39975.21												
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<table border="1"><tr><td>14095.50</td></tr></table>	14095.50	<table border="1"><tr><td>14095.50</td></tr></table>	14095.50								
14095.50												
14095.50												
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	<table border="1"><tr><td>0.00</td></tr></table>	0.00										
0.00												
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	<table border="1"><tr><td>0.00</td></tr></table>	0.00										
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**

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name  
FLORIDA DELIVERS LEADERSHIP PAC

Report Covering the Period: From: 

MM	DD	YYYY
10	01	2008

 To: 

MM	DD	YYYY
10	15	2008

28039894854

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) .....	1500.00	26500.00
(ii) Unitemized .....	0.00	755.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)) .....	1500.00	27255.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	6000.00	26000.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) .....	7500.00	53255.00
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) .....	483.21	815.71
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)) .....	7983.21	54070.71
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	7983.21	54070.71

**DETAILED SUMMARY PAGE**  
of Disbursements

28039894855

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
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.....	3244.88	26344.87
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	3244.88	26344.87
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5000.00	5779.40
24. Independent Expenditure (use Schedule E).....	6850.94	6850.94
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	1000.00
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))..	15095.82	39975.21
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	15095.82	39975.21

**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) .....	7500.00	53255.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	7500.00	53255.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	3244.88	26344.87
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	483.21	815.71
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	2761.67	25529.16

FE6AN026

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

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

FOR LINE NUMBER: PAGE 6 / 12  
(check only one)

<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)  
**FLORIDA DELIVERS LEADERSHIP PAC**

A.

Full Name (Last, First, Middle Initial)  
David Grabosky

Mailing Address 8623 Commodity Circle

City State Zip Code  
Orlando FL 32819

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

Name of Employer Occupation  
T&G Construction Owner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
10 / 02 / 2008

Transaction ID: SA11AI.4381

Amount of Each Receipt this Period  
1000.00

B.

Full Name (Last, First, Middle Initial)  
Michael T. Wright

Mailing Address 1783 Lake Baldwin Lane

City State Zip Code  
Orlando FL 32814

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

Name of Employer Occupation  
T&G Construction Comptroller

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
10 / 02 / 2008

Transaction ID: SA11AI.4383

Amount of Each Receipt this Period  
500.00

SUBTOTAL of Receipts This Page (optional) .....	▶	1500.00
TOTAL This Period (last page this line number only) .....	▶	1500.00

28039894857

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

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

FOR LINE NUMBER: PAGE 7 / 12

(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)  
FLORIDA DELIVERS LEADERSHIP PAC

A.

Full Name (Last, First, Middle Initial)  
NORFOLK SOUTHERN CORPORATION GOOD GOVERNMENT FUND

Mailing Address 3 Commercial Place  
Suite 375

City Norfolk State VA Zip Code 23510

FEC ID number of contributing federal political committee. **C** C00009282

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
10 / 03 / 2008

Transaction ID: SA11C.4385

Amount of Each Receipt this Period  
5000.00

B.

Full Name (Last, First, Middle Initial)  
SEAFARERS POLITICAL ACTIVITY DONATION-SEAFARERS INTERNATIONAL UNION OF N.A.-AGLW

Mailing Address 5201 Auth Way

City Camp Springs State MD Zip Code 20746

FEC ID number of contributing federal political committee. **C** C00004325

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
10 / 06 / 2008

Transaction ID: SA11C.4387

Amount of Each Receipt this Period  
1000.00

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

6000.00

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

6000.00

28039894858

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

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

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NAME OF COMMITTEE (In Full)  
**FLORIDA DELIVERS LEADERSHIP PAC**

A. Full Name (Last, First, Middle Initial) Grand Hyatt Hotel	Date of Receipt	
	M M M / D D / Y Y Y Y Y Y Y Y 1 0 / 0 9 / 2 0 0 8	Transaction ID: SA15.4419
Mailing Address 1000 H Street, NW	Amount of Each Receipt this Period	
City State Zip Code Washington DC 20001	483.21	
FEC ID number of contributing federal political committee. C	Facilities Fee Refund	
Name of Employer Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 483.21	

28039894859

SUBTOTAL of Receipts This Page (optional) .....	▶	483.21
TOTAL This Period (last page this line number only) .....	▶	483.21

**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 9 / 12

<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
	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)  
FLORIDA DELIVERS LEADERSHIP PAC

A.

Full Name (Last, First, Middle Initial) Evans & Katz LLC		Transaction ID: SB21B.4389	
Mailing Address 1831 Bay Street, SE		Date of Disbursement 10 / 06 / 2008	
City Washington	State DC	Zip Code 20003	Amount of Each Disbursement this Period 210.05
Purpose of Disbursement Accounting Services		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:			

B.

Full Name (Last, First, Middle Initial) Hanna Hunt		Transaction ID: SB21B.4413	
Mailing Address 421 New Jersey Avenue, S.E.		Date of Disbursement 10 / 09 / 2008	
City Washington	State DC	Zip Code 20003	Amount of Each Disbursement this Period 2900.00
Purpose of Disbursement Fundraising Consulting Services		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:			

28039894860

SUBTOTAL of Disbursements This Page (optional) .....	▶	3110.05
TOTAL This Period (last page this line number only) .....	▶	3110.05

**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 10/12

<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)  
FLORIDA DELIVERS LEADERSHIP PAC

**A.**

Full Name (Last, First, Middle Initial)  
CHRISTINE JENNINGS FOR CONGRESS

Mailing Address PO Box 49135

City Sarasota State FL Zip Code 34230

Purpose of Disbursement Contribution

Candidate Name CHRISTINE JENNINGS

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

State: FL District: 13

Transaction ID: SB23.4400  
Date of Disbursement  
10 / 06 / 2008

Amount of Each Disbursement this Period  
1000.00

**B.**

Full Name (Last, First, Middle Initial)  
COMMITTEE TO ELECT ALAN GRAYSON

Mailing Address 8419 OAK PARK ROAD

City ORLANDO State FL Zip Code 32819

Purpose of Disbursement Contribution

Candidate Name ALAN MARK GRAYSON

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

State: FL District: 08

Transaction ID: SB23.4397  
Date of Disbursement  
10 / 06 / 2008

Amount of Each Disbursement this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)  
DAN SEALS FOR CONGRESS

Mailing Address P.O. Box 584

City Wilmette State IL Zip Code 60091

Purpose of Disbursement Contribution

Candidate Name DANIEL JOSEPH SEALS

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

State: IL District: 10

Transaction ID: SB23.4406  
Date of Disbursement  
10 / 06 / 2008

Amount of Each Disbursement this Period  
1000.00

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶ 3000.00

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

28039894861

**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 / 12

<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)  
FLORIDA DELIVERS LEADERSHIP PAC

A.

Full Name (Last, First, Middle Initial)  
DONALD CRAVINS JR FOR CONGRESS

Transaction ID: SB23.4403  
Date of Disbursement

Mailing Address PO BOX 2507

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	6		2	0	0	8

City OPELOUSAS State LA Zip Code 70570

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement  
Contribution

--

Candidate Name  
DONALD R CRAVINS, Jr.

Category/  
Type

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

State: LA District: 07

B.

Full Name (Last, First, Middle Initial)  
MONTAGANO FOR CONGRESS INC

Transaction ID: SB23.4409  
Date of Disbursement

Mailing Address PO BOX 615

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	6		2	0	0	8

City GOSHEN State IN Zip Code 46527

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement  
Contribution

--

Candidate Name  
MICHAEL ANTHONY MONTAGANO

Category/  
Type

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

State: IN District: 03

SUBTOTAL of Disbursements This Page (optional) ▶

2000.00
---------

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

5000.00
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28039894862

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

NAME OF COMMITTEE (In Full) FLORIDA DELIVERS LEADERSHIP PAC			FEC IDENTIFICATION NUMBER <b>C</b> C00450247		
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			Date M M / D D / Y Y Y Y 1 0 / 0 7 / 2 0 0 8		
Full Name (Last, First, Middle, Initial) of Payee MyCampaignStore.com			Amount 6850.94		
Mailing Address PO Box 596			Transaction ID: SE.4395		
City Jeffersonville	State IN	Zip Code 47131	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential		
Purpose of Expenditure Yard Signs		Category/ Type 006	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Name of Federal Candidate supported or Opposed by expenditure: BARACK OBAMA			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008		
Calendar Year-To-Date Per Election for Office Sought		6850.94			

28039894863

(a) SUBTOTAL of Itemized Independent Expenditures .....	6850.94
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures .....	6850.94

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.

Dorothy Wynn \_\_\_\_\_  
Signature

Date M M / D D / Y Y Y Y  
1 0 / 2 3 / 2 0 0 8

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 10/23/08
<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

*JMD*  
PREPARER

10/24/08  
DATE PREPARED

28039894864