

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) 30011 Ivy Glenn Drive, Suite 223  
 Check if different than previously reported. (ACC)  
Laguna Niguel CA 92677

2. **FEC IDENTIFICATION NUMBER** C00437822  
**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:  
 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 (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 01 01 2008 through 03 31 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 James Lacy

Signature of Treasurer Electronically Filed by James Lacy Date 07 08 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)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
National Campaign Fund

Report Covering the Period: From: 

|   |   |
|---|---|
| M | M |
| 0 | 1 |

|   |   |
|---|---|
| D | D |
| 0 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

 To: 

|   |   |
|---|---|
| M | M |
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|   |   |   |   |
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| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

|   | COLUMN A<br>This Period   | COLUMN B<br>Calendar Year-to-Date |   |          |   |   |   |   |   |      |   |      |
|---|---|-----------------------------------|---|----------|---|---|---|---|---|------|---|------|
| 6. (a) Cash on Hand<br>January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table> | Y   | Y                                 | Y   | Y        | 2 | 0 | 0 | 8 | <table border="1" style="width: 100%;"><tr><td>0.00</td></tr></table> | 0.00 | <table border="1" style="width: 100%;"><tr><td>0.00</td></tr></table> | 0.00 |
| Y   | Y   | Y                                 | Y   |          |   |   |   |   |   |      |   |      |
| 2   | 0   | 0                                 | 8   |          |   |   |   |   |   |      |   |      |
| 0.00  |   |                                   |   |          |   |   |   |   |   |      |   |      |
| 0.00  |   |                                   |   |          |   |   |   |   |   |      |   |      |
| (b) Cash on Hand at<br>Beginning of Reporting Period .....  | <table border="1" style="width: 100%;"><tr><td>0.00</td></tr></table>     | 0.00                              |   |          |   |   |   |   |   |      |   |      |
| 0.00  |   |                                   |   |          |   |   |   |   |   |      |   |      |
| (c) Total Receipts (from Line 19) .....   | <table border="1" style="width: 100%;"><tr><td>50550.50</td></tr></table> | 50550.50                          | <table border="1" style="width: 100%;"><tr><td>50550.50</td></tr></table> | 50550.50 |   |   |   |   |   |      |   |      |
| 50550.50  |   |                                   |   |          |   |   |   |   |   |      |   |      |
| 50550.50  |   |                                   |   |          |   |   |   |   |   |      |   |      |
| (d) Subtotal (add lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B) .....  | <table border="1" style="width: 100%;"><tr><td>50550.50</td></tr></table> | 50550.50                          | <table border="1" style="width: 100%;"><tr><td>50550.50</td></tr></table> | 50550.50 |   |   |   |   |   |      |   |      |
| 50550.50  |   |                                   |   |          |   |   |   |   |   |      |   |      |
| 50550.50  |   |                                   |   |          |   |   |   |   |   |      |   |      |
| 7. Total Disbursements (from Line 31) .....   | <table border="1" style="width: 100%;"><tr><td>36522.82</td></tr></table> | 36522.82                          | <table border="1" style="width: 100%;"><tr><td>36522.82</td></tr></table> | 36522.82 |   |   |   |   |   |      |   |      |
| 36522.82  |   |                                   |   |          |   |   |   |   |   |      |   |      |
| 36522.82  |   |                                   |   |          |   |   |   |   |   |      |   |      |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)) .....   | <table border="1" style="width: 100%;"><tr><td>14027.68</td></tr></table> | 14027.68                          | <table border="1" style="width: 100%;"><tr><td>14027.68</td></tr></table> | 14027.68 |   |   |   |   |   |      |   |      |
| 14027.68  |   |                                   |   |          |   |   |   |   |   |      |   |      |
| 14027.68  |   |                                   |   |          |   |   |   |   |   |      |   |      |
| 9. Debts and Obligations owed <b>TO</b><br>the committee (Itemize all on<br>Schedule C and/or Schedule D) .....   | <table border="1" style="width: 100%;"><tr><td>0.00</td></tr></table>     | 0.00                              |   |          |   |   |   |   |   |      |   |      |
| 0.00  |   |                                   |   |          |   |   |   |   |   |      |   |      |
| 10. Debts and Obligations owed <b>BY</b><br>the committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | <table border="1" style="width: 100%;"><tr><td>1960.00</td></tr></table>  | 1960.00                           |   |          |   |   |   |   |   |      |   |      |
| 1960.00   |   |                                   |   |          |   |   |   |   |   |      |   |      |

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**

Write or Type Committee Name  
National Campaign Fund

Report Covering the Period: From: 

|   |   |
|---|---|
| M | M |
| 0 | 1 |

|   |   |
|---|---|
| D | D |
| 0 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

 To: 

|   |   |
|---|---|
| M | M |
| 0 | 3 |

|   |   |
|---|---|
| D | D |
| 3 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

| I. Receipts  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:   |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees  | 13500.00                      | 13500.00                          |
| (i) Itemized (use Schedule A) .....  | 37050.50                      | 37050.50                          |
| (ii) Unitemized .....  | 50550.50                      | 50550.50                          |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) .....   | 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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....     | 50550.50                      | 50550.50                          |
| 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) ..... | 0.00                          | 0.00                              |
| 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)) .....                          | 50550.50                      | 50550.50                          |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....                                    | 50550.50                      | 50550.50                          |

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| <b>II. DISBURSEMENTS</b>   | <b>COLUMN A<br/>Total This Period</b> | <b>COLUMN B<br/>Calendar Year-to-Date</b> |
|--|---------------------------------------|---|
| 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.....  | 297.48                                | 297.48                                    |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....                          | 297.48                                | 297.48                                    |
| 22. Transfers to Affiliated/Other Party Committees.....  | 0.00                                  | 0.00                                      |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 0.00                                  | 0.00                                      |
| 24. Independent Expenditure (use Schedule E) .....   | 36225.34                              | 36225.34                                  |
| 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                                  | 0.00                                      |
| 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))..       | 36522.82                              | 36522.82                                  |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 36522.82                              | 36522.82                                  |

**DETAILED SUMMARY PAGE**  
of Disbursements

| III. Net Contributions/Operating Expenditures                                    | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) from Line 11(d), page 3) .....        | 50550.50                      | 50550.50                          |
| 34. Total Contribution Refunds (from Line 28(d)) .....                           | 0.00                          | 0.00                              |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....   | 50550.50                      | 50550.50                          |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 297.48                        | 297.48                            |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) .....               | 0.00                          | 0.00                              |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) .....             | 297.48                        | 297.48                            |

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

|   |  |             |
|---|--|-------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 6 / 32 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><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)  
National Campaign Fund

|   |  |   |
|---|--|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>MR GEORGE BENNETT SMITH     | Date of Receipt<br>MM / DD / YYYY<br>02 / 20 / 2008 |
|   | Mailing Address 2300 AARON ST<br>APT 313 REGENCY HOUSE                 | <b>Transaction ID:</b> INC.A.15                     |
|   | City State Zip Code<br>PORT CHARLOTTE FL 33952                         | Amount of Each Receipt this Period<br>250.00        |
|   | FEC ID number of contributing federal political committee.<br><b>C</b> |   |
|   | Name of Employer Occupation<br>N.Y.S.E.R.S. RETIRED                    |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>750.00                                     |   |

|   |   |   |
|---|---|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>MRS BETTY J ALSON                                | Date of Receipt<br>MM / DD / YYYY<br>02 / 22 / 2008 |
|   | Mailing Address 819 PARADISE LN   | <b>Transaction ID:</b> INC.A.13                     |
|   | City State Zip Code<br>BROOKINGS OR 97415   | Amount of Each Receipt this Period<br>2300.00       |
|   | FEC ID number of contributing federal political committee.<br><b>C</b>                      |   |
|   | Name of Employer Occupation<br>US ARMY/FORT RICHARDSON, AL RETIRED BUDGET OFFICER/HOMEMAKER |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>2300.00   |   |

|   |  |   |
|---|--|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>MR SHERWIN H TERRY          | Date of Receipt<br>MM / DD / YYYY<br>02 / 22 / 2008 |
|   | Mailing Address 301 TIDEPOINTE WAY<br>VILLA 3306                       | <b>Transaction ID:</b> INC.A.5                      |
|   | City State Zip Code<br>HILTON HEAD ISLAND SC 29928                     | Amount of Each Receipt this Period<br>250.00        |
|   | FEC ID number of contributing federal political committee.<br><b>C</b> |   |
|   | Name of Employer Occupation  |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>250.00                                     |   |

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 2800.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |

**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 7 / 32                  |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
National Campaign Fund

|   |   |                               |   |
|---|---|-------------------------------|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>MS JOSEPHINE E WOOD      |                               | Date of Receipt   |
|   | Mailing Address 1400 ENTERPRISE DR APT N330                         |                               | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y |
|   | City  | State                         | Zip Code  |
|   | LYNCHBURG   | VA                            | 24502   |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                               | <b>Transaction ID:</b> INC.A.9  |
| Name of Employer<br>FAIRFAX COUNTY SCHOOL BOARD   |   | Occupation<br>RETIRED TEACHER | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼      | <input type="text"/> 250.00   |
|   |   | <input type="text"/> 250.00   |   |

|   |   |                             |   |
|---|---|-----------------------------|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>MR DONALD TAYLOR         |                             | Date of Receipt   |
|   | Mailing Address 3500 NICHOLSON RD                                   |                             | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y |
|   | City  | State                       | Zip Code  |
|   | WESTMINSTER   | MD                          | 21157   |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                             | <b>Transaction ID:</b> INC.A.7  |
| Name of Employer<br>RETIRED   |   | Occupation<br>RETIRED       | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼    | <input type="text"/> 500.00   |
|   |   | <input type="text"/> 500.00 |   |

|   |   |                             |   |
|---|---|-----------------------------|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>MRS CARROLL K KING       |                             | Date of Receipt   |
|   | Mailing Address 2432 WINDROW DR                                     |                             | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y |
|   | City  | State                       | Zip Code  |
|   | PRINCETON   | NJ                          | 8540  |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                             | <b>Transaction ID:</b> INC.A.26   |
| Name of Employer  |   | Occupation                  | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼    | <input type="text"/> 250.00   |
|   |   | <input type="text"/> 250.00 |   |

|  |                              |
|--|------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <input type="text"/> 1000.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>         |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 32  
(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 |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|

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NAME OF COMMITTEE (In Full)  
National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)  
MR L A MCDANIEL

Mailing Address 128 CARDINAL BLVD SE

City State Zip Code  
CALHOUN GA 30701

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 14 / 2008

Transaction ID: INC.A.10

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
MR NORMAN E BECKER

Mailing Address 245 E US HIGHWAY 50 BYP

City State Zip Code  
GARDEN CITY KS 67846

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 17 / 2008

Transaction ID: INC.A.27

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
MRS FLORENCE C WEST

Mailing Address 10710 W SARATOGA PL

City State Zip Code  
LITTLETON CO 80127

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 17 / 2008

Transaction ID: INC.A.23

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1250.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 32

(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 |

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NAME OF COMMITTEE (In Full)  
National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

MR J MICHAEL BILLIOU

Mailing Address PO BOX 98

City State Zip Code  
HAMILTON CITY CA 95951

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

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

Transaction ID: INC.A.4

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

MS PATRICIA A HUGHES

Mailing Address 107 CASA LINDA DR

City State Zip Code  
WOODLAND CA 95695

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

Name of Employer Occupation  
SELF-EMPLOYED RET TENANT FARMER/LANDOWNER/HOMEMAKER

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: INC.A.17

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

DR FRANK G FIELDER

Mailing Address 2384 COUNTY ROAD 10

City State Zip Code  
ALPINE NY 14805

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

Name of Employer Occupation  
SELF-EMPLOYED RETIRED VETERINARIAN

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: INC.A.1

Amount of Each Receipt this Period

250.00

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

850.00

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

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

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

FOR LINE NUMBER: PAGE 10 / 32  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
National Campaign Fund

**A.** Full Name (Last, First, Middle Initial)  
MISS MARY SALLY AYLWARD

Mailing Address 115 S RUTAN ST APT 10B

City State Zip Code  
WICHITA KS 67218

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  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 2 | 4 | / | 2 | 0 | 0 | 8 |

**Transaction ID:** INC.A.28

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
MR GEORGE BENNETT SMITH

Mailing Address 2300 AARON ST  
APT 313 REGENCY HOUSE

City State Zip Code  
PORT CHARLOTTE FL 33952

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

Name of Employer Occupation  
N.Y.S.E.R.S. RETIRED

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 2 | 4 | / | 2 | 0 | 0 | 8 |

**Transaction ID:** INC.A.16

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
MS CAROL G BOLCOF

Mailing Address 3731 DAFFODIL AVE

City State Zip Code  
CORONA DEL MAR CA 92625

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 2 | 4 | / | 2 | 0 | 0 | 8 |

**Transaction ID:** INC.A.29

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) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 32

(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)  
National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)  
MR ANTONIO C ESTEVE

Mailing Address 161 S OLD ALICE RD

City State Zip Code  
BROWNSVILLE TX 78520

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

Name of Employer Occupation  
SELF-EMPLOYED RETIRED

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 4 / 2 0 0 8

Transaction ID: INC.A.2

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)  
MR EDWIN T HUBBARD

Mailing Address 4574 FM 1960 RD E

City State Zip Code  
HUMBLE TX 77346

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

Name of Employer Occupation

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 4 / 2 0 0 8

Transaction ID: INC.A.25

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)  
MRS JO D PROVINES

Mailing Address 2812 GRAY FOX LN

City State Zip Code  
JACKSONVILLE AR 72076

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

Name of Employer Occupation  
RETIRED OPTOMITRIST

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 4 / 2 0 0 8

Transaction ID: INC.A.30

Amount of Each Receipt this Period

500.00

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

1250.00

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

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

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

FOR LINE NUMBER: PAGE 12 / 32  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
National Campaign Fund

**A.** Full Name (Last, First, Middle Initial)  
MR JOHN HUEY BROUSSARD

Mailing Address 23193 LAUDERDALE HWY

City State Zip Code  
JENNINGS LA 70546

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  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 2 | 5 | / | 2 | 0 | 0 | 8 |

**Transaction ID: INC.A.31**  
 Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
MRS CAROLYN ELDRIDGE

Mailing Address 607 3RD KEY DR

City State Zip Code  
FORT LAUDERDALE FL 33304

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  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 2 | 6 | / | 2 | 0 | 0 | 8 |

**Transaction ID: INC.A.32**  
 Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
MRS FLORENCE C WEST

Mailing Address 10710 W SARATOGA PL

City State Zip Code  
LITTLETON CO 80127

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 2 | 6 | / | 2 | 0 | 0 | 8 |

**Transaction ID: INC.A.24**  
 Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2100.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 32  
(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 |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|

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NAME OF COMMITTEE (In Full)  
National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)  
MR BEN JOHNSON, III

Mailing Address PO BOX 632

City MANSFIELD State LA Zip Code 71052

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

Name of Employer SELF-EMPLOYED Occupation OIL & GAS PRODUCTION

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 03 / 27 / 2008  
**Transaction ID: INC.A.3**  
Amount of Each Receipt this Period: 1000.00

**B.**

Full Name (Last, First, Middle Initial)  
MR RICHARD D RICHARDSON

Mailing Address 9 FOXTAIL LN

City CHADDS FORD State PA Zip Code 19317

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

Name of Employer SOLID STATE EQUIPMENT CORPORATION Occupation SELF-EMPLOYED EXECUTIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 03 / 27 / 2008  
**Transaction ID: INC.A.8**  
Amount of Each Receipt this Period: 1000.00

**C.**

Full Name (Last, First, Middle Initial)  
MS PATRICIA A HUGHES

Mailing Address 107 CASA LINDA DR

City WOODLAND State CA Zip Code 95695

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

Name of Employer SELF-EMPLOYED Occupation RET TENANT FARMER/LANDOWNER/HOMEMAKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 03 / 28 / 2008  
**Transaction ID: INC.A.18**  
Amount of Each Receipt this Period: 200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2200.00

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

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

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

FOR LINE NUMBER: PAGE 14 / 32  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
National Campaign Fund

**A.** Full Name (Last, First, Middle Initial)  
MR BOYD L FUGAL

Mailing Address 504 W 1100 N

City State Zip Code  
PLEASANT GROVE UT 84062

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

Name of Employer Occupation  
SELF-EMPLOYED CONTRACTOR RETIRED PUBLIC UTILITIES CONSTRUCTION

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 31 / 2008

**Transaction ID:** INC.A.6

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
MR L A MCDANIEL

Mailing Address 128 CARDINAL BLVD SE

City State Zip Code  
CALHOUN GA 30701

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 31 / 2008

**Transaction ID:** INC.A.11

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **550.00**

**TOTAL** This Period (last page this line number only) ..... ► **13500.00**

**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 15 / 32

|                                     |     |                          |     |                          |     |                          |     |                          |    |                          |     |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|-----|
| <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)  
National Campaign Fund

A.

Full Name (Last, First, Middle Initial)  
Washington Intelligence Bureau

Mailing Address 4128 Pepsi Place

City Chantilly State VA Zip Code 20151

Purpose of Disbursement  
Admin Account Services

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: EXP.B.38

Date of Disbursement

03 / 17 / 2008

Amount of Each Disbursement this Period

249.47

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

249.47

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

249.47

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

|  |   |
|--|---|
| NAME OF COMMITTEE (In Full)<br>National Campaign Fund                                    | FEC IDENTIFICATION NUMBER<br><b>C</b> C00437822 |
| Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice |   |

Full Name (Last, First, Middle, Initial) of Payee  
Wide World Photos

---

Mailing Address  
450 West 33rd Street

---

|                  |             |                   |
|------------------|-------------|-------------------|
| City<br>New York | State<br>NY | Zip Code<br>10001 |
|------------------|-------------|-------------------|

---

|                                  |                          |
|----------------------------------|--------------------------|
| Purpose of Expenditure<br>Photos | Category/<br>Type<br>003 |
|----------------------------------|--------------------------|

---

Name of Federal Candidate supported or Opposed by expenditure:  
Hillary Clinton

---

|   |         |
|---|---------|
| Calendar Year-To-Date Per Election<br>for Office Sought | 3912.34 |
|---|---------|

Date  
MM / DD / YYYY  
02 / 25 / 2008

---

Amount  
27.00

**Transaction ID:** EDT.EALC.29

---

Office Sought:  House State: \_\_\_\_\_  
 Senate District: \_\_\_\_\_  
 Presidential

---

Check One:  Support  Oppose

---

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2008

Full Name (Last, First, Middle, Initial) of Payee  
Wide World Photos

---

Mailing Address  
450 West 33rd Street

---

|                  |             |                   |
|------------------|-------------|-------------------|
| City<br>New York | State<br>NY | Zip Code<br>10001 |
|------------------|-------------|-------------------|

---

|                                  |                          |
|----------------------------------|--------------------------|
| Purpose of Expenditure<br>Photos | Category/<br>Type<br>003 |
|----------------------------------|--------------------------|

---

Name of Federal Candidate supported or Opposed by expenditure:  
John McCain

---

|   |          |
|---|----------|
| Calendar Year-To-Date Per Election<br>for Office Sought | 20565.12 |
|---|----------|

Date  
MM / DD / YYYY  
02 / 25 / 2008

---

Amount  
141.93

**Transaction ID:** EDT.EALC.30

---

Office Sought:  House State: \_\_\_\_\_  
 Senate District: \_\_\_\_\_  
 Presidential

---

Check One:  Support  Oppose

---

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2008

|  |        |
|--|--------|
| (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....   | 168.93 |
| (b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... |        |
| (c) <b>TOTAL</b> Independent Expenditures .....                  |        |

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.

James Lacy  
Signature

Date MM / DD / YYYY  
07 / 08 / 2008

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

|  |   |
|--|---|
| NAME OF COMMITTEE (In Full)<br>National Campaign Fund                                    | FEC IDENTIFICATION NUMBER<br><b>C</b> C00437822 |
| Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice |   |

Full Name (Last, First, Middle, Initial) of Payee  
Wide World Photos

---

Mailing Address  
450 West 33rd Street

---

|                  |             |                   |
|------------------|-------------|-------------------|
| City<br>New York | State<br>NY | Zip Code<br>10001 |
|------------------|-------------|-------------------|

---

|                                  |                          |
|----------------------------------|--------------------------|
| Purpose of Expenditure<br>Photos | Category/<br>Type<br>003 |
|----------------------------------|--------------------------|

---

Name of Federal Candidate supported or Opposed by expenditure:  
Rudy Giuliani

---

|   |          |
|---|----------|
| Calendar Year-To-Date Per Election<br>for Office Sought | 11747.88 |
|---|----------|

Date  
MM / DD / YYYY  
02 / 25 / 2008

---

Amount  
81.07

**Transaction ID:** EDT.EALC.31

---

Office Sought:  House State: \_\_\_\_\_  
 Senate District: \_\_\_\_\_  
 Presidential

Check One:  Support  Oppose

---

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2008

Full Name (Last, First, Middle, Initial) of Payee  
Response Dynamics, Inc.

---

Mailing Address  
2070 Chain Bridge Road Ste 520

---

|                |             |                   |
|----------------|-------------|-------------------|
| City<br>Vienna | State<br>VA | Zip Code<br>22182 |
|----------------|-------------|-------------------|

---

|   |                          |
|---|--------------------------|
| Purpose of Expenditure<br>Mailing services/pos-<br>tage | Category/<br>Type<br>003 |
|---|--------------------------|

---

Name of Federal Candidate supported or Opposed by expenditure:  
Hillary Clinton

---

|   |         |
|---|---------|
| Calendar Year-To-Date Per Election<br>for Office Sought | 3912.34 |
|---|---------|

Date  
MM / DD / YYYY  
03 / 19 / 2008

---

Amount  
640.75

**Transaction ID:** EDT.EALC.14

---

Office Sought:  House State: \_\_\_\_\_  
 Senate District: \_\_\_\_\_  
 Presidential

Check One:  Support  Oppose

---

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2008

|  |        |
|--|--------|
| (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....   | 721.82 |
| (b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... |        |
| (c) <b>TOTAL</b> Independent Expenditures .....                  |        |

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.

James Lacy  
Signature

Date MM / DD / YYYY  
07 / 08 / 2008

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

|  |   |
|--|---|
| NAME OF COMMITTEE (In Full)<br>National Campaign Fund                                    | FEC IDENTIFICATION NUMBER<br><b>C</b> C00437822 |
| Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice |   |

Full Name (Last, First, Middle, Initial) of Payee  
Response Dynamics, Inc.

---

Mailing Address  
2070 Chain Bridge Road Ste 520

---

|                |             |                   |
|----------------|-------------|-------------------|
| City<br>Vienna | State<br>VA | Zip Code<br>22182 |
|----------------|-------------|-------------------|

---

|  |                      |
|--|----------------------|
| Purpose of Expenditure<br>Mailing services/postage | Category/Type<br>003 |
|--|----------------------|

---

Name of Federal Candidate supported or Opposed by expenditure:  
John McCain

---

|  |          |
|--|----------|
| Calendar Year-To-Date Per Election for Office Sought | 20565.12 |
|--|----------|

Date  
MM / DD / YYYY  
03 / 19 / 2008

---

Amount  
3368.07

**Transaction ID:** EDT.EALC.15

---

Office Sought:  House State: \_\_\_\_\_  
 Senate District: \_\_\_\_\_  
 Presidential

---

Check One:  Support  Oppose

---

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2008

Full Name (Last, First, Middle, Initial) of Payee  
Response Dynamics, Inc.

---

Mailing Address  
2070 Chain Bridge Road Ste 520

---

|                |             |                   |
|----------------|-------------|-------------------|
| City<br>Vienna | State<br>VA | Zip Code<br>22182 |
|----------------|-------------|-------------------|

---

|  |                      |
|--|----------------------|
| Purpose of Expenditure<br>Mailing services/postage | Category/Type<br>003 |
|--|----------------------|

---

Name of Federal Candidate supported or Opposed by expenditure:  
Rudy Giuliani

---

|  |          |
|--|----------|
| Calendar Year-To-Date Per Election for Office Sought | 11747.88 |
|--|----------|

Date  
MM / DD / YYYY  
03 / 19 / 2008

---

Amount  
1924.02

**Transaction ID:** EDT.EALC.16

---

Office Sought:  House State: \_\_\_\_\_  
 Senate District: \_\_\_\_\_  
 Presidential

---

Check One:  Support  Oppose

---

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2008

|  |         |
|--|---------|
| (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....   | 5292.09 |
| (b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... |         |
| (c) <b>TOTAL</b> Independent Expenditures .....                  |         |

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.

James Lacy  
Signature

Date MM / DD / YYYY  
07 / 08 / 2008

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

|  |   |
|--|---|
| NAME OF COMMITTEE (In Full)<br>National Campaign Fund                                    | FEC IDENTIFICATION NUMBER<br><b>C</b> C00437822 |
| Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice |   |

Full Name (Last, First, Middle, Initial) of Payee  
Response Dynamics, Inc.

Date  
MM / DD / YYYY  
03 / 20 / 2008

Mailing Address  
2070 Chain Bridge Road Ste 520

Amount  
213.86

City State Zip Code  
Vienna VA 22182

Transaction ID: EDT.EALC.17

Purpose of Expenditure  
Mailing services/postage  
Category/Type 003

Office Sought:  House State: \_\_\_\_\_  
 Senate District: \_\_\_\_\_  
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:  
Hillary Clinton

Check One:  Support  Oppose

Calendar Year-To-Date Per Election for Office Sought  
3912.34

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2008

Full Name (Last, First, Middle, Initial) of Payee  
Response Dynamics, Inc.

Date  
MM / DD / YYYY  
03 / 20 / 2008

Mailing Address  
2070 Chain Bridge Road Ste 520

Amount  
1124.17

City State Zip Code  
Vienna VA 22182

Transaction ID: EDT.EALC.18

Purpose of Expenditure  
Mailing services/postage  
Category/Type 003

Office Sought:  House State: \_\_\_\_\_  
 Senate District: \_\_\_\_\_  
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:  
John McCain

Check One:  Support  Oppose

Calendar Year-To-Date Per Election for Office Sought  
20565.12

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2008

|   |         |
|---|---------|
| (a) SUBTOTAL of Itemized Independent Expenditures .....   | 1338.03 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ..... |         |
| (c) TOTAL Independent Expenditures .....                  |         |

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.

James Lacy  
Signature

Date MM / DD / YYYY  
07 / 08 / 2008

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

|  |   |
|--|---|
| NAME OF COMMITTEE (In Full)<br>National Campaign Fund                                    | FEC IDENTIFICATION NUMBER<br><b>C</b> C00437822 |
| Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice |   |

Full Name (Last, First, Middle, Initial) of Payee  
Response Dynamics, Inc.

Date  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 2 | 0 |   | 2 | 0 | 0 | 8 |

Mailing Address  
2070 Chain Bridge Road Ste 520

Amount  
642.18

City State Zip Code  
Vienna VA 22182

Transaction ID: EDT.EALC.19

Purpose of Expenditure  
Mailing services/pos-  
tage

Category/  
Type 003

Office Sought:  House State: \_\_\_\_\_  
 Senate District: \_\_\_\_\_  
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:  
Rudy Giuliani

Check One:  Support  Oppose

Calendar Year-To-Date Per Election  
for Office Sought 11747.88

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2008

Full Name (Last, First, Middle, Initial) of Payee  
Direct Response Data Mngt

Date  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 2 | 4 |   | 2 | 0 | 0 | 8 |

Mailing Address  
2070 Chain Bridge Rd # 520

Amount  
1676.33

City State Zip Code  
Vienna VA 22182

Transaction ID: EDT.EALC.3

Purpose of Expenditure  
Data entry for mail-  
ings

Category/  
Type 003

Office Sought:  House State: \_\_\_\_\_  
 Senate District: \_\_\_\_\_  
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:  
John McCain

Check One:  Support  Oppose

Calendar Year-To-Date Per Election  
for Office Sought 20565.12

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2008

|   |         |
|---|---------|
| (a) SUBTOTAL of Itemized Independent Expenditures .....   | 2318.51 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ..... |         |
| (c) TOTAL Independent Expenditures .....                  |         |

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.

James Lacy  
Signature

Date  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 0 | 8 |   | 2 | 0 | 0 | 8 |

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

|  |   |
|--|---|
| NAME OF COMMITTEE (In Full)<br>National Campaign Fund                                    | FEC IDENTIFICATION NUMBER<br><b>C</b> C00437822 |
| Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice |   |

Full Name (Last, First, Middle, Initial) of Payee  
Direct Response Data Mngt

---

Mailing Address  
2070 Chain Bridge Rd # 520

---

|                |             |                   |
|----------------|-------------|-------------------|
| City<br>Vienna | State<br>VA | Zip Code<br>22182 |
|----------------|-------------|-------------------|

---

|   |                      |
|---|----------------------|
| Purpose of Expenditure<br>Data entry for mailings | Category/Type<br>003 |
|---|----------------------|

---

Name of Federal Candidate supported or Opposed by expenditure:  
Hillary Clinton

---

|  |         |
|--|---------|
| Calendar Year-To-Date Per Election for Office Sought | 3912.34 |
|--|---------|

Date  
MM / DD / YYYY  
03 / 24 / 2008

---

Amount  
318.91

**Transaction ID:** EDT.EALC.2

---

Office Sought:  House State: \_\_\_\_\_  
 Senate District: \_\_\_\_\_  
 Presidential

Check One:  Support  Oppose

---

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2008

Full Name (Last, First, Middle, Initial) of Payee  
Direct Response Data Mngt

---

Mailing Address  
2070 Chain Bridge Rd # 520

---

|                |             |                   |
|----------------|-------------|-------------------|
| City<br>Vienna | State<br>VA | Zip Code<br>22182 |
|----------------|-------------|-------------------|

---

|   |                      |
|---|----------------------|
| Purpose of Expenditure<br>Data entry for mailings | Category/Type<br>003 |
|---|----------------------|

---

Name of Federal Candidate supported or Opposed by expenditure:  
Rudy Giuliani

---

|  |          |
|--|----------|
| Calendar Year-To-Date Per Election for Office Sought | 11747.88 |
|--|----------|

Date  
MM / DD / YYYY  
03 / 24 / 2008

---

Amount  
957.60

**Transaction ID:** EDT.EALC.4

---

Office Sought:  House State: \_\_\_\_\_  
 Senate District: \_\_\_\_\_  
 Presidential

Check One:  Support  Oppose

---

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2008

|  |         |
|--|---------|
| (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....   | 1276.51 |
| (b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... |         |
| (c) <b>TOTAL</b> Independent Expenditures .....                  |         |

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.

James Lacy  
Signature

Date MM / DD / YYYY  
07 / 08 / 2008

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

|  |   |
|--|---|
| NAME OF COMMITTEE (In Full)<br>National Campaign Fund                                    | FEC IDENTIFICATION NUMBER<br><b>C</b> C00437822 |
| Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice |   |

Full Name (Last, First, Middle, Initial) of Payee  
Fullfillment Management Svc

Mailing Address  
2070 Chain Bridge Rd # 520

City State Zip Code  
Vienna VA 22182

Purpose of Expenditure  
Folding/inserting ma-  
il

Category/  
Type **003**

Name of Federal Candidate supported or Opposed by expenditure:  
Hillary Clinton

Calendar Year-To-Date Per Election  
for Office Sought **3912.34**

Date  
M M / D D / Y Y Y Y  
**03 / 24 / 2008**

Amount  
**230.56**

Transaction ID: EDT.EALC.5

Office Sought:  House State: \_\_\_\_\_  
 Senate District: \_\_\_\_\_  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2008

Full Name (Last, First, Middle, Initial) of Payee  
Fullfillment Management Svc

Mailing Address  
2070 Chain Bridge Rd # 520

City State Zip Code  
Vienna VA 22182

Purpose of Expenditure  
Folding/inserting ma-  
il

Category/  
Type **003**

Name of Federal Candidate supported or Opposed by expenditure:  
John McCain

Calendar Year-To-Date Per Election  
for Office Sought **20565.12**

Date  
M M / D D / Y Y Y Y  
**03 / 24 / 2008**

Amount  
**1211.95**

Transaction ID: EDT.EALC.6

Office Sought:  House State: \_\_\_\_\_  
 Senate District: \_\_\_\_\_  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2008

|  |                |
|--|----------------|
| (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....   | <b>1442.51</b> |
| (b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... |                |
| (c) <b>TOTAL</b> Independent Expenditures .....                  |                |

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James Lacy  
Signature

Date M M / D D / Y Y Y Y  
**07 / 08 / 2008**

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

|  |   |
|--|---|
| NAME OF COMMITTEE (In Full)<br>National Campaign Fund                                    | FEC IDENTIFICATION NUMBER<br><b>C</b> C00437822 |
| Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice |   |

Full Name (Last, First, Middle, Initial) of Payee  
Fullfillment Management Svc

Mailing Address  
2070 Chain Bridge Rd # 520

City State Zip Code  
Vienna VA 22182

Purpose of Expenditure  
Folding/inserting ma-  
il

Category/  
Type **003**

Name of Federal Candidate supported or Opposed by expenditure:  
Rudy Giuliani

Calendar Year-To-Date Per Election  
for Office Sought **11747.88**

Date  
M M / D D / Y Y Y Y  
**03 / 24 / 2008**

Amount  
**692.34**

Transaction ID: EDT.EALC.7

Office Sought:  House State: \_\_\_\_\_  
 Senate District: \_\_\_\_\_  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2008

Full Name (Last, First, Middle, Initial) of Payee  
Mid America Printing

Mailing Address  
2070 Chain Bridge Rd # 520

City State Zip Code  
Vienna VA 22182

Purpose of Expenditure  
Printing

Category/  
Type **003**

Name of Federal Candidate supported or Opposed by expenditure:  
Hillary Clinton

Calendar Year-To-Date Per Election  
for Office Sought **3912.34**

Date  
M M / D D / Y Y Y Y  
**03 / 25 / 2008**

Amount  
**832.01**

Transaction ID: EDT.EALC.8

Office Sought:  House State: \_\_\_\_\_  
 Senate District: \_\_\_\_\_  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2008

|  |                |
|--|----------------|
| (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....   | <b>1524.35</b> |
| (b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... |                |
| (c) <b>TOTAL</b> Independent Expenditures .....                  |                |

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James Lacy  
Signature

Date **07 / 08 / 2008**

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

|  |   |
|--|---|
| NAME OF COMMITTEE (In Full)<br>National Campaign Fund                                    | FEC IDENTIFICATION NUMBER<br><b>C</b> C00437822 |
| Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice |   |

Full Name (Last, First, Middle, Initial) of Payee  
Mid America Printing

Date  
MM / DD / YYYY  
03 / 25 / 2008

Mailing Address  
2070 Chain Bridge Rd # 520

Amount  
4373.46

City State Zip Code  
Vienna VA 22182

Transaction ID: EDT.EALC.9  
Office Sought:  House State: \_\_\_\_\_  
 Senate District: \_\_\_\_\_  
 Presidential

Purpose of Expenditure Category/Type  
Printing 003

Name of Federal Candidate supported or Opposed by expenditure:  
John McCain

Check One:  Support  Oppose

Calendar Year-To-Date Per Election for Office Sought  
20565.12

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2008

Full Name (Last, First, Middle, Initial) of Payee  
Mid America Printing

Date  
MM / DD / YYYY  
03 / 25 / 2008

Mailing Address  
2070 Chain Bridge Rd # 520

Amount  
2498.36

City State Zip Code  
Vienna VA 22182

Transaction ID: EDT.EALC.10  
Office Sought:  House State: \_\_\_\_\_  
 Senate District: \_\_\_\_\_  
 Presidential

Purpose of Expenditure Category/Type  
Printing 003

Name of Federal Candidate supported or Opposed by expenditure:  
Rudy Giuliani

Check One:  Support  Oppose

Calendar Year-To-Date Per Election for Office Sought  
11747.88

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2008

|   |         |
|---|---------|
| (a) SUBTOTAL of Itemized Independent Expenditures .....   | 6871.82 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ..... |         |
| (c) TOTAL Independent Expenditures .....                  |         |

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.

James Lacy  
Signature

Date MM / DD / YYYY  
07 / 08 / 2008

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

|  |  |
|--|--|
| NAME OF COMMITTEE (In Full)<br>National Campaign Fund                                    | <b>FEC IDENTIFICATION NUMBER</b> ▼<br><b>C</b> C00437822 |
| Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice |  |

Full Name (Last, First, Middle, Initial) of Payee  
Mid America Printing

Date  
M M / D D / Y Y Y Y  
0 3 / 2 5 / 2 0 0 8

Mailing Address  
2070 Chain Bridge Rd # 520

Amount  
518.50

City State Zip Code  
Vienna VA 22182

**Transaction ID:** EDT.EALC.11  
Office Sought:  House State: \_\_\_\_\_  
 Senate District: \_\_\_\_\_  
 Presidential

Purpose of Expenditure Category/Type  
Printing 003

Name of Federal Candidate supported or Opposed by expenditure:  
Hillary Clinton

Check One:  Support  Oppose

Calendar Year-To-Date Per Election for Office Sought  
3912.34

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2008

Full Name (Last, First, Middle, Initial) of Payee  
Mid America Printing

Date  
M M / D D / Y Y Y Y  
0 3 / 2 5 / 2 0 0 8

Mailing Address  
2070 Chain Bridge Rd # 520

Amount  
2725.47

City State Zip Code  
Vienna VA 22182

**Transaction ID:** EDT.EALC.12  
Office Sought:  House State: \_\_\_\_\_  
 Senate District: \_\_\_\_\_  
 Presidential

Purpose of Expenditure Category/Type  
Printing 003

Name of Federal Candidate supported or Opposed by expenditure:  
John McCain

Check One:  Support  Oppose

Calendar Year-To-Date Per Election for Office Sought  
20565.12

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2008

|  |                |
|--|----------------|
| <b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....   | <b>3243.97</b> |
| <b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... | _____          |
| <b>(c) TOTAL</b> Independent Expenditures .....                  | _____          |

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.

James Lacy  
Signature

Date M M / D D / Y Y Y Y  
0 7 / 0 8 / 2 0 0 8

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

|  |   |
|--|---|
| NAME OF COMMITTEE (In Full)<br>National Campaign Fund                                    | FEC IDENTIFICATION NUMBER<br><b>C</b> C00437822 |
| Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice |   |

Full Name (Last, First, Middle, Initial) of Payee  
Mid America Printing

Date  
M M / D D / Y Y Y Y  
0 3 / 2 5 / 2 0 0 8

Mailing Address  
2070 Chain Bridge Rd # 520

Amount  
1556.93

City State Zip Code  
Vienna VA 22182

Transaction ID: EDT.EALC.13

Purpose of Expenditure Category/Type  
Printing 003

Office Sought:  House State: \_\_\_\_\_  
 Senate District: \_\_\_\_\_  
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:  
Rudy Giuliani

Check One:  Support  Oppose

Calendar Year-To-Date Per Election for Office Sought  
11747.88

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2008

Full Name (Last, First, Middle, Initial) of Payee  
Response Dynamics, Inc.

Date  
M M / D D / Y Y Y Y  
0 3 / 2 5 / 2 0 0 8

Mailing Address  
2070 Chain Bridge Rd # 520

Amount  
1480.72

City State Zip Code  
Vienna VA 22182

Transaction ID: EDT.EALC.23

Purpose of Expenditure Category/Type  
Mailing services/pos-tage 003

Office Sought:  House State: \_\_\_\_\_  
 Senate District: \_\_\_\_\_  
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:  
Rudy Giuliani

Check One:  Support  Oppose

Calendar Year-To-Date Per Election for Office Sought  
11747.88

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2008

|   |         |
|---|---------|
| (a) SUBTOTAL of Itemized Independent Expenditures .....   | 3037.65 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ..... |         |
| (c) TOTAL Independent Expenditures .....                  |         |

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.

James Lacy  
Signature

Date M M / D D / Y Y Y Y  
0 7 / 0 8 / 2 0 0 8

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

|  |   |
|--|---|
| NAME OF COMMITTEE (In Full)<br>National Campaign Fund                                    | FEC IDENTIFICATION NUMBER<br><b>C</b> C00437822 |
| Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice |   |

Full Name (Last, First, Middle, Initial) of Payee  
Response Dynamics, Inc.

Date  
MM / DD / YYYY  
03 / 25 / 2008

Mailing Address  
2070 Chain Bridge Rd # 520

Amount  
2592.06

City State Zip Code  
Vienna VA 22182

Transaction ID: EDT.EALC.24

Purpose of Expenditure  
Mailing services/postage  
Category/Type 003

Office Sought:  House State: \_\_\_\_\_  
 Senate District: \_\_\_\_\_  
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:  
John McCain

Check One:  Support  Oppose

Calendar Year-To-Date Per Election for Office Sought  
20565.12

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2008

Full Name (Last, First, Middle, Initial) of Payee  
Response Dynamics, Inc.

Date  
MM / DD / YYYY  
03 / 25 / 2008

Mailing Address  
2070 Chain Bridge Rd # 520

Amount  
493.12

City State Zip Code  
Vienna VA 22182

Transaction ID: EDT.EALC.25

Purpose of Expenditure  
Mailing services/postage  
Category/Type 003

Office Sought:  House State: \_\_\_\_\_  
 Senate District: \_\_\_\_\_  
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:  
Hillary Clinton

Check One:  Support  Oppose

Calendar Year-To-Date Per Election for Office Sought  
3912.34

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2008

|   |         |
|---|---------|
| (a) SUBTOTAL of Itemized Independent Expenditures .....   | 3085.18 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ..... |         |
| (c) TOTAL Independent Expenditures .....                  |         |

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.

James Lacy  
Signature

Date MM / DD / YYYY  
07 / 08 / 2008

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

|  |   |
|--|---|
| NAME OF COMMITTEE (In Full)<br>National Campaign Fund                                    | FEC IDENTIFICATION NUMBER<br><b>C</b> C00437822 |
| Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice |   |

Full Name (Last, First, Middle, Initial) of Payee  
The Best List, Inc.

Date  
MM / DD / YYYY  
03 / 26 / 2008

Mailing Address  
2070 Chain Bridge Rd. # 520

Amount  
103.73

City State Zip Code  
Vienna VA 22182

Transaction ID: EDT.EALC.26

Purpose of Expenditure  
Lists  
Category/Type 003

Office Sought:  House State: \_\_\_\_\_  
 Senate District: \_\_\_\_\_  
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:  
Hillary Clinton

Check One:  Support  Oppose

Calendar Year-To-Date Per Election  
for Office Sought 3912.34

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2008

Full Name (Last, First, Middle, Initial) of Payee  
The Best List, Inc.

Date  
MM / DD / YYYY  
03 / 26 / 2008

Mailing Address  
2070 Chain Bridge Rd. # 520

Amount  
545.26

City State Zip Code  
Vienna VA 22182

Transaction ID: EDT.EALC.27

Purpose of Expenditure  
Lists  
Category/Type 003

Office Sought:  House State: \_\_\_\_\_  
 Senate District: \_\_\_\_\_  
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:  
John McCain

Check One:  Support  Oppose

Calendar Year-To-Date Per Election  
for Office Sought 20565.12

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2008

|   |        |
|---|--------|
| (a) SUBTOTAL of Itemized Independent Expenditures .....   | 648.99 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ..... |        |
| (c) TOTAL Independent Expenditures .....                  |        |

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.

James Lacy  
Signature

Date MM / DD / YYYY  
07 / 08 / 2008

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

|  |   |
|--|---|
| NAME OF COMMITTEE (In Full)<br>National Campaign Fund                                    | FEC IDENTIFICATION NUMBER<br><b>C</b> C00437822 |
| Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice |   |

Full Name (Last, First, Middle, Initial) of Payee  
The Best List, Inc.

---

Mailing Address  
2070 Chain Bridge Rd. # 520

---

|                |             |                   |
|----------------|-------------|-------------------|
| City<br>Vienna | State<br>VA | Zip Code<br>22182 |
|----------------|-------------|-------------------|

---

|                                 |                          |
|---------------------------------|--------------------------|
| Purpose of Expenditure<br>Lists | Category/<br>Type<br>003 |
|---------------------------------|--------------------------|

---

Name of Federal Candidate supported or Opposed by expenditure:  
Rudy Giuliani

---

|   |          |
|---|----------|
| Calendar Year-To-Date Per Election<br>for Office Sought | 11747.88 |
|---|----------|

Date  
MM / DD / YYYY  
03 / 26 / 2008

---

Amount  
311.49

**Transaction ID:** EDT.EALC.28

---

Office Sought:  House State: \_\_\_\_\_  
 Senate District: \_\_\_\_\_  
 Presidential

Check One:  Support  Oppose

---

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2008

Full Name (Last, First, Middle, Initial) of Payee  
Response Dynamics, Inc.

---

Mailing Address  
2070 Chain Bridge Road Ste 520

---

|                |             |                   |
|----------------|-------------|-------------------|
| City<br>Vienna | State<br>VA | Zip Code<br>22182 |
|----------------|-------------|-------------------|

---

|   |                          |
|---|--------------------------|
| Purpose of Expenditure<br>Mailing services/pos-<br>tage | Category/<br>Type<br>003 |
|---|--------------------------|

---

Name of Federal Candidate supported or Opposed by expenditure:  
Hillary Clinton

---

|   |         |
|---|---------|
| Calendar Year-To-Date Per Election<br>for Office Sought | 3912.34 |
|---|---------|

Date  
MM / DD / YYYY  
03 / 31 / 2008

---

Amount  
533.90

**Transaction ID:** EDT.EALC.20

---

Office Sought:  House State: \_\_\_\_\_  
 Senate District: \_\_\_\_\_  
 Presidential

Check One:  Support  Oppose

---

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2008

|  |        |
|--|--------|
| (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....   | 845.39 |
| (b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... |        |
| (c) <b>TOTAL</b> Independent Expenditures .....                  |        |

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.

James Lacy  
Signature

Date MM / DD / YYYY  
07 / 08 / 2008

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

|  |   |
|--|---|
| NAME OF COMMITTEE (In Full)<br>National Campaign Fund                                    | FEC IDENTIFICATION NUMBER<br><b>C</b> C00437822 |
| Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice |   |

Full Name (Last, First, Middle, Initial) of Payee  
Response Dynamics, Inc.

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

Mailing Address  
2070 Chain Bridge Road Ste 520

Amount  
2806.42

City State Zip Code  
Vienna VA 22182

Transaction ID: EDT.EALC.21

Purpose of Expenditure  
Mailing services/postage  
Category/Type 003

Office Sought:  House State: \_\_\_\_\_  
 Senate District: \_\_\_\_\_  
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:  
John McCain

Check One:  Support  Oppose

Calendar Year-To-Date Per Election for Office Sought  
20565.12

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2008

Full Name (Last, First, Middle, Initial) of Payee  
Response Dynamics, Inc.

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

Mailing Address  
2070 Chain Bridge Road Ste 520

Amount  
1603.17

City State Zip Code  
Vienna VA 22182

Transaction ID: EDT.EALC.22

Purpose of Expenditure  
Mailing services/postage  
Category/Type 003

Office Sought:  House State: \_\_\_\_\_  
 Senate District: \_\_\_\_\_  
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:  
Rudy Giuliani

Check One:  Support  Oppose

Calendar Year-To-Date Per Election for Office Sought  
11747.88

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2008

|  |          |
|--|----------|
| (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....   | 4409.59  |
| (b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... |          |
| (c) <b>TOTAL</b> Independent Expenditures .....                  | 36225.34 |

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.

James Lacy  
Signature

Date M M / D D / Y Y Y Y  
0 7 / 0 8 / 2 0 0 8

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

|   |                                      |  |
|---|--------------------------------------|--|
| (Use separate schedule(s) for each numbered line) | PAGE 31 / 32                         |  |
|   | FOR LINE NUMBER:<br>(check only one) | <input type="checkbox"/> 9<br><input checked="" type="checkbox"/> 10 |

NAME OF COMMITTEE (In Full)  
National Campaign Fund

|   |             |                   |  |
|---|-------------|-------------------|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor<br>Response Dynamics, Inc. |             |                   | Nature of Debt (Purpose):<br>P.O.Box and bulk rate mailing account deposit |
| Mailing Address 2070 Chain Bridge Rd # 520  |             |                   |  |
| City<br>Vienna  | State<br>VA | ZIP Code<br>22182 |  |

|   |                     |   |  |
|---|---------------------|---|--|
| Outstanding Balance Beginning This Period |                     | <b>Transaction ID: PAY:D:107</b>            |  |
| 1960.00                                   |                     |   |  |
| Amount Incurred This Period               | Payment This Period | Outstanding Balance at Close of This Period |  |
| 0.00                                      | 0.00                | 1960.00                                     |  |

|  |         |
|--|---------|
| 1) <b>SUBTOTALS</b> This Period This Page (optional).....                                      | 1960.00 |
| 2) <b>TOTALS</b> This Period (last page this line number only).....                            | 1960.00 |
| 3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....                        | 0.00    |
| 4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) | 1960.00 |

Image# 28991390984

Form/Schedule: **F3XA**

Include accrued expenses, election designation

Transaction ID:

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