

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For 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
Clearwater for Congress

ADDRESS (number and street) 1751 W Lancaster Dr
 Check if different than previously reported. (ACC)
Bloomington IN 47404

2. **FEC IDENTIFICATION NUMBER** C00439315
CITY STATE ZIP CODE STATE DISTRICT
IN 09
3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on in the State of
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on in the State of

5. Covering Period 04 17 2008 through 06 30 2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Jon Wayne Jackson

Signature of Treasurer Electronically Filed by Jon Wayne Jackson Date 07 15 2008

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Clearwater for Congress

Report Covering the Period: From:

M	M
0	4

D	D
1	7

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	2928.47	11466.13
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	2928.47	11466.13
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	3427.95	9777.69
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	3427.95	9777.69
8. Cash on Hand at Close of Reporting Period (from Line 27).....	1688.44	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

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
Clearwater for Congress

Report Covering the Period: From:

M	M
0	4

D	D
1	7

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	8

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	2797.00	6710.00
(ii) Unitemized.....	131.47	4706.13
(iii) TOTAL of contributions from individuals..... ▶	2928.47	11416.13
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACS).....	0.00	0.00
(d) The Candidate.....	0.00	50.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	2928.47	11466.13
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
13. LOANS		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	2928.47	11466.13

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	3427.95	9777.69
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. 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 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	3427.95	9777.69

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	2187.92
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	2928.47
25. SUBTOTAL (add Line 23 and Line 24).....	5116.39
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	3427.95
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1688.44

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 / 9
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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)
Clearwater for Congress

A.	Full Name (Last, First, Middle Initial) John Gusan		Date of Receipt MM / DD / YYYY 06 / 28 / 2008
	Mailing Address		Transaction ID: SA11AI.4457
	City Bloomington	State IN	Amount of Each Receipt this Period 477.00
	FEC ID number of contributing federal political committee. C		Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Indiana University	Occupation Residential Programs & Services Staff	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 477.00	

B.	Full Name (Last, First, Middle Initial) Contributions Misc		Date of Receipt MM / DD / YYYY 04 / 28 / 2008
	Mailing Address Bloomington City		Transaction ID: SA11AI.4456
	City Bloomington	State IN	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C		Cash <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer none	Occupation none	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 418.00	

C.	Full Name (Last, First, Middle Initial) Andrew Rumer		Date of Receipt MM / DD / YYYY 04 / 24 / 2008
	Mailing Address 155 Jackson St #401		Transaction ID: SA11AI.4463
	City San Francisco	State CA	Amount of Each Receipt this Period 2300.00
	FEC ID number of contributing federal political committee. C		Act Blue <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Self	Occupation CPA	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2300.00	

SUBTOTAL of Receipts This Page (optional)	2797.00
TOTAL This Period (last page this line number only)	2797.00

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Clearwater for Congress

A.

Full Name (Last, First, Middle Initial)
Comcast

Transaction ID: SB17.4452
Date of Disbursement

Mailing Address One Comcast Center

/ /

City Philadelphia State PA Zip Code 19103

Amount of Each Disbursement this Period

Purpose of Disbursement
Advertisement

Category/
Type

Candidate Name
Clearwater for Congress

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: IN District: 09

B.

Full Name (Last, First, Middle Initial)
Comcast

Transaction ID: SB17.4451
Date of Disbursement

Mailing Address One Comcast Center

/ /

City Philadelphia State PA Zip Code 19103

Amount of Each Disbursement this Period

Purpose of Disbursement
Advertisement

Category/
Type

Candidate Name
Clearwater for Congress

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: IN District: 09

C.

Full Name (Last, First, Middle Initial)
Comcast

Transaction ID: SB17.4441
Date of Disbursement

Mailing Address One Comcast Center

/ /

City Philadelphia State PA Zip Code 19103

Amount of Each Disbursement this Period

Purpose of Disbursement
Advertisement

Category/
Type

Candidate Name
Clearwater for Congress

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: IN District: 09

SUBTOTAL of Disbursements This Page (optional) ▶

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Clearwater for Congress

A.

Full Name (Last, First, Middle Initial)
Tamyra D'Ippolito

Mailing Address 212 S Rogers St

City Bloomington State IN Zip Code 47404

Purpose of Disbursement
Campaign Manager

Candidate Name
Clearwater for Congress

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: IN District: 09

Transaction ID: SB17.4450
Date of Disbursement

04 / 21 / 2008

Amount of Each Disbursement this Period

250.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
Tamyra D'Ippolito

Mailing Address 212 S Rogers St

City Bloomington State IN Zip Code 47404

Purpose of Disbursement
Campaign Manager

Candidate Name
Clearwater for Congress

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: IN District: 09

Transaction ID: SB17.4448
Date of Disbursement

04 / 25 / 2008

Amount of Each Disbursement this Period

250.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)
Tamyra D'Ippolito

Mailing Address 212 S Rogers St

City Bloomington State IN Zip Code 47404

Purpose of Disbursement
Campaign Manager

Candidate Name
Clearwater for Congress

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: IN District: 09

Transaction ID: SB17.4432
Date of Disbursement

05 / 03 / 2008

Amount of Each Disbursement this Period

250.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

750.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Clearwater for Congress

A.

Full Name (Last, First, Middle Initial)
WJTS Broadcasting

Transaction ID: SB17.4427
Date of Disbursement

Mailing Address PO Box 1009

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	6		2	0	0	8

City State Zip Code
Jasper IN 47547

Amount of Each Disbursement this Period

210.00

Purpose of Disbursement
Radio ad

004
Category/
Type

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Candidate Name
Clearwater for Congress

Office Sought: House
 Senate
 President
State: IN District: 09

Disbursement For: 2008
 Primary General
 Other (specify) ▼

B.

Full Name (Last, First, Middle Initial)
WKID FM

Transaction ID: SB17.4433
Date of Disbursement

Mailing Address 118 W Main St

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	9		2	0	0	8

City State Zip Code
Vevay IN 47403

Amount of Each Disbursement this Period

250.00

Purpose of Disbursement
Radio Ad

004
Category/
Type

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Candidate Name
Clearwater for Congress

Office Sought: House
 Senate
 President
State: IN District: 09

Disbursement For: 2008
 Primary General
 Other (specify) ▼

C.

Full Name (Last, First, Middle Initial)
WORX Radio

Transaction ID: SB17.4425
Date of Disbursement

Mailing Address PO Box 95

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	9		2	0	0	8

City State Zip Code
Madison IN 47250

Amount of Each Disbursement this Period

250.00

Purpose of Disbursement
Radio Ad

004
Category/
Type

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Candidate Name
Clearwater for Congress

Office Sought: House
 Senate
 President
State: IN District: 09

Disbursement For: 2008
 Primary General
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

710.00

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

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**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 9 / 9

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Clearwater for Congress

A.

Full Name (Last, First, Middle Initial)
WRBI Radio

Mailing Address 133 S Main St

City State Zip Code
Batesville IN 47006

Purpose of Disbursement
Radio Ad

Candidate Name
Clearwater for Congress

Office Sought: House
 Senate
 President

State: IN District: 09

Disbursement For: 2008
 Primary General
 Other (specify) ▼

004
Category/
Type

Transaction ID: SB17.4439
Date of Disbursement

04 / 29 / 2008

Amount of Each Disbursement this Period

250.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ►

250.00

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

2526.00