

# 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>2. FEC Identification Number</b>  C C30000871
(b) Address (number and street) <input type="checkbox"/> 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

3. Is This Statement <input type="checkbox"/> New or <input checked="" type="checkbox"/> Amended	4. Covering Period					
	<table border="1"> <tr> <td>M M / D D / Y Y Y Y</td> <td>through</td> <td>M M / D D / Y Y Y Y</td> </tr> <tr> <td>0 4 / 1 7 / 2 0 0 8</td> <td></td> <td>0 4 / 1 8 / 2 0 0 8</td> </tr> </table>	M M / D D / Y Y Y Y	through	M M / D D / Y Y Y Y	0 4 / 1 7 / 2 0 0 8	
M M / D D / Y Y Y Y	through	M M / D D / Y Y Y Y				
0 4 / 1 7 / 2 0 0 8		0 4 / 1 8 / 2 0 0 8				

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



 (b) Communication Title Every/Difference

6. The filer is a(n): (a)  Individual (b)  Unincorporated Organization (c)  Qualified Nonprofit Corporation (11 CFR 114.10)

(d)  Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15

(e)  Other, specify: 527 organization

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 & Associates LLC

(e) Occupation  
Accountant

9. Total Donations This Statement

10. Total Disbursements/Obligations This Statement

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM Nancy L Warren

SIGNATURE Electronically Filed by Nancy L Warren DATE 06/25/2008

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

**A.** Full Name of Donor  
 Edgar M Bronfman

---

Mailing Address of Donor  
 375 Park Avenue

---

City	State	Zip
New York	NY	10151

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	7		2	0	0	8

Amount  

5000.00
---------

**Transaction ID :** F92.000001

**B.** Full Name of Donor  
 Amer Federation of State Cnty Muni Emps

---

Mailing Address of Donor  
 1625 L Street NW

---

City	State	Zip
Washington	DC	20036

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	7		2	0	0	8

Amount  

200000.00
-----------

**Transaction ID :** F92.000002

**C.** Full Name of Donor  
 Office & Professional Empls Union Intl

---

Mailing Address of Donor  
 1660 L Street NW

---

City	State	Zip
Washington	DC	20036

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	8		2	0	0	8

Amount  

50000.00
----------

**Transaction ID :** F92.000003

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

**255000.00**

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

**255000.00**

**SCHEDULE 9-B**

**Disbursement(s) Made or Obligations**

<p><b>A.</b> Full Name (Last, First, Middle Initial) of Payee Lisa Cabanel Consulting</p> <hr/> <p>Mailing Address of Payee 1604 Fawn Lane</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>Huntingdon Valley</td> <td>PA</td> <td>19006</td> </tr> </table> <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:60%;">Name of Employer</td> <td style="width:40%;">Occupation</td> </tr> <tr> <td>NA</td> <td>NA</td> </tr> </table>	City	State	Zip Code	Huntingdon Valley	PA	19006	Name of Employer	Occupation	NA	NA	<p>Date of Disbursement or Obligation  <table style="width:100%; border: none;"> <tr> <td style="text-align:center;">M M / D D / Y Y Y Y</td> </tr> <tr> <td style="text-align:center;">0 4 / 1 7 / 2 0 0 8</td> </tr> </table> </p> <p>Amount  <table style="width:100%; border: none;"> <tr> <td style="text-align:right;">198142.75</td> </tr> </table> </p> <p>Communication Date  <table style="width:100%; border: none;"> <tr> <td style="text-align:center;">M M / D D / Y Y Y Y</td> </tr> <tr> <td style="text-align:center;">0 4 / 1 7 / 2 0 0 8</td> </tr> </table> </p> <p><b>Transaction ID :</b> F93.000001</p>	M M / D D / Y Y Y Y	0 4 / 1 7 / 2 0 0 8	198142.75	M M / D D / Y Y Y Y	0 4 / 1 7 / 2 0 0 8
City	State	Zip Code														
Huntingdon Valley	PA	19006														
Name of Employer	Occupation															
NA	NA															
M M / D D / Y Y Y Y																
0 4 / 1 7 / 2 0 0 8																
198142.75																
M M / D D / Y Y Y Y																
0 4 / 1 7 / 2 0 0 8																

Purpose of Disbursement (including title(s) of communication(s))  
TV airtime - Every/Difference

Name of Federal Candidate Hillary Clinton	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: PA	District: _____	Disbursement/Obligation For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
F94.000002					
Name of Federal Candidate Barrack Obama	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: PA	District: _____	Disbursement/Obligation For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
F94.000003					
Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____	District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

<b>SUBTOTAL</b> of Disbursement/Obligation This Page (optional) .....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align:right;">198142.75</td> </tr> </table>	198142.75
198142.75		
<b>TOTAL</b> This Period (last page this line number only) ..... (carry total from last page to line 10)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align:right;">198142.75</td> </tr> </table>	198142.75
198142.75		