

RECEIVED
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10/09/08 10:09 AM

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

1. (a) Name of Individual, Organization or Corporation John Daniel Ruffier		3. FEC Identification Number C
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 3701 Lake Sarah Drive		
(c) City, State and ZIP Code Orlando, Florida 32804		
2. Corporate filers only Is the filer a qualified nonprofit corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Individual filers only Name of Employer Lowndes, Drosdick, et. al.		Occupation Attorney

4. TYPE OF REPORT (check appropriate boxes):

(a) April 15 Quarterly Report
 July 15 Quarterly Report
 October 15 Quarterly Report
 January 31 Year-End Report

24-Hour Report
 48-Hour Report

b) Is this Report an amendment? Yes No

5. COVERING PERIOD: FROM

09	01	2008
THROUGH		
10	15	2008

6. TOTAL CONTRIBUTIONS **2175.00**

7. TOTAL INDEPENDENT EXPENDITURES **2175.00**

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent. In addition, (if the independent expenditures reported herein were made by a corporation) I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM	SIGNATURE	DATE
John Daniel Ruffier		10-9-08

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.

For further information, contact:
Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

28039861969

**SCHEDULE 5-A
ITEMIZED RECEIPTS**

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 FILER (In Full)

John Daniel Ruffier

A. Full Name (Last, First, Middle Initial) Miller, Jeffrey		Date of Receipt MM / DD / YYYY 09 / 15 / 2008
Mailing Address 100 S. Eola Drive #506		Amount of Each Receipt this Period 200.00
City Orlando	State Zip Code FL 32801	
FEC ID number of contributing federal political committee. C		

Name of Employer Occupation

Séifert Miller, LLC Attorney

B. Full Name (Last, First, Middle Initial) Wilson, Joshua		Date of Receipt MM / DD / YYYY 09 / 15 / 2008
Mailing Address 100 S. Eola Drive #PH-217		Amount of Each Receipt this Period 200.00
City Orlando	State Zip Code FL 32801	
FEC ID number of contributing federal political committee. C		

Name of Employer Occupation

F.E.M.A. Public Relations

C. Full Name (Last, First, Middle Initial) Metaxas, Maryanne		Date of Receipt MM / DD / YYYY 09 / 15 / 2008
Mailing Address 1004 E. Central Blvd		Amount of Each Receipt this Period 200.00
City Orlando	State Zip Code FL 32801	
FEC ID number of contributing federal political committee. C		

Name of Employer Occupation

Integrity Arts and Technologies Supervising Producer

D. Full Name (Last, First, Middle Initial) Pardy, Matthew		Date of Receipt MM / DD / YYYY 09 / 15 / 2008
Mailing Address 230 E. Marks Street		Amount of Each Receipt this Period 200.00
City Orlando	State Zip Code FL 32801	
FEC ID number of contributing federal political committee. C		

Name of Employer Occupation

Pardy & Rodriguez, PA Attorney

SUBTOTAL of Receipts This Page (optional) 800.00

TOTAL This Period (last page carry total to Line 6) 800.00

28039861970

**SCHEDULE 5-A
ITEMIZED RECEIPTS**

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 FILER (In Full)

John Daniel Ruffierl

A. Full Name (Last, First, Middle Initial) Altshuler, Donald		Date of Receipt 09 15 2008
Mailing Address 920 Brightwater Cir.		Amount of Each Receipt this Period 200.00
City Maitland, FL	State Zip Code FL 32751	
FEC ID number of contributing federal political committee. C		
Name of Employer Action Printers		Occupation Self-Employed

B. Full Name (Last, First, Middle Initial) Angelo, Mark		Date of Receipt 09 15 2008
Mailing Address 23 S. Osceola Avenue		Amount of Each Receipt this Period 200.00
City Orlando, FL	State Zip Code FL 32801	
FEC ID number of contributing federal political committee. C		
Name of Employer Beacon Hill Group		Occupation President

C. Full Name (Last, First, Middle Initial) Lambert, Jason		Date of Receipt 09 15 2008
Mailing Address 1501 E. Gore Street		Amount of Each Receipt this Period 200.00
City Orlando, FL	State Zip Code FL 32801	
FEC ID number of contributing federal political committee. C		
Name of Employer Beacon Hill Group		Occupation Restaurant Operations

D. Full Name (Last, First, Middle Initial) Martin, Rick		Date of Receipt 09 15 2008
Mailing Address 2125 Ridgewood Street		Amount of Each Receipt this Period 200.00
City Orlando, FL	State Zip Code FL 32803	
FEC ID number of contributing federal political committee. C		
Name of Employer ECT		Occupation Project Engineer

SUBTOTAL of Receipts This Page (optional)	800.00
TOTAL This Period (last page carry total to Line 6)	

28039861971

**SCHEDULE 5-A
ITEMIZED RECEIPTS**

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NAME OF FILER (In Full)

John Daniel Ruffier

A. Full Name (Last, First, Middle Initial) Schlegel, Scott		Date of Receipt 09 15 2008
Mailing Address 121 S. Orange Ave, N Tower Ste 880		Amount of Each Receipt this Period 200.00
City Orlando	State FL	
Zip Code 32801		
FEC ID number of contributing federal political committee. C		
Name of Employer Schlegel Caplan	Occupation Attorney	

B. Full Name (Last, First, Middle Initial) Ruffier, John		Date of Receipt 09 15 2008
Mailing Address 3701 Lake Sarah Drive		Amount of Each Receipt this Period 200.00
City Orlando	State FL	
Zip Code 32804		
FEC ID number of contributing federal political committee. C		
Name of Employer Lowndes, Drosdick, et. al.	Occupation Attorney	

C. Full Name (Last, First, Middle Initial) Dyer, Thomas		Date of Receipt 09 15 2008
Mailing Address 414 N. Ferncreek		Amount of Each Receipt this Period 175.00
City Orlando	State FL	
Zip Code 32803		
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Attorney	

D. Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		Amount of Each Receipt this Period
City	State	
Zip Code		
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	

SUBTOTAL of Receipts This Page (optional) ▶

575.00

TOTAL This Period (last page carry total to Line 6) ▶

2,175.00

28039861972

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
John Daniel Ruffier

Full Name (Last, First, Middle Initial) of Payee Watermark		Date MM / DD / YYYY 09 / 20 / 2008
Mailing Address PO Box 533655		Amount 2,175.00
City Orlando	State Zip Code FL 32853-3655	
Purpose of Expenditure Newspaper Advertising	Category/Type 004	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2,175.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee		Date
Mailing Address		Amount
City	State Zip Code	
Purpose of Expenditure	Category/Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
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) _____

Full Name (Last, First, Middle Initial) of Payee		Date
Mailing Address		Amount
City	State Zip Code	
Purpose of Expenditure	Category/Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
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) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	2,175.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	0.00
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	2,175.00

28039861973

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> USPS First Class Mail	Postmarked 10/9/08
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

JWP
PREPARER
(3/2005)

10/15/08
DATE PREPARED

28039861974