

Phenneger for US senator Committee
P.O. Box 1648
Post Falls, ID 83877-1648

SECRETARY OF THE SENATE
08 MAY 15 PM 12: 00

GCR/gcr
May 12, 2008

From: Treasurer, Phenneger for US Senator
To: Federal Election Committee
Subj: Pre-election report
Ref: Federal Election Committee letter of May 6, 2008; 487 - Jeff Pope
Encl: (1) Amended summary of 1st Quarter report
(2) Original summary of 1st Quarter report

1. I am including a copy of the original and amended summaries for reference during review of the Pre-Primary report.
2. In Mr. Pope's letter, a deadline date to amend my original report is June 6, 2008. In order to provide numerical balance with the Pre-Primary report, I have included both the original and when submitted for filing, the summary of the amended report. The amended report summary shows the corrected balance at the end of the reporting period.
3. I hope this will assist you in your review of the Pre-Primary report.

Sincerely,



George C. Rekow, Treasurer

Copy to: Richard Phenneger

28020240077

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

Phenneger for U.S. Senator

Report Covering the Period: From:

M	M
04	

D	D
01	

Y	Y	Y	Y
2008			

 To:

M	M
05	

D	D
07	

Y	Y	Y	Y
2008			

	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)).....	9460.00	20135.00
(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)).....	9460.00	20135.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	22894.59	54718.02
(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)).....	22894.59	54718.02
8. Cash on Hand at Close of Reporting Period (from Line 27).....	15166.98	
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).....	49770.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

23020240079

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name
Phenneger for U.S. Senator

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

To:

M	M
0	5

D	D
0	7

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).....	5550.00	5550.00
(ii) Unitemized.....	3910.00	14585.00
(iii) TOTAL of contributions from individuals..... ▶	9460.00	20135.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACS).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	9460.00	20135.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
13. LOANS		
(a) Made or Guaranteed by the Candidate.....	20000.00	49770.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	20000.00	49770.00
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)..... ▶	29460.00	69905.00

28020240080

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	22894.59	54718.02
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	20.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) >	22894.59	54738.02

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	8601.57
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	29460.00
25. SUBTOTAL (add Line 23 and Line 24).....	38061.57
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	22894.59
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	15166.98

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 / 24
 (check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
 Phenneger for U.S. Senator

A. Full Name (Last, First, Middle Initial)
 Mr. Steve Yoshihara
 Mailing Address PO Box 2127
 City Spokane State WA Zip Code 99210-2127
 Date of Receipt 04 / 16 / 2008
 Transaction ID: A-C141
 Amount of Each Receipt this Period 500.00
 FEC ID number of contributing federal political committee. C
 Name of Employer Washington Trust Bank Occupation Banker
 Receipt For: 2008
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date 500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
 Mrs. Bridget Carstens
 Mailing Address 1306 E Rockwood Boulevard
 City Spokane State WA Zip Code 99203-3318
 Date of Receipt 04 / 17 / 2008
 Transaction ID: A-C143
 Amount of Each Receipt this Period 500.00
 FEC ID number of contributing federal political committee. C
 Name of Employer Occupation
 Receipt For: 2008
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date 500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
 Mr. Phillip Carstens
 Mailing Address 1306 E Rockwood Boulevard
 City Spokane State WA Zip Code 99203-3318
 Date of Receipt 04 / 17 / 2008
 Transaction ID: A-C144
 Amount of Each Receipt this Period 500.00
 FEC ID number of contributing federal political committee. C
 Name of Employer K & L Gates Occupation Attorney
 Receipt For: 2008
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date 500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

28020240082

**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 6 / 24
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Phenneger for U.S. Senator

A.	Full Name (Last, First, Middle Initial) John W Malloy	Date of Receipt M M / D D / Y Y . Y Y Y 05 / 01 / 2008
	Mailing Address 1221 S Old Creek Road	Transaction ID: A-C154
	City Post Falls State ID Zip Code 83854-4526	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation	
	Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00

B.	Full Name (Last, First, Middle Initial) Molly A Nordstrom	Date of Receipt M M / D D / Y Y . Y Y Y 05 / 05 / 2008
	Mailing Address 4404 52nd Avenue NE	Transaction ID: A-C159
	City Seattle State WA Zip Code 98105-4936	Amount of Each Receipt this Period 750.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation	
	Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 750.00

C.	Full Name (Last, First, Middle Initial) Bruce A Nordstrom	Date of Receipt M M / D D / Y Y . Y Y Y 05 / 07 / 2008
	Mailing Address 2033 1st Avenue Apt. 5	Transaction ID: A-C163
	City Seattle State WA Zip Code 98121-2132	Amount of Each Receipt this Period 2300.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation	
	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)	▶	4050.00
TOTAL This Period (last page this line number only)	▶	5550.00

28020240083

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

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

FOR LINE NUMBER: PAGE 7 / 24
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Phenneger for U.S. Senator

A.

Full Name (Last, First, Middle Initial) Mr. Richard E. Phenneger		Date of Receipt MM/DD/YYYY 04/04/2008
Mailing Address 8457 W Granite Point Road		Transaction ID: A-L11
City Coeur D Alene	State ID	Zip Code 83814-9609
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20000.00
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 49770.00	
<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		

28020240084

SUBTOTAL of Receipts This Page (optional)	▶	20000.00
TOTAL This Period (last page this line number only)	▶	20000.00

**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)

PAGE 8 / 24

17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Phenneger for U.S. Senator

A.

Full Name (Last, First, Middle Initial)
Mallaurcott Design

Transaction ID: B-E-93
Date of Disbursement

Mailing Address 1869 E Seltice Way

04 / 02 / 2008

City Post Falls State ID Zip Code 83854-7019

Amount of Each Disbursement this Period

Purpose of Disbursement
Travel: Rental car, fuel expense

002
Category/
Type

254.84

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: District:

B.

Full Name (Last, First, Middle Initial)
Progressive Printing, Inc.

Transaction ID: B-E-91
Date of Disbursement

Mailing Address 510 E 5th Avenue

04 / 03 / 2008

City Post Falls State ID Zip Code 83854-7525

Amount of Each Disbursement this Period

Purpose of Disbursement
Advertising: 500 envelopes & invitations

004
Category/
Type

497.14

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: District:

C.

Full Name (Last, First, Middle Initial)
Mallaurcott Design

Transaction ID: B-E-86
Date of Disbursement

Mailing Address 1869 E Seltice Way

04 / 04 / 2008

City Post Falls State ID Zip Code 83854-7019

Amount of Each Disbursement this Period

Purpose of Disbursement
5000 18 x 24 yard signs & hold

004
Category/
Type

10810.00

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: District:

SUBTOTAL of Disbursements This Page (optional) ▶

11561.98

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

2020240035

**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 / 24

17 18 19a 19b
20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Phenneger for U.S. Senator

<p>A. Full Name (Last, First, Middle Initial) Tina-Marie Schultz</p>	<p>Transaction ID: B-E-90 Date of Disbursement</p>
<p>Mailing Address 1318 N Compton Street</p>	<p>04 / 05 / 2008</p>
<p>City Post Falls State ID Zip Code 83854-9237</p>	<p>Amount of Each Disbursement this Period</p>
<p>Purpose of Disbursement Travel & fund raising expense</p>	<p>1500.00</p>
<p>Candidate Name</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>003 Category/ Type</p>
<p>State: District:</p>	
<p>B. Full Name (Last, First, Middle Initial) Tina-Marie Schultz</p>	<p>Transaction ID: B-E-88 Date of Disbursement</p>
<p>Mailing Address 1318 N Compton Street</p>	<p>04 / 08 / 2008</p>
<p>City Post Falls State ID Zip Code 83854-9237</p>	<p>Amount of Each Disbursement this Period</p>
<p>Purpose of Disbursement Travel: Travel expense reimbursement</p>	<p>245.43</p>
<p>Candidate Name</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>002 Category/ Type</p>
<p>State: District:</p>	
<p>C. Full Name (Last, First, Middle Initial) Petty Cash Fund</p>	<p>Transaction ID: B-E-167 Date of Disbursement</p>
<p>Mailing Address</p>	<p>04 / 09 / 2008</p>
<p>City State Zip Code</p>	<p>Amount of Each Disbursement this Period</p>
<p>Purpose of Disbursement Polling</p>	<p>300.00</p>
<p>Candidate Name</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>005 Category/ Type</p>
<p>State: District:</p>	
<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>2045.43</p>
<p>TOTAL This Period (last page this line number only)</p>	

28020240086

**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 11 / 24

17
20a 18
20b 19a
20c 19b
21

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NAME OF COMMITTEE (In Full)
Phenneger for U.S. Senator

<p>A. Full Name (Last, First, Middle Initial) Advanced Printing</p>	<p>Transaction ID: B-E-135 Date of Disbursement</p>
<p>Mailing Address</p>	<p>04 / 18 / 2008</p>
<p>City State Zip Code</p>	<p>Amount of Each Disbursement this Period</p>
<p>Purpose of Disbursement 10000 letters, envelopes & rac</p>	<p>1933.44</p>
<p>Candidate Name</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>004 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) International Min</p>	<p>Transaction ID: B-E-136 Date of Disbursement</p>
<p>Mailing Address</p>	<p>04 / 18 / 2008</p>
<p>City State Zip Code</p>	<p>Amount of Each Disbursement this Period</p>
<p>Purpose of Disbursement Advertising: Tax campaign material</p>	<p>562.00</p>
<p>Candidate Name</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>004 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Tina-Marie Schultz</p>	<p>Transaction ID: B-E-137 Date of Disbursement</p>
<p>Mailing Address 1318 N Compton Street</p>	<p>04 / 20 / 2008</p>
<p>City State Zip Code Post Falls ID 83854-9237</p>	<p>Amount of Each Disbursement this Period</p>
<p>Purpose of Disbursement coordinator & fundraising expe</p>	<p>1500.00</p>
<p>Candidate Name</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>003 Category/ Type</p>
<p>SUBTOTAL of Disbursements This Page (optional) ▶</p>	
<p>TOTAL This Period (last page this line number only) ▶</p>	

3995.44

28020240088

**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 12 / 24

17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Phenneger for U.S. Senator

A. Full Name (Last, First, Middle Initial)
Tina-Marie Schultz

Mailing Address 1318 N Compton Street

City Post Falls State ID Zip Code 83854-9237

Purpose of Disbursement
Travel: Travel expense reimbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: B-E-171
Date of Disbursement
04 / 25 / 2008

Amount of Each Disbursement this Period
25.00

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

002
Category/
Type

B. Full Name (Last, First, Middle Initial)
The Crossroads

Mailing Address 1800 N Highway 41

City Post Falls State ID Zip Code 83854-6809

Purpose of Disbursement
Fundraising: Hall rental & catering

Candidate Name

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: B-E-173
Date of Disbursement
04 / 26 / 2008

Amount of Each Disbursement this Period
397.75

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

003
Category/
Type

C. Full Name (Last, First, Middle Initial)
American Legion Post # 143

Mailing Address 1138 E Poleline Avenue

City Post Falls State ID Zip Code 83854-6150

Purpose of Disbursement
Rental for Town Hall Meeting

Candidate Name

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: B-E-175
Date of Disbursement
04 / 30 / 2008

Amount of Each Disbursement this Period
250.00

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

007
Category/
Type

SUBTOTAL of Disbursements This Page (optional) ▶ 672.75

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

23020240089

**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 13 / 24
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Phenneger for U.S. Senator

A. Full Name (Last, First, Middle Initial) Tina-Marie Schultz	Transaction ID: B-E-176	
	Date of Disbursement 05 / 05 / 2008	
Mailing Address 1318 N Compton Street		
City Post Falls	State ID	Zip Code 83854-9237
Purpose of Disbursement Travel: Travel expense reimbursement	Amount of Each Disbursement this Period 92.90	
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/ Type 002	

SUBTOTAL of Disbursements This Page (optional)	▶	92.90
TOTAL This Period (last page this line number only)	▶	22563.09

28020240090

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 14 / 24
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
Phenneger for U.S. Senator

Transaction ID: SC/10-L1

LOAN SOURCE Full Name (Last, First, Middle Initial) Mr. Richard E. Phenneger, (Personal Funds)	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ P2008
Mailing Address 8457 W Granite Point Road	
City Coeur D Alene State ID ZIP Code 83814-9609	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1900.00	0.00	1900.00

TERMS

Date Incurred M 01 D 22 Y 2008	Date Due None	Interest Rate 0 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
-----------------------------------	------------------	----------------------------	---

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)	1900.00
TOTALS This Period (last page in this line only)00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

28020240091

SCHEDULE C (FEC Form 3)

LOANS

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

FOR LINE NUMBER:
(check only one) 13a
 13b

NAME OF COMMITTEE (In Full)
Phenneger for U.S. Senator

Transaction ID: SC/10-L2

LOAN SOURCE Full Name (Last, First, Middle Initial)
Mr. Richard E. Phenneger, (Personal Funds)

Election:
 Primary
 General
 Other (specify) ▼
P2008

Mailing Address 8457 W Granite Point Road

City Coeur D Alene State ID ZIP Code 83814-9609

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
500.00	0.00	500.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
MM DD YYYY 02 15 2008	None	0 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)	▶	500.00
TOTALS This Period (last page in this line only)	▶	.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

28020240092

SCHEDULE C (FEC Form 3)

LOANS

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

PAGE 16 / 24

FOR LINE NUMBER:
(check only one) 13a
 13b

NAME OF COMMITTEE (In Full)
Phenneger for U.S. Senator

Transaction ID: SC/10-L3

LOAN SOURCE Full Name (Last, First, Middle Initial)
Mr. Richard E. Phenneger, (Personal Funds)

Election:
 Primary
 General
 Other (specify) ▼
P2008

Mailing Address 8457 W Granite Point Road

City Coeur D Alene State ID ZIP Code 83814-9609

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
3000.00	0.00	3000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
MM DD YY 02 19 2008	None	0 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)	▶	3000.00
TOTALS This Period (last page in this line only)	▶	.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

28020240093

SCHEDULE C (FEC Form 3)

LOANS

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

PAGE 17 / 24

FOR LINE NUMBER: (check only one) 13a 13b

NAME OF COMMITTEE (In Full)
Phenneger for U.S. Senator

Transaction ID: SC/10-L4

LOAN SOURCE Full Name (Last, First, Middle Initial)
Mr. Richard E. Phenneger, (Personal Funds)

Election:
 Primary
 General
 Other (specify) ▼
P2008

Mailing Address 8457 W Granite Point Road

City Coeur D Alene State ID ZIP Code 83814-9609

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1770.00	0.00	1770.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M M D D Y Y 02 15 2008	None	0 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)	1770.00
TOTALS This Period (last page in this line only)00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

28020240094

SCHEDULE C (FEC Form 3)

LOANS

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

PAGE 18 / 24

FOR LINE NUMBER:
(check only one) 13a
 13b

NAME OF COMMITTEE (In Full)

Phenneger for U.S. Senator

Transaction ID: SC/10-L5

LOAN SOURCE Full Name (Last, First, Middle Initial)

Mr. Richard E. Phenneger, (Personal Funds)

Election:

Primary
 General
 Other (specify) ▼

Mailing Address 8457 W Granite Point Road

P2008

City Coeur D Alene State ID ZIP Code 83814-9609

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
4000.00	0.00	4000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M D D Y Y Y Y Y Y
 03 04 2008 None 0 % (apr) Yes No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)	4000.00
TOTALS This Period (last page in this line only)00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

28020240095

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 19 / 24
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
Phenneger for U.S. Senator

Transaction ID: SC/10-L6

LOAN SOURCE Full Name (Last, First, Middle Initial) Mr. Richard E. Phenneger, (Personal Funds)	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ P2008
Mailing Address 8457 W Granite Point Road	
City Coeur D Alene State ID ZIP Code 83814-9609	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1000.00	0.00	1000.00

TERMS

Date Incurred MM DD YYYY 03 05 2008	Date Due None	Interest Rate 0 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)	1000.00
TOTALS This Period (last page in this line only)00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

28020240096

SCHEDULE C (FEC Form 3)

LOANS

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

FOR LINE NUMBER: (check only one) 13a 13b

NAME OF COMMITTEE (In Full)
Phenneger for U.S. Senator

Transaction ID: SC/10-L7

LOAN SOURCE Full Name (Last, First, Middle Initial)
Mr. Richard E. Phenneger, (Personal Funds)

Election:
 Primary
 General
 Other (specify) ▼
P2008

Mailing Address 8457 W Granite Point Road

City Coeur D Alene State ID ZIP Code 83814-9609

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
8000.00	0.00	8000.00

TERMS Date Incurred Date Due Interest Rate Secured:
 M M D D Y Y Y Y None 0 % (apr) Yes No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 8000.00

TOTALS This Period (last page in this line only) ▶ .00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

28020240097

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 21 / 24
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
Phenneger for U.S. Senator

Transaction ID: SC/10-L8

LOAN SOURCE Full Name (Last, First, Middle Initial) Mr. Richard E. Phenneger, (Personal Funds)	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ P2008
Mailing Address 8457 W Granite Point Road	
City Coeur D Alene State ID ZIP Code 83814-9609	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
100.00	0.00	100.00

TERMS

Date Incurred M M Y Y 01 10 2008	Date Due None	Interest Rate 0 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	-------------------------	-----------------------------------	--

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)	100.00
TOTALS This Period (last page in this line only)00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

28020240098

SCHEDULE C (FEC Form 3)

LOANS

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

FOR LINE NUMBER:
(check only one) 13a
 13b

NAME OF COMMITTEE (In Full)
Phenneger for U.S. Senator

Transaction ID: SC/10-L9

LOAN SOURCE Full Name (Last, First, Middle Initial)
Mr. Richard E. Phenneger, (Personal Funds)

Election:
 Primary
 General
 Other (specify) ▼
P2008

Mailing Address 8457 W Granite Point Road

City Coeur D Alene State ID ZIP Code 83814-9609

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
8000.00	0.00	8000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
MM DD YY 03 11 2008	None	0 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)	▶	8000.00
TOTALS This Period (last page in this line only)	▶	.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

28020240099

SCHEDULE C (FEC Form 3)

LOANS

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

PAGE 23 / 24

FOR LINE NUMBER: (check only one) 13a 13b

NAME OF COMMITTEE (In Full)
Phenneger for U.S. Senator

Transaction ID: SC/10-L10

LOAN SOURCE Full Name (Last, First, Middle Initial) Mr. Richard E. Phenneger, (Personal Funds)		Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 8457 W Granite Point Road		P2008
City Coeur D Alene	State ID	ZIP Code 83814-9609

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1500.00	0.00	1500.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
MM DD YYYY 03 14 2008	None	0 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)	▶	1500.00
TOTALS This Period (last page in this line only)	▶	.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

28020240100

SCHEDULE C (FEC Form 3)

LOANS

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

PAGE 24 / 24

FOR LINE NUMBER: (check only one) 13a 13b

NAME OF COMMITTEE (In Full)
Phenneger for U.S. Senator

Transaction ID: SC/10-L11

LOAN SOURCE Full Name (Last, First, Middle Initial)
Mr. Richard E. Phenneger, (Personal Funds)

Election:
 Primary
 General
 Other (specify) ▼
P2008

Mailing Address 8457 W Granite Point Road

City Coeur D Alene State ID ZIP Code 83814-9609

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
20000.00	0.00	20000.00

TERMS

Date Incurred: M M D D Y Y Y Y
04 04 2008

Date Due: None

Interest Rate: 0 % (apr)

Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)	▶	20000.00
TOTALS This Period (last page in this line only)	▶	49770.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

28020240101

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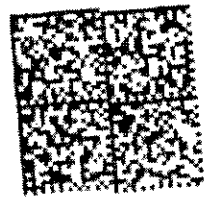
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3rd Alpha Country Code	1st Alpha Country Code			

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Delivery Date	Time	Employee Signature
Mo. Day Year	<input type="checkbox"/> AM <input type="checkbox"/> PM	

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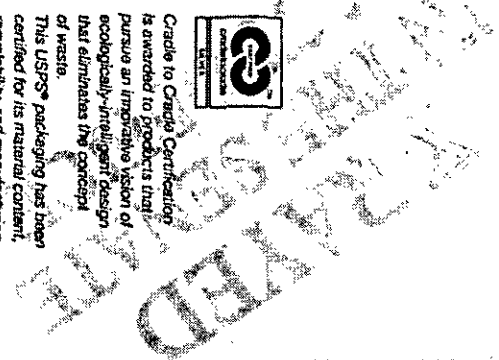
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EP13F

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United States Senate

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Date of Receipt

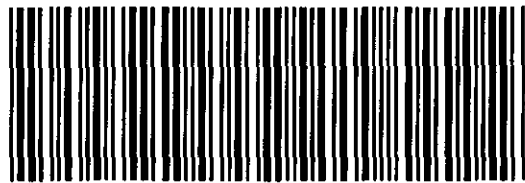
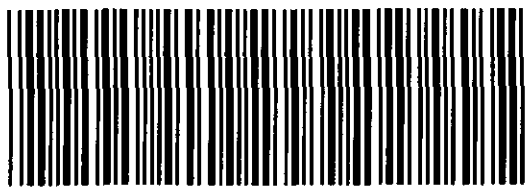
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