

**FEC
FORM 3X**

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

RECEIVED
FEC MAIL CENTER
2008 OCT 29 AM 10:38

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)

RELMORE NY 11710-15310

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

C00454181

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 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) | General (12G) | Runoff (12R) |
| | Convention (12C) | Special (12S) | |

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

| | | | |
|--|---------------|--------------|---------------|
| (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 08' 27' 2008 through 09' 30' 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' 15' 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 | | | | | | | |
|-----------------|--|--|--|--|--|--|--|

FEC FORM 3X
Rev. 12/2004

280399903887

**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:

08' 27' 2008

To:

09' 30' 2008

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> January 1, | | ϕ. |
| (b) Cash on Hand at Beginning of Reporting Period..... | ϕ. | |
| (c) Total Receipts (from Line 19)..... | 24,122. | 24,122. |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | 24,122. | 24,122. |
| 7. Total Disbursements (from Line 31)..... | | |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | | |
| 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

28039903888

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

YES WE CAN LONG ISLAND

Report Covering the Period: From: ^M08 ^D27 ^Y2008 To: ^M09 ^D30 ^Y2008

| 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)..... | 13,500. | 13,500. |
| (ii) Unitemized | 10,621. | 10,621. |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶ | | |
| (b) Political Party Committees | | |
| (c) Other Political Committees (such as PACs)..... | | |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶ | 24,121. | 24,121. |
| 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.)..... | 1. | 1. |
| 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)).....▶ | 24,122. | 24,122. |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶ | 24,122. | 24,122. |

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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 | 1,045. | 1,045. |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 1,045. | 1,045. |
| 22. Transfers to Affiliated/Other Party Committees..... | , | , |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | , | , |
| 24. Independent Expenditures (use Schedule E) | 341. | 341. |
| 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)).. | 1,386. | 1,386. |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 1,386. | 1,386. |

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DETAILED SUMMARY PAGE
of Disbursements

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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) | , 24,121. | , 24,121. |
| 34. Total Contribution Refunds (from Line 28(d)) | , , . | , , . |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | , 24,121. | , 24,121. |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | , 1,045. | , 1,045. |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | , , . | , , . |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | , 1,045. | , 1,045. |

28039903891

**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 5
(check only one)
 11a 13
 11b 14
 11c 15
 12 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) RIMKMAN, IRA
Mailing Address 196 SANDS POINT RD
City SANDS POINT State NY Zip Code 11050
FEC ID number of contributing federal political committee. C
Name of Employer NONE Occupation RETIRED
Date of Receipt 09 26 2008
Amount of Each Receipt this Period 1000.00
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 1000.00

B. Full Name (Last, First, Middle Initial) JORGE, ARLINDO
Mailing Address 7 WILDWOOD CT.
City LOCKST VALLEY State NY Zip Code 11560
FEC ID number of contributing federal political committee. C
Name of Employer NONE Occupation —
Date of Receipt 09 26 2008
Amount of Each Receipt this Period 1000.00
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 1000.00

C. Full Name (Last, First, Middle Initial) REPOGLE, RONALD P.
Mailing Address 140 RIVERSIDE DR.
City NEW YORK State NY Zip Code 10024
FEC ID number of contributing federal political committee. C
Name of Employer SELF Occupation —
Date of Receipt 09 26 2008
Amount of Each Receipt this Period 500.00
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 500.00

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

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

28039903892

**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 5

| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <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 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

YES WE CAN LONG ISLAND

| | | |
|---|------------------------------------|------------------------------------|
| A. Full Name (Last, First, Middle Initial) SHORIN, EDWARD E | | Date of Receipt 09 26 2008 |
| Mailing Address 61 RENDI RD | | Amount of Each Receipt this Period |
| City MANHASSET | State NY | |
| FEC ID number of contributing federal political committee. C | | 250.00 |
| Name of Employer | Occupation | |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|---|-------------------------------------|------------------------------------|
| B. Full Name (Last, First, Middle Initial) PITTELMAN, CAROLE | | Date of Receipt 09 26 2008 |
| Mailing Address 1385 YORK AVE | | Amount of Each Receipt this Period |
| City NEW YORK | State NY | |
| FEC ID number of contributing federal political committee. C | | 2500.00 |
| Name of Employer GLENWOOD | Occupation | |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼ | Aggregate Year-to-Date ▼ 2500.00 | |

| | | |
|---|-------------------------------------|------------------------------------|
| C. Full Name (Last, First, Middle Initial) KORNREICH, JOHN | | Date of Receipt 09 26 2008 |
| Mailing Address 4 SADDLE RIDGE RD | | Amount of Each Receipt this Period |
| City OLD WESTBURY | State NY | |
| FEC ID number of contributing federal political committee. C | | 2000.00 |
| Name of Employer | Occupation | |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼ | Aggregate Year-to-Date ▼ 2000.00 | |

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

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

28039903893

**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 3 OF 5

| | | | |
|---|------------------------------|------------------------------|-----------------------------|
| <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 | | | |

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NAME OF COMMITTEE (In Full)

YES WE CAN LONG ISLAND

Full Name (Last, First, Middle Initial)

A. WESTON, LEWIS M

Mailing Address

1 KENSINGTON GATE

City

GREAT NECK

State

Ny

Zip Code

11024

FEC ID number of contributing federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

0 9 2 6 2 0 0 8

09 26 2008

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. AXINN, LEONARD

Mailing Address

665 MOTTS CODE RD N.

City

ROSLYN HARBOR

State

Ny

Zip Code

11576

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

0 9 2 6 2 0 0 8

09 26 2008

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. MACERATE ROBERT

Mailing Address

40 THE TERRACE

City

PLANDOME

State

Ny

Zip Code

11030

FEC ID number of contributing federal political committee.

C

Name of Employer

SULLIVAN + CROMWELL

Occupation

—

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

0 9 2 6 2 0 0 8

09 26 2008

Amount of Each Receipt this Period

250.00

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

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

28039903894

**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 4 OF 5 | |
| | <input checked="" type="checkbox"/> 11a 13 | <input type="checkbox"/> 11b 14 | <input type="checkbox"/> 11c 15 | <input type="checkbox"/> 12 16 |

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) ROSENBLUM, ROBERT M. | | | Date of Receipt 09 26 2008 |
| Mailing Address | | | Amount of Each Receipt this Period |
| City | State | Zip Code | |
| FEC ID number of contributing federal political committee. C | | | 1000.00 |
| Name of Employer | Occupation | | |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | | |

| | | | |
|---|--|----------|--------------------------------------|
| B. Full Name (Last, First, Middle Initial) ZEIFF, JEROME | | | Date of Receipt 09 26 2008 |
| Mailing Address | | | Amount of Each Receipt this Period |
| City | State | Zip Code | |
| FEC ID number of contributing federal political committee. C | | | 1000.00 |
| Name of Employer | Occupation | | |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | | |

| | | | |
|---|---|----------|--------------------------------------|
| C. Full Name (Last, First, Middle Initial) RAI, KANTI | | | Date of Receipt 09 26 2008 |
| Mailing Address | | | Amount of Each Receipt this Period |
| City | State | Zip Code | |
| FEC ID number of contributing federal political committee. C | | | 500.00 |
| Name of Employer LIT MED CTR. | Occupation | | |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | | |

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

28039903895

**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 5 OF 5 | |
| | <input checked="" type="checkbox"/> 11a 13 | <input type="checkbox"/> 11b 14 | <input type="checkbox"/> 11c 15 | <input type="checkbox"/> 12 16 |

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) RAI, SUSAN | | Date of Receipt 09 26 2008 |
| Mailing Address 20 COW LN | | Amount of Each Receipt this Period 500.00 |
| City GREAT NECK | State NY | |
| Zip Code 11034 | | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer | Occupation | |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 500.00 |

| | | |
|--|------------------------------|--|
| B. Full Name (Last, First, Middle Initial) AURELIO, RICHARD | | Date of Receipt 09 26 2008 |
| Mailing Address 86 COVE NECK RD | | Amount of Each Receipt this Period 1000.00 |
| City OYSTER BAY | State NY | |
| Zip Code 11721 | | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer NONE | Occupation RETIRED | |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 1000.00 |

| | | |
|--|--------------------|--|
| C. Full Name (Last, First, Middle Initial) FIRESTONE, JERRY | | Date of Receipt 09 26 2008 |
| Mailing Address 74 WOODS DR | | Amount of Each Receipt this Period 1000.00 |
| City EAST HILLS | State NY | |
| Zip Code 11576 | | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer | Occupation | |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 1000.00 |

| | |
|---|------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | |
| TOTAL This Period (last page this line number only).....▶ | 13,500.00 |

28039903896

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

| | |
|------------------------|----|
| PAGE | OF |
| FOR LINE 24 OF FORM 3X | |

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

| | | |
|--|--------------------|---|
| Full Name (Last, First, Middle Initial) of Payee KREUTZBERGER, MARVIN | | Date 09' 24' 2008 |
| Mailing Address 51 HENRY ST. | | Amount , 341.00 |
| City MERRICK | State NY | |
| Zip Code 11566 | | |
| Purpose of Expenditure PROMOTIONAL MATERIALS | Category/Type | 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 | | State: _____ District: _____ |
| Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General |
| Calendar Year-To-Date Per Election for Office Sought , 341.00 | | <input type="checkbox"/> Other (specify) _____ |

| | | |
|---|---------------|--|
| Full Name (Last, First, Middle Initial) of Payee | | Date |
| Mailing Address | | M . M / D D / Y Y Y Y |
| City | State | Amount |
| Zip Code | | |
| Purpose of Expenditure | Category/Type | 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: _____ |
| Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General |
| Calendar Year-To-Date Per Election for Office Sought | | <input type="checkbox"/> Other (specify) _____ |

| | | |
|---|---|----------|
| (a) SUBTOTAL of Itemized Independent Expenditures | ▶ | , 341.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | ▶ | , 0 |
| (c) TOTAL Independent Expenditures | ▶ | , 341.00 |

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' 15' 2008**

280399903897

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 checked="" type="checkbox"/> USPS Registered/Certified | Postmarked (R/C) <i>10/15/08</i> |
| <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 |

Jm D
 PREPARER

10/29/08
 DATE PREPARED

28039903898