

**FEC
FORM 3X**

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

RECEIVED
FEC MAIL CENTER

2009 JUL 20 PM 7:37

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, LTD

ADDRESS (number and street)

5 BAEWSTER STREET UNIT 2

Check if different than previously reported. (ACC)

GLEN COCKE

NY

11542-

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C100454181

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)
- Mar 20 (M3)
- Apr 20 (M4)
- May 20 (M5)
- Jun 20 (M6)
- Jul 20 (M7)
- Aug 20 (M8)
- Sep 20 (M9)
- Oct 20 (M10)
- Nov 20 (M11) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- Jan 31 (YE)

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

- Primary (12P)
- Convention (12C)
- General (12G)
- Special (12S)
- Runoff (12R)

Election on

MM / DD / YYYY

In the State of

NY

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

- General (30G)
- Runoff (30R)
- Special (30S)

Election on

MM / DD / YYYY

In the State of

NY

5. Covering Period

10 / 20 / 2008

through

11 / 24 / 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

07 / 12 / 2009

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. 02/2003)

29030121900

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Report Covering the Period: From:

10 / 20 / 2008

To:

11 / 24 / 2008

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1,		0.00
(b) Cash on Hand at Beginning of Reporting Period.....	24,100.00	
(c) Total Receipts (from Line 19).....	3,700.00	48,582.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	27,800.00	48,582.00
7. Total Disbursements (from Line 31).....	18,718.03	39,500.03
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	9,081.97	9,081.97
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

29030121901

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

Report Covering the Period: From: / / To: / /

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).....	370,000	21,950.00
(ii) Unitemized.....		21,732.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	370,000	
(b) Political Party Committees.....		
(c) Other Political Committees (such as PACs).....		500,000
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)..... ▶	370,000	48,582.00
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.).....		
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))..... ▶	370,000	48,582.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	370,000	48,582.00

29030121902

DETAILED SUMMARY PAGE
of Disbursements

29030121903

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	18,518.03	25,778.03
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	18,518.03	25,778.03
22. Transfers to Affiliated/Other Party Committees.....		
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		5,000.00
24. Independent Expenditures (use Schedule E)	2,000.00	13,222.00
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))..	18,718.03	39,500.03
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	18,718.03	39,500.03

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)	37,000.00	48,582.00
34. Total Contribution Refunds (from Line 28(d))		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	37,000.00	48,582.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	18,518.03	25,778.03
37. Offsets to Operating Expenditures (from Line 15, page 3).....		
38. Net Operating Expenditures (subtract Line 37 from Line 36)	18,518.03	25,778.03

29030121904

**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 1 OF 2

<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)

YES WE CAN! LONG ISLAND, LTD

Full Name (Last, First, Middle Initial)

A. *OSTROW, BATSHEVA*

Mailing Address

6 HIGHLAND COURT

City

OLD WESTBURY

State

NY

Zip Code

11568

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

1,000.00

Date of Receipt

10 / 27 / 2008

Amount of Each Receipt this Period

1,000.00

Full Name (Last, First, Middle Initial)

B. *STEINER, NANCE*

Mailing Address

42 PROSPECT AVE

City

SEA CLIFF

State

NY

Zip Code

11579

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

2,500.00

Date of Receipt

10 / 27 / 2008

Amount of Each Receipt this Period

2,500.00

Full Name (Last, First, Middle Initial)

C. *JACOBS, JAY*

Mailing Address

85 CRESCENT BEACH ROAD

City

GLEN COVE

State

NY

Zip Code

11542

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

9,500.00

Date of Receipt

10 / 28 / 2008

Amount of Each Receipt this Period

9,500.00

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

22,000.00

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

22,000.00

29030121905

**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 2
	<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, LTD

A. Full Name (Last, First, Middle Initial)
KELLY, JAMES VINCENT

Mailing Address
1160 E. JERECO TURNPIKE

City
HUNTERTON State
NY Zip Code
11743

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
10 / 29 / 2008

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
KAVEMAN, MELENOA

Mailing Address
6 KROFT COURT

City
HUNTERTON State
NY Zip Code
11743

FEC ID number of contributing federal political committee.
C

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
10 / 29 / 2008

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.
C

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
TOTAL This Period (last page this line number only).....▶	3700.00

29030121906

**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 1 OF 4

<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
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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, LTD.

Full Name (Last, First, Middle Initial)

A.

DANIEL FENLEY ALLEN + Co., Inc.

Mailing Address
114 SYLVESTER STREET

City *WESTBURY* State *NY* Zip Code *11590*

Purpose of Disbursement
SAUNATION pickup

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

10 / *20* / *2008*

Amount of Each Disbursement this Period

3,530.01

B.

ROBERT S. YOUNG

Mailing Address
29 CENTRAL PARKWAY

City *MERRICK* State *NY* Zip Code *11566*

Purpose of Disbursement
RENT FOR PAC COMMITTEE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

10 / *15* / *2008*

Amount of Each Disbursement this Period

3030.34

C.

DELUX TRANSPORTATION SERVICES, INC.

Mailing Address
P.O. BOX 1259

City *PORT WASHINGTON* State *NY* Zip Code *11050*

Purpose of Disbursement
TRANSPORTATION OF THE COMMITTEE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

10 / *28* / *2008*

Amount of Each Disbursement this Period

711.20

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

4094.51

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

4094.51

29030121907

**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 2 OF 4

<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
<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)

YES WE CAN LONG ISLAND, LTD.

Full Name (Last, First, Middle Initial)

A.

BRUCE HORNBY

Mailing Address

P.O. Box 3545

City

WELLFARBURG

State

VA

Zip Code

23187

Purpose of Disbursement

OUT OF POCKET TRAVEL FOR PRE MEET

Candidate Name

002
Category/
Type

Date of Disbursement

10 / 28 / 2008

Amount of Each Disbursement this Period

402.00

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B.

METROPOLITAN TRAVEL, INC.

Mailing Address

100 FIFTH AVE

City

New York

State

NY

Zip Code

10011

Purpose of Disbursement

*IRVING DREYER
CARTELL AND REVIEW OF PLANO - FUND RAISER*

Candidate Name

007
Category/
Type

Date of Disbursement

10 / 14 / 2008

Amount of Each Disbursement this Period

2708.02

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C.

CABLEVISION

Mailing Address

1072 OLD NORTHERN BLVD

City

ROSLYN

State

NY

Zip Code

11756

Purpose of Disbursement

TELEPHONE AND INTERNET FOR OFFICE

Candidate Name

001
Category/
Type

Date of Disbursement

11 / 24 / 2008

Amount of Each Disbursement this Period

378.29

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

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

3488.31

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

29030121908

**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 3 OF 7

<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
<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)

YES WE CAN LONG ISLAND, L.I.O.

Full Name (Last, First, Middle Initial)

A. *SEDONARTHA NATHAN*

Mailing Address

50 DOUGLAS DRIVE

City

EAST MEADOW

State

NY

Zip Code

11550

Purpose of Disbursement

CARTING

Candidate Name

001
Category/
Type

Date of Disbursement

11 / 08 / 2008

Amount of Each Disbursement this Period

94500

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. *MELINDA KAUFMAN*

Mailing Address

6 KROFT COURT

City

HUNTINGTON

State

NY

Zip Code

11743

Purpose of Disbursement

TRUCK REPAIRMENT

Candidate Name

002
Category/
Type

Date of Disbursement

11 / 02 / 2008

Amount of Each Disbursement this Period

45000

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C. *TOWN-COUNTY BULL COOP*

Mailing Address

P.O. Box 17

City

BABYLON

State

NY

Zip Code

11702

Purpose of Disbursement

TRANSPORTATION TO P&C MEETING

Candidate Name

0.0.2
Category/
Type

Date of Disbursement

10 / 15 / 2008

Amount of Each Disbursement this Period

155000

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

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

294500

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

29030121909

**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)

<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
<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)

YES WE CAN LONG ISLAND, ETC.

Full Name (Last, First, Middle Initial)

A.

Full Name (Last, First, Middle Initial) *MARK X. CROWN*

Mailing Address *11 UPPER DRIVE NORTH*

City *HUNTINGTON BAY* State *NY* Zip Code *11743*

Purpose of Disbursement *FOOD FOR PAC/DAILY*

Candidate Name _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: _____ District: _____

Date of Disbursement

MM DD YYYY
11 19 2008

Amount of Each Disbursement this Period

00.1
200.00

B.

Full Name (Last, First, Middle Initial) *MAXIMUS INSURANCE AGENCY INC.*

Mailing Address *5372 MERRICK ROAD*

City *MASAPESITA* State *NY* Zip Code *11758*

Purpose of Disbursement *INSURANCE*

Candidate Name _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: _____ District: _____

Date of Disbursement

MM DD YYYY
10 15 2008

Amount of Each Disbursement this Period

00.1
10380.00

C.

Full Name (Last, First, Middle Initial) *L + M BUS CORP.*

Mailing Address *653 FOUNTAIN AVE*

City *BROOKLYN* State *NY* Zip Code *11208*

Purpose of Disbursement *TRANSPORTATION PAC COMMITTEE*

Candidate Name _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: _____ District: _____

Date of Disbursement

MM DD YYYY
10 15 2008

Amount of Each Disbursement this Period

00.2
20000.00

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

3238.00

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

13765.86

29030121910

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

NAME OF COMMITTEE (In Full) <i>YES WE CAN LONG ISLAND</i>	FEC IDENTIFICATION NUMBER C 00454181
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle Initial) of Payee <i>RASLO SEVCLAIR</i>		Date 11 / 19 / 2008
Mailing Address <i>9 LIVE TREE ROAD</i>		Amount 20000
City <i>WEDDING</i>	State <i>NY</i>	
Zip Code <i>11590</i>	Purpose of Expenditure <i>CALL CENTER</i>	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Category/Type 007	Name of Federal Candidate Supported or Opposed by Expenditure: <i>BARACK OBAMA</i>	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 20000	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <i>2008</i> <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee		Date
Mailing Address		Amount
City	State	
Zip Code	Purpose of Expenditure	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Category/Type	Name of Federal Candidate Supported or Opposed by Expenditure:	Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

29030121911

(a) SUBTOTAL of Itemized Independent Expenditures	20000
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	20000

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.

Danna J. Lucas
Signature

Date **07 / 12 / 2009**

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.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)
7/19/09

USPS Priority Mail Postmarked
 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

ED 7/20/09
PREPARER **DATE PREPARED**

29030121912