

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 COMMITTEE FOR AN EFFECTIVE CONGRESS

ADDRESS (number and street) 122 C STREET NW
SUITE 650
 Check if different than previously reported. (ACC)
WASHINGTON DC 20001

2. **FEC IDENTIFICATION NUMBER** C00003558
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 10 16 2008 through 11 24 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 E BYRON

Signature of Treasurer Electronically Filed by JAMES E BYRON Date 05 04 2009

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 COMMITTEE FOR AN EFFECTIVE CONGRESS

Report Covering the Period: From:

M	M
1	0

D	D
1	6

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	1

D	D
2	4

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand 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		410228.20
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	525779.98									
(c) Total Receipts (from Line 19)	68609.81	1001130.80								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	594389.79	1411359.00								
7. Total Disbursements (from Line 31)	73560.19	890529.40								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	520829.60	520829.60								
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									

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 COMMITTEE FOR AN EFFECTIVE CONGRESS

Report Covering the Period: From:

M	M
1	0

D	D
1	6

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	1

D	D
2	4

Y	Y	Y	Y
2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	34745.00	525611.90
(i) Itemized (use Schedule A)		
(ii) Unitemized	33651.32	466964.56
(iii) TOTAL (add Lines 11(a)(i) and (ii)	68396.32	992576.46
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	96.00	96.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	68492.32	992672.46
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.)	117.49	8458.34
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))	68609.81	1001130.80
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	68609.81	1001130.80

DETAILED SUMMARY PAGE

of Disbursements

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Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
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.....	23060.19	261529.40
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	23060.19	261529.40
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	50500.00	629000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
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))..	73560.19	890529.40
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	73560.19	890529.40

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3	68492.32	992672.46
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	68492.32	992672.46
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	23060.19	261529.40
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	23060.19	261529.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 156

(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 COMMITTEE FOR AN EFFECTIVE CONGRESS

A.

Full Name (Last, First, Middle Initial)
MR JOHN V WELLS

Mailing Address 5300 CUSHING PL NW

City State Zip Code
WASHINGTON DC 20016

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

Name of Employer Occupation
U S HOUSE OF REPRESENTATI- CONGRESSIONAL STAFF
VES

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 750.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081016B01830001

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
MR THOMAS MENAKER, PHD

Mailing Address 27 HIGH TOR RD

City State Zip Code
NEW CITY NY 10956

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

Name of Employer Occupation
SELF-EMPLOYED PSYCHOLOGIST

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081016B01830003

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
MR MAX UYDESS

Mailing Address 8332 DANIELS ST

City State Zip Code
JAMAICA NY 11435

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

Name of Employer Occupation
N/A RETIRED

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081016B01830007

Amount of Each Receipt this Period
75.00

SUBTOTAL of Receipts This Page (optional)

375.00

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 7 / 156
(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 COMMITTEE FOR AN EFFECTIVE CONGRESS

A.

Full Name (Last, First, Middle Initial)
MR JACK R NORTON

Mailing Address 29 CLAREMONT AVE APT 7-S

City State Zip Code
NEW YORK NY 10027

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

Name of Employer Occupation
COLUMBIA UNIVERSITY PROFESSOR OF CHEMISTRY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 8

Transaction ID: 20081016B01830010

Amount of Each Receipt this Period
200.00

B.

Full Name (Last, First, Middle Initial)
MR DAVID PASTA

Mailing Address 2970 SOUTH CT

City State Zip Code
PALO ALTO CA 94306

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

Name of Employer Occupation
OVATION RESEARCH GROUP STATISTICION

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 8

Transaction ID: 081016A2027150856

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
MR DAVID DRASIN

Mailing Address 901 WINDSOR DR

City State Zip Code
WEST LAFAYETTE IN 47906

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

Name of Employer Occupation
PURDUE UNIVERSITY PROFESSOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 8

Transaction ID: 081016A2028457331

Amount of Each Receipt this Period
350.00

SUBTOTAL of Receipts This Page (optional) ► 1050.00

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 8 / 156
(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 COMMITTEE FOR AN EFFECTIVE CONGRESS

A.

Full Name (Last, First, Middle Initial)
MR LAWRENCE J FINE

Mailing Address 1943 BILTMORE ST NW

City State Zip Code
WASHINGTON DC 20009

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

Name of Employer Occupation
US GOVERNMENT PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 6 / 2 0 0 8

Transaction ID: 081016A2028469648

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
MR KENNETH L CASHDOLLAR

Mailing Address 1376 QUAIL RUN CIR
SIMMONS PARK VILLAGE

City State Zip Code
BETHEL PARK PA 15102

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

Name of Employer Occupation
US BUREAU OF MINES PHYSICIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 7 / 2 0 0 8

Transaction ID: 20081017B01856009

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
MS MARY B COGGESHALL

Mailing Address 425 BLAIR RD NW

City State Zip Code
VIENNA VA 22180

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

Name of Employer Occupation
N/A RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 7 / 2 0 0 8

Transaction ID: 081017A2029098313

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional) ► **800.00**

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 / 156
(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 COMMITTEE FOR AN EFFECTIVE CONGRESS

A. Full Name (Last, First, Middle Initial)
MR JOHN C NANGLE

Mailing Address **3664 DATE PALM TRL**

City **PALM SPRINGS** State **CA** Zip Code **92262**

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

Name of Employer **US DEPARTMENT OF LABOR** Occupation **ATTORNEY**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1450.00**

Date of Receipt **10 / 17 / 2008**
Transaction ID: 081017A2029336256
 Amount of Each Receipt this Period **250.00**

B. Full Name (Last, First, Middle Initial)
MR AND MRS DAVID E LEVY

Mailing Address **622 GREENWICH ST APT 4F**

City **NEW YORK** State **NY** Zip Code **10014**

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

Name of Employer **EISAI MEDICAL RESEARCH** Occupation **PHYSICIAN**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt **10 / 17 / 2008**
Transaction ID: 081017A2029368505
 Amount of Each Receipt this Period **250.00**

C. Full Name (Last, First, Middle Initial)
MR JAMES E FISHER

Mailing Address **45600 KING DR**

City **SOLDOTNA** State **AK** Zip Code **99669**

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

Name of Employer **N/A** Occupation **RETIRED**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt **10 / 17 / 2008**
Transaction ID: 081017A2029728807
 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) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 156
(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 COMMITTEE FOR AN EFFECTIVE CONGRESS

A. Full Name (Last, First, Middle Initial)
MR PETER DEUTSCH

Mailing Address 153 CHERRY LN

City Aliquippa State PA Zip Code 15001

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

Name of Employer PENN STATE UNIVERISTY Occupation COLLEGE PROFESSOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 10 / 17 / 2008
Transaction ID: 081017A2029804014
 Amount of Each Receipt this Period: 30.00

B. Full Name (Last, First, Middle Initial)
SEYMOUR GROSSMAN

Mailing Address 2661 CEDAR ST

City Berkeley State CA Zip Code 94708

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

Name of Employer N/A Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 10 / 17 / 2008
Transaction ID: 081017A2029804763
 Amount of Each Receipt this Period: 300.00

C. Full Name (Last, First, Middle Initial)
MR GREGORY L TIPPLE

Mailing Address 1907 W 34TH ST

City Austin State TX Zip Code 78703

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

Name of Employer TEXAS WATER COMMISSIONER Occupation GEOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 10 / 18 / 2008
Transaction ID: 081018A2030314614
 Amount of Each Receipt this Period: 200.00

SUBTOTAL of Receipts This Page (optional) ▶ **530.00**

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 / 156
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
NATIONAL COMMITTEE FOR AN EFFECTIVE CONGRESS

A. Full Name (Last, First, Middle Initial)
MR HUGH MCMANUS

Mailing Address 526 KEDZIE ST

City EAST LANSING State MI Zip Code 48823

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

Name of Employer MICHIGAN STATE UNIVERSITY Occupation RETIRED PROFESSOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 10 / 19 / 2008
Transaction ID: 081019A2031050272
Amount of Each Receipt this Period: 200.00

B. Full Name (Last, First, Middle Initial)
MR JOHN LEWIS

Mailing Address 258 WALNUT ST

City BROOKLINE State MA Zip Code 02445

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

Name of Employer MIT Occupation TEACHER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt: 10 / 19 / 2008
Transaction ID: 081019A2031347580
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
MRS PETRONELLA G JANSEN

Mailing Address 1250 S WASHINGTON ST UNIT 121

City ALEXANDRIA State VA Zip Code 22314

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

Name of Employer N/A Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 20 / 2008
Transaction ID: 20081020B01893003
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ► 950.00

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 / 156
(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 COMMITTEE FOR AN EFFECTIVE CONGRESS

A.

Full Name (Last, First, Middle Initial)
MR ROBERT DUN

Mailing Address 265 HORSESHOE HILL RD

City State Zip Code
BOLINAS CA 94924

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

Name of Employer Occupation
N/A RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 415.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 0 / 2 0 0 8

Transaction ID: 20081020B01893005

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
MR NATHAN E SAVIN

Mailing Address 216 MAGOWAN AVE

City State Zip Code
IOWA CITY IA 52246

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

Name of Employer Occupation
UNIVERSITY OF IOWA PROFESSOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 0 / 2 0 0 8

Transaction ID: 20081020B01893011

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
MR MARK WYNN

Mailing Address 948 BURNETT AVE

City State Zip Code
ARNOLD MD 21012

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

Name of Employer Occupation
US GOVERNMENT CIVIL SERVANT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 0 / 2 0 0 8

Transaction ID: 20081020B01893013

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **300.00**

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 / 156
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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 COMMITTEE FOR AN EFFECTIVE CONGRESS

A.	Full Name (Last, First, Middle Initial) MR ROBERT HIRANO		Date of Receipt
	Mailing Address 9 PARK VALLEY 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 1 0 / 2 0 / 2 0 0 8
	City	State	Zip Code
	SILVER SPRING	MD	20910
	FEC ID number of contributing federal political committee.		Transaction ID: 20081020B01893018
Name of Employer N/A		Occupation RETIRED	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 60.00
		<input type="text"/> 240.00	

B.	Full Name (Last, First, Middle Initial) MR PAUL A KIEF		Date of Receipt
	Mailing Address PO BOX 212		<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 1 0 / 2 0 / 2 0 0 8
	City	State	Zip Code
	BEMIDJI	MN	56619
	FEC ID number of contributing federal political committee.		Transaction ID: 20081020B01893023
Name of Employer SELF-EMPLOYED		Occupation LAWYER	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 25.00
		<input type="text"/> 250.00	

C.	Full Name (Last, First, Middle Initial) MR RAPHAEL L PODOLSKY		Date of Receipt
	Mailing Address 104 BEACON ST		<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 1 0 / 2 0 / 2 0 0 8
	City	State	Zip Code
	HARTFORD	CT	06105
	FEC ID number of contributing federal political committee.		Transaction ID: 20081020B01893029
Name of Employer HOUSING MATTERS ADVISORY COUN		Occupation ATTORNEY	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 150.00
		<input type="text"/> 300.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 235.00
TOTAL 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 14 / 156

(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 COMMITTEE FOR AN EFFECTIVE CONGRESS

A.

Full Name (Last, First, Middle Initial)
MS RUTH NEWHOUSE

Mailing Address 6403 TULSA LN

City State Zip Code
BETHESDA MD 20817

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

Name of Employer Occupation
N/A RETIRED

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 225.00

Date of Receipt

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

Transaction ID: 20081020B01893030

Amount of Each Receipt this Period

75.00

B.

Full Name (Last, First, Middle Initial)
MR ROBERT S GINSBURG

Mailing Address 639 PIER AVE

City State Zip Code
SANTA MONICA CA 90405

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

Name of Employer Occupation
SELF-EMPLOYED CPA

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

Date of Receipt

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

Transaction ID: 20081020B01893034

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)
MR JOHN O RITTENHOUSE

Mailing Address 10209 SUNDANCE CT

City State Zip Code
POTOMAC MD 20854

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

Name of Employer Occupation
N/A RETIRED

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 275.00

Date of Receipt

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

Transaction ID: 20081020B01893036

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

225.00

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 15 / 156

(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 COMMITTEE FOR AN EFFECTIVE CONGRESS

A.	Full Name (Last, First, Middle Initial) MR GLENN A LEHMANN Mailing Address 1330 NEW HAMPSHIRE AVE NW APT 315 City State Zip Code WASHINGTON DC 20036 FEC ID number of contributing federal political committee. C	Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 8 Transaction ID: 20081020B01893045 Amount of Each Receipt this Period 100.00
	Name of Employer Occupation N/A RETIRED Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 500.00	
B.	Full Name (Last, First, Middle Initial) MR DANIEL W BARTHELL Mailing Address 4136 36TH ST S City State Zip Code ARLINGTON VA 22206 FEC ID number of contributing federal political committee. C	Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 8 Transaction ID: 20081020B01893050 Amount of Each Receipt this Period 50.00
	Name of Employer Occupation GEORGE WASHINGTON UNIVERSITY LIBRARIAN Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 255.00	
C.	Full Name (Last, First, Middle Initial) MRS BEATRICE BELOUS Mailing Address 6372 ANTIETAM DR City State Zip Code PENSACOLA FL 32503 FEC ID number of contributing federal political committee. C	Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 8 Transaction ID: 20081020B01893051 Amount of Each Receipt this Period 30.00
	Name of Employer Occupation N/A RETIRED Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 240.00	

SUBTOTAL of Receipts This Page (optional)	180.00
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 16 / 156
(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 COMMITTEE FOR AN EFFECTIVE CONGRESS

A. Full Name (Last, First, Middle Initial)
MR MARTIN FRIEDMAN

Mailing Address 40 CAMINO ALTO APT 12114

City State Zip Code
MILL VALLEY CA 94941

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

Name of Employer Occupation
N/A RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 215.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 0 / 2 0 0 8

Transaction ID: 20081020B01893055

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
MR JOHN J LEINEN, JR

Mailing Address 14205 SAINT CROIX TRL N

City State Zip Code
STILLWATER MN 55082

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

Name of Employer Occupation
LEINEN CONSTRUCTION GENERAL CONTRACTOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 0 / 2 0 0 8

Transaction ID: 20081020B01893056

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
MR DAVID J HARDING

Mailing Address 2S661 ANGELINE CT

City State Zip Code
WARRENVILLE IL 60555

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

Name of Employer Occupation
FERMILAB PHYSICIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 0 / 2 0 0 8

Transaction ID: 20081020B01893061

Amount of Each Receipt this Period
150.00

SUBTOTAL of Receipts This Page (optional) ► **350.00**

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 17 / 156
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
NATIONAL COMMITTEE FOR AN EFFECTIVE CONGRESS

A. Full Name (Last, First, Middle Initial)
MR PHILLIP WAGREICH

Mailing Address 925 FAIR OAKS AVE
MS LORRAINE OWLES

City OAK PARK State IL Zip Code 60302

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

Name of Employer UNIF OF ILLINOIS Occupation MATHEMATICAN/TEACHER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 20 / 2008
Transaction ID: 081020A2031406626
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
MR PHILLIP WAGREICH

Mailing Address 925 FAIR OAKS AVE
MS LORRAINE OWLES

City OAK PARK State IL Zip Code 60302

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

Name of Employer UNIF OF ILLINOIS Occupation MATHEMATICAN/TEACHER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 10 / 20 / 2008
Transaction ID: 081020A2031407338
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
MR OSCAR SHAPIRO

Mailing Address 1135 NW 90TH WAY

City FORT LAUDERDALE State FL Zip Code 33322

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

Name of Employer SUN-SENTINEL Occupation CIRCULATION

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 10 / 20 / 2008
Transaction ID: 081020A2032048562
Amount of Each Receipt this Period: 200.00

SUBTOTAL of Receipts This Page (optional) ▶ 700.00

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: (check only one)	PAGE 18 / 156
	<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 COMMITTEE FOR AN EFFECTIVE CONGRESS

A.	Full Name (Last, First, Middle Initial) MR OSCAR SHAPIRO		Date of Receipt	
	Mailing Address 1135 NW 90TH WAY		M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: 081020A2032060753
	FORT LAUDERDALE	FL	33322	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		50.00	
Name of Employer SUN-SENTINEL		Occupation CIRCULATION		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 650.00		

B.	Full Name (Last, First, Middle Initial) MR CHARLES H TIEMAN		Date of Receipt	
	Mailing Address 1917 RED OAK DR		M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: 20081021B01928002
	MODESTO	CA	95354	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		200.00	
Name of Employer N/A		Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00		

C.	Full Name (Last, First, Middle Initial) MR PAUL J MCGINNIS		Date of Receipt	
	Mailing Address 5312 SPILMAN AVE		M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: 20081021B01928013
	SACRAMENTO	CA	95819	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		100.00	
Name of Employer N/A		Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional)	▶	350.00
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 19 / 156
(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 COMMITTEE FOR AN EFFECTIVE CONGRESS

A. Full Name (Last, First, Middle Initial)
MR JONATHAN ALTMAN

Mailing Address 511 CAMINO RANCHEROS

City State Zip Code
SANTA FE NM 87505

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

Name of Employer Occupation
SELF-EMPLOYED ARTIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 0 8

Transaction ID: 20081021B01928019

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
ELLEN AND BARRY LEVINE

Mailing Address 974 SUNNYHILLS RD

City State Zip Code
OAKLAND CA 94610

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

Name of Employer Occupation
BANK OF AMERICA MANAGEMENT/CONSULT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 0 8

Transaction ID: 20081021B01928021

Amount of Each Receipt this Period
150.00

C. Full Name (Last, First, Middle Initial)
MRS JANET H SMITH

Mailing Address 26 CANTERBURY DR

City State Zip Code
SUDBURY MA 01776

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

Name of Employer Occupation
N/A RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 0 8

Transaction ID: 20081021B01928023

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **750.00**

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 20 / 156
(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 COMMITTEE FOR AN EFFECTIVE CONGRESS

A.

Full Name (Last, First, Middle Initial)
MR GLENN E BAKER

Mailing Address PO BOX 13

City State Zip Code
ASHVILLE PA 16613

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

Name of Employer Occupation
N/A RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 0 8

Transaction ID: 20081021B01928035

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
MR HOLSEY G HANDYSIDE

Mailing Address 762 BROADWAY AVE

City State Zip Code
BEDFORD OH 44146

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

Name of Employer Occupation
N/A RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 0 8

Transaction ID: 20081021B01928036

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
MR ADELBERT H JENKINS

Mailing Address 196KENDAL DR

City State Zip Code
OBERLIN OH 44074

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

Name of Employer Occupation
NEW YORK UNIVERSITY PSYCHOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 0 8

Transaction ID: 20081021B01928037

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► 200.00

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 21 / 156

(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 COMMITTEE FOR AN EFFECTIVE CONGRESS

A.

Full Name (Last, First, Middle Initial)
MR DAVID WESTERMAN

Mailing Address 205 W END AVE APT 11A

City State Zip Code
NEW YORK NY 10023

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

Name of Employer Occupation
N/A RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

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

Transaction ID: 20081021B01928044

Amount of Each Receipt this Period
75.00

B.

Full Name (Last, First, Middle Initial)
MR AND MRS EDWARD K TOTH

Mailing Address 405 HAMPTON PL

City State Zip Code
POMPTON PLAINS NJ 07444

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

Name of Employer Occupation
N/A RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 280.00

Date of Receipt

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

Transaction ID: 20081021B01928045

Amount of Each Receipt this Period
40.00

C.

Full Name (Last, First, Middle Initial)
MR GORDON N BEAR

Mailing Address 124 CHESTNUT ST

City State Zip Code
RAMSEY NJ 07446

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

Name of Employer Occupation
RAMAPO COLLEGE PROFESSOR

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

Date of Receipt

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

Transaction ID: 20081021B01928047

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ►

365.00

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 22 / 156
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
NATIONAL COMMITTEE FOR AN EFFECTIVE CONGRESS

A. Full Name (Last, First, Middle Initial)
MR KENNETH GRAHAM

Mailing Address 155 BUTTERNUT LN

City State Zip Code
STRATFORD CT 06614

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

Name of Employer Occupation
STATE OF CT CIVIL SERVANY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
10 / 21 / 2008

Transaction ID: 20081021B01928050

Amount of Each Receipt this Period
35.00

B. Full Name (Last, First, Middle Initial)
MICHAEL AND SUZANNE NIEBLING

Mailing Address 6324 LAKEVIEW DR

City State Zip Code
FALLS CHURCH VA 22041

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

Name of Employer Occupation
N/A RETIRED ECONOMIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
10 / 21 / 2008

Transaction ID: 20081021B01928052

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
MR L SIDNEY GARVAIS

Mailing Address 400 SEABURY DR APT 3114

City State Zip Code
BLOOMFIELD CT 06002

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

Name of Employer Occupation
N/A RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
MM / DD / YYYY
10 / 21 / 2008

Transaction ID: 20081021B01928054

Amount of Each Receipt this Period
150.00

SUBTOTAL of Receipts This Page (optional) ► **685.00**

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 23 / 156
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
NATIONAL COMMITTEE FOR AN EFFECTIVE CONGRESS

A. Full Name (Last, First, Middle Initial)
MS JANIS BRODIE

Mailing Address 1720 PINE ST

City State Zip Code
PHILADELPHIA PA 19103

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

Name of Employer Occupation
IRS ESTATE TAX ATTORNEY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 455.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 0 8

Transaction ID: 20081021B01928055

Amount of Each Receipt this Period
60.00

B. Full Name (Last, First, Middle Initial)
MR LAWRENCE FRIEDMAN

Mailing Address PO BOX 8744

City State Zip Code
BLOOMINGTON IN 47407

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

Name of Employer Occupation
INDIANA UNIVERISTY PROFESSOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 0 8

Transaction ID: 20081021B01928056

Amount of Each Receipt this Period
75.00

C. Full Name (Last, First, Middle Initial)
MRS HELEN H ANGELL

Mailing Address 309 KENDAL DR

City State Zip Code
KENNETT SQUARE PA 19348

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

Name of Employer Occupation
N/A RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 0 8

Transaction ID: 20081021B01928061

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► 235.00

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 24 / 156
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
NATIONAL COMMITTEE FOR AN EFFECTIVE CONGRESS

A. Full Name (Last, First, Middle Initial)
MS ELIZABETH STEIN

Mailing Address 927 S CAROLINA AVE SE

City WASHINGTON State DC Zip Code 20003

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

Name of Employer US DEPT OF EDUCATION Occupation EDUCATOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1700.00

Date of Receipt 10 / 21 / 2008
Transaction ID: 20081021B01928062
Amount of Each Receipt this Period 300.00

B. Full Name (Last, First, Middle Initial)
BARRY AND KRISTIN O'CONNELL

Mailing Address 7 KINGMAN RD

City AMHERST State MA Zip Code 01002

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

Name of Employer AMHERST COL/NAT EVAL SYST-EMS Occupation PROFESSOR/EDITOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 10 / 21 / 2008
Transaction ID: 20081021B01929004
Amount of Each Receipt this Period 200.00

C. Full Name (Last, First, Middle Initial)
MR ALAN SALESKI

Mailing Address 2116 HARRISON ST
MS CHRISTINE HAUGHT

City EVANSTON State IL Zip Code 60201

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

Name of Employer LOYOLA UNIVERSITY Occupation MATHEMATICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 10 / 21 / 2008
Transaction ID: 081021A2033609542
Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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: (check only one)	PAGE 25 / 156
	<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 COMMITTEE FOR AN EFFECTIVE CONGRESS

A.	Full Name (Last, First, Middle Initial) MR FRANK T HALPIN	Date of Receipt MM / DD / YYYY 10 / 22 / 2008
	Mailing Address 2201 L ST NW APT 614	Transaction ID: 20081022B01971007
	City State Zip Code WASHINGTON DC 20037	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer N/A Occupation RETIRED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 500.00	

B.	Full Name (Last, First, Middle Initial) MR GREGORY DRAPER	Date of Receipt MM / DD / YYYY 10 / 22 / 2008
	Mailing Address 9615 HARDING AVE	Transaction ID: 20081022B01971011
	City State Zip Code PARKVILLE MD 21234	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer BALTIMORE COUNTY PUBLIC SCHOOL Occupation CLERK Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 250.00	

C.	Full Name (Last, First, Middle Initial) MRS JANE SORROWS	Date of Receipt MM / DD / YYYY 10 / 22 / 2008
	Mailing Address 562 RUSSELL AVE	Transaction ID: 20081022B01971022
	City State Zip Code GAITHERSBURG MD 20877	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer N/A Occupation RETIRED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 220.00	

SUBTOTAL of Receipts This Page (optional)	620.00
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 26 / 156
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
NATIONAL COMMITTEE FOR AN EFFECTIVE CONGRESS

A. Full Name (Last, First, Middle Initial)
GOLDINE WEISS

Mailing Address 1245 PECK DR

City State Zip Code
LOS ANGELES CA 90035

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

Name of Employer N/A Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 290.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 2 / 2 0 0 8

Transaction ID: 20081022B01971023

Amount of Each Receipt this Period
40.00

B. Full Name (Last, First, Middle Initial)
MR AND MRS ROBERT J KOBLITZ

Mailing Address PO BOX 1473

City State Zip Code
ORLEANS MA 02653

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

Name of Employer N/A Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 2 / 2 0 0 8

Transaction ID: 20081022B01971027

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
MR AND MRS THOMAS L ALLEN

Mailing Address 618 SUNSET CT

City State Zip Code
DAVIS CA 95616

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

Name of Employer N/A Occupation RETIRED PROFESSOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 2 / 2 0 0 8

Transaction ID: 20081022B01971031

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional) ► 290.00

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 27 / 156
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
NATIONAL COMMITTEE FOR AN EFFECTIVE CONGRESS

A. Full Name (Last, First, Middle Initial)
MR HANS P HOLLENBECK

Mailing Address PO BOX 325

City State Zip Code
JULIAN CA 92036

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

Name of Employer Occupation
GIRL SCOUTSSAN DIEGO MT PROP MAINT TECH

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
10 / 22 / 2008

Transaction ID: 20081022B01972001

Amount of Each Receipt this Period
40.00

B. Full Name (Last, First, Middle Initial)
MRS HARRIET WILSON

Mailing Address 237 N MAIN ST APT 149

City State Zip Code
SOUTH YARMOUTH MA 02664

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

Name of Employer Occupation
N/A RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 950.00

Date of Receipt
MM / DD / YYYY
10 / 22 / 2008

Transaction ID: 20081022B01973004

Amount of Each Receipt this Period
350.00

C. Full Name (Last, First, Middle Initial)
MS DENISE B FITCH

Mailing Address 1960 BROADWAY

City State Zip Code
SAN FRANCISCO CA 94109

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

Name of Employer Occupation
N/A RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2300.00

Date of Receipt
MM / DD / YYYY
10 / 22 / 2008

Transaction ID: 20081022B01973005

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **1390.00**

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 28 / 156
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
NATIONAL COMMITTEE FOR AN EFFECTIVE CONGRESS

A. Full Name (Last, First, Middle Initial)
DR AND MRS H KENNETH FISHER

Mailing Address 9400 BRIGHTON WAY STE 410

City State Zip Code
BEVERLY HILLS CA 90210

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

Name of Employer Occupation
SELF-EMPLOYED PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 2 / 2 0 0 8

Transaction ID: 20081022B01973007

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
THOMAS AND NANCY FLORSHEIM

Mailing Address 1119 CALLE CATALINA

City State Zip Code
SANTA FE NM 87501

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

Name of Employer Occupation
WEYENBERG SHOE MANUFACTURING EXECUTIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 2 / 2 0 0 8

Transaction ID: 20081022B01973016

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
MRS BARBARA B KNAPP

Mailing Address 21900 DAVIS MILL RD

City State Zip Code
GERMANTOWN MD 20876

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

Name of Employer Occupation
N/A 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
1 0 / 2 2 / 2 0 0 8

Transaction ID: 081022A2035456573

Amount of Each Receipt this Period
150.00

SUBTOTAL of Receipts This Page (optional) ► **350.00**

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 29 / 156
(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 COMMITTEE FOR AN EFFECTIVE CONGRESS

A. Full Name (Last, First, Middle Initial)
MR JAN JACKSON

Mailing Address 753 COUNTY RD N

City State Zip Code
STOUGHTON WI 53589

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

Name of Employer Occupation
SELF-EMPLOYED PSYCHOTHERAPIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 2 / 2 0 0 8

Transaction ID: 081022A2035568257

Amount of Each Receipt this Period
750.00

B. Full Name (Last, First, Middle Initial)
MR AND MRS EDWARD P LEVY

Mailing Address 3534 T ST NW

City State Zip Code
WASHINGTON DC 20007

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

Name of Employer Occupation
US DEPT OF ENERGY ATTORNEY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

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

Transaction ID: 20081023B01995006

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
MR JOHN B SUTTER

Mailing Address 1834 OLAMAR WAY

City State Zip Code
SAN DIEGO CA 92139

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

Name of Employer Occupation
N/A RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: 20081023B01995007

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► 900.00

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 30 / 156
(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 COMMITTEE FOR AN EFFECTIVE CONGRESS

A. Full Name (Last, First, Middle Initial)
MS MARYBETH CLARK

Mailing Address 3361 TULANE CT

City State Zip Code
SAN DIEGO CA 92122

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

Name of Employer Occupation
GANNETT CO INC RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 310.00

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

Transaction ID: 20081023B01995008

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
MR AND MRS NORMAN J GROETZINGER

Mailing Address 3420 N SEMINARY AVE

City State Zip Code
CHICAGO IL 60657

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

Name of Employer Occupation
LAKEVIEW MENTAL HEALTH CE- NTER SOCIAL SERVICE ADMINISTRATOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

Transaction ID: 20081023B01995011

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
MR MAURICE I KRAMER

Mailing Address 940 ALBEMARLE RD

City State Zip Code
BROOKLYN NY 11218

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

Name of Employer Occupation
BROOKLYN COLLEGE/CUNY PROFESSOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

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

Transaction ID: 20081023B01995014

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► 250.00

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 31 / 156

(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 COMMITTEE FOR AN EFFECTIVE CONGRESS

A.

Full Name (Last, First, Middle Initial)
ANTONE AND JOYCE MIHANOVICH

Mailing Address 4338 MARL WAY

City State Zip Code
CARMICHAEL CA 95608

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

Name of Employer Occupation
N/A RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 245.00

Date of Receipt

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

Transaction ID: 20081023B01995016

Amount of Each Receipt this Period
35.00

B.

Full Name (Last, First, Middle Initial)
MR MAURICE I KRAMER

Mailing Address 940 ALBEMARLE RD

City State Zip Code
BROOKLYN NY 11218

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

Name of Employer Occupation
BROOKLYN COLLEGE/CUNY PROFESSOR

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 550.00

Date of Receipt

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

Transaction ID: 20081023B01995017

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
MR LAWRENCE A BLUM

Mailing Address 149 PROSPECT ST

City State Zip Code
CAMBRIDGE MA 02139

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

Name of Employer Occupation
UNIVERSITY OF MASSACHUSETTS PROFESSOR

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 900.00

Date of Receipt

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

Transaction ID: 20081023B01996001

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional) ▶

335.00

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 32 / 156
(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 COMMITTEE FOR AN EFFECTIVE CONGRESS

A.

Full Name (Last, First, Middle Initial)
MR DJ PAUL

Mailing Address 3690 SHANNON RD

City State Zip Code
LOS ANGELES CA 90027

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

Name of Employer Occupation
SIXTH WAY PRODUCTION FILM AND TV PRODUCER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: 081023A2148454305

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
MR RICHARD S WHEELER

Mailing Address 922 HARRISON AVE

City State Zip Code
CLAREMONT CA 91711

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

Name of Employer Occupation
CLAREMONT MCKENNA COLLAGE PROFESSOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 8

Transaction ID: 20081024B02033007

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
MR RONALD K BRANCH

Mailing Address 451 E DUNEDIN RD

City State Zip Code
COLUMBUS OH 43214

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

Name of Employer Occupation
N/A RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 8

Transaction ID: 20081024B02033014

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ▶ **650.00**

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 33 / 156

(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 COMMITTEE FOR AN EFFECTIVE CONGRESS

A.

Full Name (Last, First, Middle Initial)
MR WILLIAM A GAMSON

Mailing Address 5 BOSTON HILL RD

City State Zip Code
CHILMARK MA 02535

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

Name of Employer Occupation
BOSTON UNIVERSITY SOCIOLOGIST

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00

Date of Receipt

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

Transaction ID: 20081024B02033017

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
MR AND MRS T DARRAH THOMAS

Mailing Address 1470 NW GREENWOOD PL

City State Zip Code
CORVALLIS OR 97330

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

Name of Employer Occupation
OREGON STATE UNIVERSITY RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1300.00

Date of Receipt

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

Transaction ID: 20081024B02033018

Amount of Each Receipt this Period
200.00

C.

Full Name (Last, First, Middle Initial)
MR JOHN M TOWNSEND

Mailing Address 1256 ROYAL AVE

City State Zip Code
LOUISVILLE KY 40204

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

Name of Employer Occupation
N/A RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

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

Transaction ID: 20081024B02033022

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ▶

350.00

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 34 / 156
(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 COMMITTEE FOR AN EFFECTIVE CONGRESS

A.

Full Name (Last, First, Middle Initial)
MR DANIEL E BURNSTEIN

Mailing Address 2106 48TH AVE SW

City State Zip Code
SEATTLE WA 98116

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

Name of Employer Occupation
SEATTLE UNIVERSITY PROFESSOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 475.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 8

Transaction ID: 20081024B02033033

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
MR MARSHALL BAKER

Mailing Address 2121 E SHELBY ST

City State Zip Code
SEATTLE WA 98112

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

Name of Employer Occupation
UNIVERSITY OF WASHINGTON PROFESSOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 8

Transaction ID: 20081024B02033034

Amount of Each Receipt this Period
150.00

C.

Full Name (Last, First, Middle Initial)
DR STROTHER B MARSHALL

Mailing Address 1790 11TH ST

City State Zip Code
LOS OSOS CA 93402

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

Name of Employer Occupation
SELF-EMPLOYED RETIRED PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 8

Transaction ID: 20081024B02033038

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **300.00**

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 35 / 156
(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 COMMITTEE FOR AN EFFECTIVE CONGRESS

A.

Full Name (Last, First, Middle Initial)
DR AND MRS MARVIN P OSMAN

Mailing Address 316 S MCCARTY DR

City State Zip Code
BEVERLY HILLS CA 90212

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

Name of Employer Occupation
SELF-EMPLOYED PSYCHIATRIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 8

Transaction ID: 20081024B02033039

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
DR H KENDALL ROGERS

Mailing Address 1045 WOOLMAN DR

City State Zip Code
RICHMOND IN 47374

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

Name of Employer Occupation
MANCHESTER COLLEGE TEACHER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1600.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 8

Transaction ID: 20081024B02033049

Amount of Each Receipt this Period
200.00

C.

Full Name (Last, First, Middle Initial)
MS LORRAINE M MCDONNELL

Mailing Address 1163 CRESTLINE DR

City State Zip Code
SANTA BARBARA CA 93105

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

Name of Employer Occupation
THE ROND CORP POLITICAL SCIENTIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 8

Transaction ID: 20081024B02033050

Amount of Each Receipt this Period
150.00

SUBTOTAL of Receipts This Page (optional) ► **400.00**

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 36 / 156

(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 COMMITTEE FOR AN EFFECTIVE CONGRESS

A.

Full Name (Last, First, Middle Initial)
MR WILLIAM P WEWER

Mailing Address 1731 W MEDICAL CENTER DR APT 372

City State Zip Code
ANAHEIM CA 92801

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

Name of Employer Occupation
N/A RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 260.00

Date of Receipt

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

Transaction ID: 20081024B02033055

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
MR RICHARD H BARSANTI

Mailing Address 5305 WOODLAND AVE

City State Zip Code
WESTERN SPRINGS IL 60558

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

Name of Employer Occupation
SELF-EMPLOYED SALESMAN

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00

Date of Receipt

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

Transaction ID: 20081024B02033066

Amount of Each Receipt this Period
200.00

C.

Full Name (Last, First, Middle Initial)
MR MURRAY SACHS

Mailing Address 280 HIGHLAND AVE

City State Zip Code
WEST NEWTON MA 02465

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

Name of Employer Occupation
N/A RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00

Date of Receipt

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

Transaction ID: 20081024B02034005

Amount of Each Receipt this Period
35.00

SUBTOTAL of Receipts This Page (optional) ▶

285.00

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 37 / 156
(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 COMMITTEE FOR AN EFFECTIVE CONGRESS

A.

Full Name (Last, First, Middle Initial)
MR WILBERT J MCKEACHIE

Mailing Address 4660 JOY RD

City DEXTER State MI Zip Code 48130

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

Name of Employer UNIVERSITY OF MICHIGAN Occupation PROFESSOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 24 / 2008
Transaction ID: 20081024B02034006
Amount of Each Receipt this Period: 50.00

B.

Full Name (Last, First, Middle Initial)
MR JOHN COBB

Mailing Address 627 LEYDEN LN

City CLAREMONT State CA Zip Code 91711

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

Name of Employer N/A Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 10 / 24 / 2008
Transaction ID: 20081024B02034008
Amount of Each Receipt this Period: 100.00

C.

Full Name (Last, First, Middle Initial)
MR C GOMER THOMAS

Mailing Address 627 HOES LN W

City PISCATAWAY State NJ Zip Code 08854

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

Name of Employer L GERCA INC Occupation ENGINEER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 10 / 24 / 2008
Transaction ID: 081024A2148851850
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ▶ **650.00**

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 38 / 156
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
NATIONAL COMMITTEE FOR AN EFFECTIVE CONGRESS

A. Full Name (Last, First, Middle Initial)
MR LAURENCE D PEARL

Mailing Address 905 E CAPITOL ST SE

City State Zip Code
WASHINGTON DC 20003

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

Name of Employer Occupation
N/A RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 8

Transaction ID: 081024A2149353744

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
MR PETER HANAUER

Mailing Address 95 FOREST LN

City State Zip Code
BERKELEY CA 94708

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

Name of Employer Occupation
BANCROFT WHITNEY EDITOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 0 8

Transaction ID: 081025A2150252698

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
MR ANDREW RESCHOVSKY

Mailing Address 245 SUMMER ST

City State Zip Code
SOMERVILLE MA 02143

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

Name of Employer Occupation
UNIV OF WISCONSIN PROFESSOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 0 8

Transaction ID: 081025A2150851158

Amount of Each Receipt this Period
150.00

SUBTOTAL of Receipts This Page (optional) ► 500.00

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 39 / 156
(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 COMMITTEE FOR AN EFFECTIVE CONGRESS

A.

Full Name (Last, First, Middle Initial)
MR TIMOTHY MCKEOWN

Mailing Address 27 BERMOUTH COURT

City State Zip Code
DURHAM NC 27705

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

Name of Employer Occupation
UNIV OF NORTH CAROLINA PROFESSOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 0 8

Transaction ID: 081026A2151643166

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
MS ISABEL GOLDSTEIN

Mailing Address 315 W 98TH ST APT 5D

City State Zip Code
NEW YORK NY 10025

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

Name of Employer Occupation
NEW YORK CITY HUMAN RESOURCES SOCIAL WORKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 0 8

Transaction ID: 20081027B02062001

Amount of Each Receipt this Period
150.00

C.

Full Name (Last, First, Middle Initial)
PAMELA AND CLIFFORD SURKO

Mailing Address PO BOX 981
LA GRANADA

City State Zip Code
RANCHO SANTA FE CA 92067

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

Name of Employer Occupation
UNIVERSITY OF CAL SAN DIEGO PROFESSOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 0 8

Transaction ID: 20081027B02062002

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **900.00**

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 40 / 156

(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 COMMITTEE FOR AN EFFECTIVE CONGRESS

A.

Full Name (Last, First, Middle Initial)
MR LAWRENCE B DEGRAAF

Mailing Address 1139 NAPLES AVE

City State Zip Code
PLACENTIA CA 92870

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

Name of Employer Occupation
CALIF STATE UNIVERSITY PROFESSOR

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

Date of Receipt

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

Transaction ID: 20081027B02062005

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
MR GEORGE BRUENING

Mailing Address 1009 EAGLE PL

City State Zip Code
DAVIS CA 95616

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

Name of Employer Occupation
UNIVERSITY OF CA DAVIS PROFESSOR

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

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

Transaction ID: 20081027B02062015

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)
MR AND MRS J MORGAN KOUSSER

Mailing Address 1818 CRAIG AVE

City State Zip Code
ALTADENA CA 91001

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

Name of Employer Occupation
CALTECH HISTORY PROFESSOR

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

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

Transaction ID: 20081027B02062019

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional) ▶

400.00

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 41 / 156
(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 COMMITTEE FOR AN EFFECTIVE CONGRESS

A. Full Name (Last, First, Middle Initial)
MR ALFONSO F RATCLIFFE

Mailing Address 1301 N KENTER AVE

City State Zip Code
LOS ANGELES CA 90049

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

Name of Employer Occupation
CAL STATE UNIVERSITY RETIRED ENGINEERING DEAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
10 / 27 / 2008

Transaction ID: 20081027B02062020

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
MR FREDERICK B WOOD

Mailing Address 2318 N TRENTON ST

City State Zip Code
ARLINGTON VA 22207

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

Name of Employer Occupation
US GOVERNMENT POLICY ANALYST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 850.00

Date of Receipt
MM / DD / YYYY
10 / 27 / 2008

Transaction ID: 20081027B02062024

Amount of Each Receipt this Period
150.00

C. Full Name (Last, First, Middle Initial)
MR AND MRS STEPHEN C PARANYA

Mailing Address 757 STATE HIGHWAY 7

City State Zip Code
UNADILLA NY 13849

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

Name of Employer Occupation
SIDNEY CENTRAL SCHOOL SCHOOL ADMINISTRATOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
10 / 27 / 2008

Transaction ID: 20081027B02062029

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional) ► **450.00**

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 42 / 156
(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 COMMITTEE FOR AN EFFECTIVE CONGRESS

A. Full Name (Last, First, Middle Initial)
MS ANNE H EHRLICH

Mailing Address 371 SERRA MALL
BIOLOGY

City State Zip Code
STANFORD CA 94305

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

Name of Employer Occupation
STANFORD UNIVERSITY SENIOR RESEARCHER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 0 8

Transaction ID: 20081027B02062035

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
MR ALLEN W TRELEASE

Mailing Address 925 NEW GARDEN RD APT 2107

City State Zip Code
GREENSBORO NC 27410

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

Name of Employer Occupation
UNIVERSITY OF NC AT GREENSBORO PROFESSOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 0 8

Transaction ID: 20081027B02062036

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
MR AND MRS DAVID M EVANS

Mailing Address 323 MINOT AVE

City State Zip Code
CHULA VISTA CA 91910

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

Name of Employer Occupation
N/A RETIRED MECHANICAL ENGINEER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 0 8

Transaction ID: 20081027B02062037

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **300.00**

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 43 / 156
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
NATIONAL COMMITTEE FOR AN EFFECTIVE CONGRESS

A. Full Name (Last, First, Middle Initial)
MR SAMUEL I RAPAPORT

Mailing Address 7887 LOOKOUT DR

City State Zip Code
LA JOLLA CA 92037

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

Name of Employer UC SAN DIEGO Occupation RETIRED

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 0 8

Transaction ID: 20081027B02062039

Amount of Each Receipt this Period
125.00

B. Full Name (Last, First, Middle Initial)
MR JAMES M BECK

Mailing Address 4714 WINDSOR AVE

City State Zip Code
PHILADELPHIA PA 19143

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

Name of Employer PEPPER HAMILTON & SCHEETZ Occupation ATTORNEY

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 0 8

Transaction ID: 20081027B02062042

Amount of Each Receipt this Period
200.00

C. Full Name (Last, First, Middle Initial)
MS HELEN GIAMBRUNI

Mailing Address 1950 CLAY ST APT 302

City State Zip Code
SAN FRANCISCO CA 94109

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

Name of Employer N/A Occupation RETIRED

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 0 8

Transaction ID: 20081027B02062046

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **425.00**

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 44 / 156
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
NATIONAL COMMITTEE FOR AN EFFECTIVE CONGRESS

A. Full Name (Last, First, Middle Initial)
MS HELEN KITTSLLEY

Mailing Address 2505 E BRADFORD AVE APT 2202

City State Zip Code
MILWAUKEE WI 53211

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

Name of Employer N/A Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 10 / 27 / 2008
Transaction ID: 20081027B02062048
Amount of Each Receipt this Period: 100.00

B. Full Name (Last, First, Middle Initial)
MR PERRY B WILSON

Mailing Address 750 CALIFORNIA WAY

City State Zip Code
EMERALD HILLS CA 94062

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

Name of Employer STANFORD UNIVERSITY Occupation PHYSICIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 27 / 2008
Transaction ID: 20081027B02062053
Amount of Each Receipt this Period: 50.00

C. Full Name (Last, First, Middle Initial)
REV ROLAND CALVERT

Mailing Address 1257 E SIENA HEIGHTS DR

City State Zip Code
ADRIAN MI 49221

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

Name of Employer ADRIAN DOMINICANS Occupation CHAPLAIN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: 10 / 27 / 2008
Transaction ID: 20081027B02062056
Amount of Each Receipt this Period: 75.00

SUBTOTAL of Receipts This Page (optional) ▶ 225.00

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 45 / 156

(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 COMMITTEE FOR AN EFFECTIVE CONGRESS

A.

Full Name (Last, First, Middle Initial)
MR CHARNIA J ADELMAN

Mailing Address 2424 KINGS HWY

City State Zip Code
BROOKLYN NY 11229

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

Name of Employer Occupation
N/A RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00

Date of Receipt

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

Transaction ID: 20081027B02062058

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
MR WILFRED KOPLOWITZ

Mailing Address 410 E 57TH ST

City State Zip Code
NEW YORK NY 10022

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

Name of Employer Occupation
N/A RETIRED ATTORNEY

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00

Date of Receipt

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

Transaction ID: 20081027B02062061

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
G R RAMSAY

Mailing Address 115 CENTRAL PARK W

City State Zip Code
NEW YORK NY 10023

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

Name of Employer Occupation
SELF-EMPLOYED ACTOR

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00

Date of Receipt

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

Transaction ID: 20081027B02062066

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ►

250.00

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 46 / 156

(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 COMMITTEE FOR AN EFFECTIVE CONGRESS

A.

Full Name (Last, First, Middle Initial)
MR AND MRS RONALD BRESLOW

Mailing Address 44 W 77TH ST # 9E

City State Zip Code
NEW YORK NY 10024

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

Name of Employer Occupation
COLUMBIA UNIVERSITY PROFESSOR

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 950.00

Date of Receipt

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

Transaction ID: 20081027B02062068

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
MR AND MRS CHARLES ALLEN

Mailing Address PO BOX 110279
CHAROSA FOUNDATION CORP

City State Zip Code
CAMBRIA HEIGHTS NY 11411

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

Name of Employer Occupation
CHAROSA FOUNDATION CORPORATION CHAIRMAN/CEO

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

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

Transaction ID: 20081027B02062076

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
MR WILLIAM ALBERTSON

Mailing Address 55075 ROUTE 25
55075 MAIN RD

City State Zip Code
SOUTHOLD NY 11971

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

Name of Employer Occupation
N/A RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00

Date of Receipt

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

Transaction ID: 20081027B02062080

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ▶

200.00

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 47 / 156
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
NATIONAL COMMITTEE FOR AN EFFECTIVE CONGRESS

A. Full Name (Last, First, Middle Initial)
DR MARJORIE L CARSEN

Mailing Address 172 HEWITT RD

City State Zip Code
BRISTOL VT 05443

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

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 420.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 0 8

Transaction ID: 20081027B02062082

Amount of Each Receipt this Period
150.00

B. Full Name (Last, First, Middle Initial)
MRS JANE B WEIS

Mailing Address 11 HONEYCOMB CIR

City State Zip Code
SWANNANOA NC 28778

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

Name of Employer N/A Occupation RETIRED

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1500.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 0 8

Transaction ID: 20081027B02062085

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
MR ALLAN D FRANK

Mailing Address 16 CREEKSIDE WAY

City State Zip Code
ASHEVILLE NC 28804

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

Name of Employer N/A Occupation RETIRED

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 0 8

Transaction ID: 20081027B02062086

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► 300.00

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 48 / 156

(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 COMMITTEE FOR AN EFFECTIVE CONGRESS

A.	Full Name (Last, First, Middle Initial) MR CHARLES ROTENBERG		Date of Receipt MM / DD / YYYY 10 / 27 / 2008		
	Mailing Address PO BOX 174		Transaction ID: 20081027B02062087		
	City SOUTH WINDSOR	State CT	Zip Code 06074	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 350.00		
Name of Employer STATE OF CONN DEPT OF HOUSING		Occupation URBAN PLANNER			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) MR NIGEL W DAW		Date of Receipt MM / DD / YYYY 10 / 27 / 2008		
	Mailing Address 5 OLD PAWSON RD		Transaction ID: 20081027B02062092		
	City BRANFORD	State CT	Zip Code 06405	Amount of Each Receipt this Period 125.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 500.00		
Name of Employer SCIENTIST		Occupation YALE UNIVERSITY			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) MR BENJAMIN M SHIEBER		Date of Receipt MM / DD / YYYY 10 / 27 / 2008		
	Mailing Address 338 STANFORD AVE		Transaction ID: 20081027B02062093		
	City BATON ROUGE	State LA	Zip Code 70808	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 500.00		
Name of Employer LOUISIANA STATE UNIVERSITY		Occupation PROFESSOR			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional)	▶	325.00
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 49 / 156
(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 COMMITTEE FOR AN EFFECTIVE CONGRESS

A. Full Name (Last, First, Middle Initial)
MR AND MRS JAN ROCEK

Mailing Address 4031KENNETT PIKE APT 24

City State Zip Code
WILMINGTON DE 19807

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

Name of Employer Occupation
N/A RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 825.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 0 8

Transaction ID: 20081027B02064009

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
MS ROXANNE WARREN

Mailing Address 523 W 112TH ST APT 72

City State Zip Code
NEW YORK NY 10025

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

Name of Employer Occupation
SELF-EMPLOYED ARCHITECT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 0 8

Transaction ID: 20081027B02064012

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
MS NANCY FINCKE

Mailing Address 914 BOWER HILL RD

City State Zip Code
PITTSBURGH PA 15243

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

Name of Employer Occupation
N/A RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 0 8

Transaction ID: 20081027B02064028

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional) ► **180.00**

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 50 / 156
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
NATIONAL COMMITTEE FOR AN EFFECTIVE CONGRESS

A.

Full Name (Last, First, Middle Initial)
MR LARRY MALLETT

Mailing Address 5305 PALM DR

City State Zip Code
LA CANADA FLINTRID CA 91011

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

Name of Employer N/A Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 0 8

Transaction ID: 081027A2151862866

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
MR WALTER H LIPPINCOTT, JR

Mailing Address 1 RIVER KNOLL DR

City State Zip Code
TITUSVILLE NJ 08560

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

Name of Employer CORNELL UNIVERSITY PRESS Occupation PUBLISHING

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 0 8

Transaction ID: 081027A2152767527

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
MRS MADELEINE A SONE

Mailing Address 300 RYAN RANCH RD

City State Zip Code
SEBASTOPOL CA 95472

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

Name of Employer SELF-EMPLOYED Occupation WILDLIFE MANAGER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 205.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 8 / 2 0 0 8

Transaction ID: 20081028B02108006

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► 400.00

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 51 / 156
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
NATIONAL COMMITTEE FOR AN EFFECTIVE CONGRESS

A. Full Name (Last, First, Middle Initial)
MR RICHARD F WATT

Mailing Address 3121 N SHERIDAN RD APT 704

City State Zip Code
CHICAGO IL 60657

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

Name of Employer COTTON WATT JONES Occupation ATTORNEY

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 750.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 8 / 2 0 0 8

Transaction ID: 20081028B02108021

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
MR AND MRS MANFRED H REES

Mailing Address GLOUCESTER NSW 2422
THE POST OFFICE BOX 169

City State Zip Code
AUSTRALIA ZZ

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

Name of Employer UNIVERSITY OF ALASKA Occupation PHYSICIST

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 550.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 8 / 2 0 0 8

Transaction ID: 20081028B02108022

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
DR GEORGE DENNISTON

Mailing Address 45 ROBBINS RD

City State Zip Code
NORDLAND WA 98358

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

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 3000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 8 / 2 0 0 8

Transaction ID: 081028A2153694565

Amount of Each Receipt this Period
2000.00

SUBTOTAL of Receipts This Page (optional) ► **2250.00**

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 52 / 156
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
NATIONAL COMMITTEE FOR AN EFFECTIVE CONGRESS

A. Full Name (Last, First, Middle Initial)
MR MARTIN S BASKIN

Mailing Address 2121 JAMIESON AVE UNIT 1201

City State Zip Code
ALEXANDRIA VA 22314

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

Name of Employer NONE Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 8 / 2 0 0 8

Transaction ID: 081028A2154275345

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
MR PHILLIP FORESTER

Mailing Address PO BOX 108

City State Zip Code
TOMALES CA 94971

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

Name of Employer SANTA ROAS JUNIOR COLLEGE Occupation TEACHER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 8 / 2 0 0 8

Transaction ID: 081028A2154629002

Amount of Each Receipt this Period
35.00

C. Full Name (Last, First, Middle Initial)
MS ROBERTA S SCHAFFER

Mailing Address 1806 CAVELL AVE

City State Zip Code
HIGHLAND PARK IL 60035

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

Name of Employer HEWITT ASSOCIATES Occupation ACTUARY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 8 / 2 0 0 8

Transaction ID: 081028A2154781484

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional) ► 435.00

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 53 / 156

(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 COMMITTEE FOR AN EFFECTIVE CONGRESS

A.

Full Name (Last, First, Middle Initial)
DR JOHN HM AUSTIN

Mailing Address 329 W 108TH ST APT 5A

City State Zip Code
NEW YORK NY 10025

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

Name of Employer Occupation
COLUMBIA UNIVERSITY PHYSICIAN

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

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

Transaction ID: 081028A2154890368

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
MR JEROME J BROOKMAN

Mailing Address 9 COLGATE RD

City State Zip Code
GREAT NECK NY 11023

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

Name of Employer Occupation
N/A RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 0 8

Transaction ID: 20081029B02151001

Amount of Each Receipt this Period
150.00

C.

Full Name (Last, First, Middle Initial)
DR LLOYD JOHNSTON

Mailing Address 5538 LAWRENCE CT

City State Zip Code
PINCKNEY MI 48169

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

Name of Employer Occupation
UNIVERSITY OF MICHIGAN SOCIAL SCIENTIST

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 0 8

Transaction ID: 20081029B02151002

Amount of Each Receipt this Period
1000.00

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 54 / 156
(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 COMMITTEE FOR AN EFFECTIVE CONGRESS

A. Full Name (Last, First, Middle Initial)
MS GALE ROSS

Mailing Address 1001 SANDY TRAIL DR

City ALLEN State TX Zip Code 75002

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

Name of Employer SUMMIT ELECTRONICS Occupation ENGINEER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 29 / 2008

Transaction ID: 20081029B02151007

Amount of Each Receipt this Period 50.00

B. Full Name (Last, First, Middle Initial)
MR DAVID O SEARS

Mailing Address 405 HILGARD AVE
UCLA PSYCHOLOGY DEPARTMENT

City LOS ANGELES State CA Zip Code 90095

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

Name of Employer UCLA PSYCHOLOGY DEPARTMEN Occupation PROFESSOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 29 / 2008

Transaction ID: 20081029B02151012

Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
MR AND MRS A C LAUFER

Mailing Address 1320 KENWOOD RD APT 158B

City SEAL BEACH State CA Zip Code 90740

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

Name of Employer N/A Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 290.00

Date of Receipt 10 / 29 / 2008

Transaction ID: 20081029B02151014

Amount of Each Receipt this Period 40.00

SUBTOTAL of Receipts This Page (optional) ▶ 590.00

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 55 / 156

(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 COMMITTEE FOR AN EFFECTIVE CONGRESS

A.

Full Name (Last, First, Middle Initial)
MR STEPHEN H LEPPLA

Mailing Address 9501 STARMONT RD

City State Zip Code
BETHESDA MD 20817

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

Name of Employer Occupation
U S ARMY CHEMIST

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 450.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 0 8

Transaction ID: 20081029B02153002

Amount of Each Receipt this Period
150.00

B.

Full Name (Last, First, Middle Initial)
JEFF AND PAM BYERS

Mailing Address 180 LIPPARD AVE

City State Zip Code
SAN FRANCISCO CA 94131

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

Name of Employer Occupation
ASIAN ART MUSEUM FUNDRAISER

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 680.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 0 8

Transaction ID: 20081029B02153003

Amount of Each Receipt this Period
85.00

C.

Full Name (Last, First, Middle Initial)
MR PETER L COHEN

Mailing Address 11503 MURCIA DR

City State Zip Code
AUSTIN TX 78759

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

Name of Employer Occupation
N/A RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 260.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 0 8

Transaction ID: 20081029B02153004

Amount of Each Receipt this Period
40.00

SUBTOTAL of Receipts This Page (optional) ▶

275.00

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 56 / 156

(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 COMMITTEE FOR AN EFFECTIVE CONGRESS

A.

Full Name (Last, First, Middle Initial)
MR ROBERT MUELLER

Mailing Address 131 HAYDEN RD
MS ANDREA SCHULMAN

City State Zip Code
HOLLIS NH 03049

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

Name of Employer Occupation
N/A RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 225.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 0 8

Transaction ID: 20081029B02153006

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
MR ROBERT J LEVINSOHN

Mailing Address 130 E 67TH ST

City State Zip Code
NEW YORK NY 10065

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

Name of Employer Occupation
PROSKAUER ROSE GOETZ AND MENDE ATTORNEY

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 0 8

Transaction ID: 20081029B02153007

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
MR JAMES F DEMOS

Mailing Address 2642 RIVERSIDE AVE

City State Zip Code
SEAFORD NY 11783

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

Name of Employer Occupation
NASSAU COUNTY COMMISSIONER

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 385.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 0 8

Transaction ID: 20081029B02153010

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ▶

1150.00

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 57 / 156
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
NATIONAL COMMITTEE FOR AN EFFECTIVE CONGRESS

A. Full Name (Last, First, Middle Initial)
MRS PATRICIA RALPH

Mailing Address 271 LITTLE NECK RD

City State Zip Code
CENTERPORT NY 11721

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

Name of Employer SELF-EMPLOYED Occupation ARTIST

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 0 8

Transaction ID: 081029A2155421324

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
MR LESTER KUSHNER

Mailing Address 1 UNIVERSITY PL APT 17A

City State Zip Code
NEW YORK NY 10003

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

Name of Employer UNITE Occupation LAWYER

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1100.00

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

Transaction ID: 20081030B02176002

Amount of Each Receipt this Period
200.00

C. Full Name (Last, First, Middle Initial)
MS LOUISE BERENSON

Mailing Address 50 W 96TH ST APT 100

City State Zip Code
NEW YORK NY 10025

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

Name of Employer NYC DEPT OF HEALTH Occupation STATISTICIAN

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

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

Transaction ID: 20081030B02176020

Amount of Each Receipt this Period
125.00

SUBTOTAL of Receipts This Page (optional) ► **425.00**

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 58 / 156

(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 COMMITTEE FOR AN EFFECTIVE CONGRESS

A.

Full Name (Last, First, Middle Initial)
MR NORMAN A DUDZIAK, JR

Mailing Address 32 WASHINGTON RD

City State Zip Code
BARRINGTON RI 02806

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

Name of Employer Occupation
ESS GROUP INC ENVIRONMENTAL ENGINEER

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 900.00

Date of Receipt

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

Transaction ID: 20081030B02176028

Amount of Each Receipt this Period
300.00

B.

Full Name (Last, First, Middle Initial)
MS ROXANNE WARREN

Mailing Address 523 W 112TH ST APT 72

City State Zip Code
NEW YORK NY 10025

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

Name of Employer Occupation
SELF-EMPLOYED ARCHITECT

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00

Date of Receipt

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

Transaction ID: 20081030B02178002

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
MR RICHARD A GORR

Mailing Address 50 GLENBROOK RD APT 15E

City State Zip Code
STAMFORD CT 06902

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

Name of Employer Occupation
N/A RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 450.00

Date of Receipt

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

Transaction ID: 20081031B02217002

Amount of Each Receipt this Period
125.00

SUBTOTAL of Receipts This Page (optional) ▶

475.00

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 59 / 156

(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 COMMITTEE FOR AN EFFECTIVE CONGRESS

A.

Full Name (Last, First, Middle Initial)
MR JOE HOWELL

Mailing Address 1887 DOWNING ST

City State Zip Code
MEMPHIS TN 38117

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

Name of Employer Occupation
N/A RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

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

Transaction ID: 20081031B02217006

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
MR JOHN M LIGHT

Mailing Address 9 READING DR APT 106

City State Zip Code
WERNERSVILLE PA 19565

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

Name of Employer Occupation
UNITED CHURCH OF GOD ORDAINED MINISTER

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 405.00

Date of Receipt

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

Transaction ID: 20081031B02217016

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
MS MARY F FERRAL

Mailing Address 2006 STONEY CREEK DR

City State Zip Code
FREDERICKSBURG VA 22407

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

Name of Employer Occupation
N/A RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 700.00

Date of Receipt

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

Transaction ID: 20081031B02217025

Amount of Each Receipt this Period
150.00

SUBTOTAL of Receipts This Page (optional) ▶

300.00

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 60 / 156
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL COMMITTEE FOR AN EFFECTIVE CONGRESS

A.

Full Name (Last, First, Middle Initial)
EVAN AND LYNN MYERS

Mailing Address 333 S PATTERSON ST

City State Zip Code
STATE COLLEGE PA 16801

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

Name of Employer Occupation
ACCO-WEATHER INC CLERK

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

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

Transaction ID: 20081031B02217029

Amount of Each Receipt this Period
150.00

B.

Full Name (Last, First, Middle Initial)
MR AND MRS ROBERT DAVIS

Mailing Address 3740 OAKWOOD CIR

City State Zip Code
TAYLORVILLE IL 62568

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

Name of Employer Occupation
N/A RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

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

Transaction ID: 20081031B02217030

Amount of Each Receipt this Period
75.00

C.

Full Name (Last, First, Middle Initial)
LLOYD AND ELIZABETH LEWIS

Mailing Address 6225 MINERAL POINT RD APT C57

City State Zip Code
MADISON WI 53705

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

Name of Employer Occupation
N/A HOMEMAKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

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

Transaction ID: 20081031B02217039

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **275.00**

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 61 / 156

(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 COMMITTEE FOR AN EFFECTIVE CONGRESS

A.

Full Name (Last, First, Middle Initial)
MR CHARLES WEISS, JR

Mailing Address 6309 CRATHIE LN

City State Zip Code
BETHESDA MD 20816

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

Name of Employer Occupation
GEORGETOWN UNIVERSITY SCIENCE ADVISOR

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1100.00

Date of Receipt

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

Transaction ID: 20081031B02217040

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
MS JEAN ANN MARTIN

Mailing Address 11 LEONARD AVE APT 2

City State Zip Code
CAMBRIDGE MA 02139

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

Name of Employer Occupation
HARVARD MAGAZINE EDITORIAL STAFF

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

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

Transaction ID: 20081031B02217041

Amount of Each Receipt this Period
150.00

C.

Full Name (Last, First, Middle Initial)
DR LEWIS LANSKY

Mailing Address 1057 MONROE AVE

City State Zip Code
ROCHESTER NY 14620

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

Name of Employer Occupation
N/A RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 255.00

Date of Receipt

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

Transaction ID: 20081031B02217049

Amount of Each Receipt this Period
125.00

SUBTOTAL of Receipts This Page (optional)

525.00

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 62 / 156
(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 COMMITTEE FOR AN EFFECTIVE CONGRESS

A. Full Name (Last, First, Middle Initial)
MS ALICE B ROBINSON

Mailing Address 85 GROVE ST APT 212

City State Zip Code
WELLESLEY MA 02482

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

Name of Employer N/A Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

Transaction ID: 20081031B02217057

Amount of Each Receipt this Period
75.00

B. Full Name (Last, First, Middle Initial)
MR AND MRS EDWARD K TOTH

Mailing Address 405 HAMPTON PL

City State Zip Code
POMPTON PLAINS NJ 07444

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

Name of Employer N/A Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

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

Transaction ID: 20081031B02217058

Amount of Each Receipt this Period
40.00

C. Full Name (Last, First, Middle Initial)
MS ELIZABETH B PELLE

Mailing Address 130 OKLAHOMA AVE

City State Zip Code
OAK RIDGE TN 37830

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

Name of Employer LOCKHEED MARTIN Occupation RESEARCH STAFF

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

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

Transaction ID: 20081031B02217067

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **1115.00**

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 63 / 156
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
NATIONAL COMMITTEE FOR AN EFFECTIVE CONGRESS

A.	Full Name (Last, First, Middle Initial) MS ABIGAIL H ALDERMAN		Date of Receipt
	Mailing Address 2760 PARK AVE		<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	LAGUNA BEACH	CA	92651
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer N/A		Occupation RETIRED	Transaction ID: 20081031B02219007
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="250.00"/>	<input type="text" value="50.00"/>

B.	Full Name (Last, First, Middle Initial) REV S B BAGLEY, PHDBCC		Date of Receipt
	Mailing Address 7245 HARVEST LN		<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	RIVERDALE	GA	30274
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer N/A		Occupation RETIRED BAPTIST MINISTER	Transaction ID: 20081031B02219010
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="400.00"/>	<input type="text" value="100.00"/>

C.	Full Name (Last, First, Middle Initial) THOMAS AND ELINOR BURNSIDE		Date of Receipt
	Mailing Address 3506 RIDGEVIEW DR		<input type="text" value="11"/> / <input type="text" value="03"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	SANTA ROSA	CA	95404
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer SELF-EMPLOYED		Occupation PHOTO HISTORIAN	Transaction ID: 20081103B02244004
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="300.00"/>	<input type="text" value="300.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="450.00"/>
TOTAL 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 64 / 156

(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 COMMITTEE FOR AN EFFECTIVE CONGRESS

A.

Full Name (Last, First, Middle Initial)
MR JOHN BERNSTEIN

Mailing Address 555 POTTER HILL RD

City State Zip Code
BRATTLEBORO VT 05301

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

Name of Employer Occupation
SELF-EMPLOYED SOUND RECORDER

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 5000.00

Date of Receipt

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

Transaction ID: 20081103B02244005

Amount of Each Receipt this Period

2500.00

B.

Full Name (Last, First, Middle Initial)
MR STEPHEN WIEL

Mailing Address 1483 SUTTER ST APT 1106

City State Zip Code
SAN FRANCISCO CA 94109

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

Name of Employer Occupation
LAWRENCE BERKELEY NATIONAL LAB ENGINEER

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt

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

Transaction ID: 20081103B02244012

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)
MR STANLEY REISMAN

Mailing Address 149 KINGS DALE RD

City State Zip Code
PITTSBURGH PA 15221

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

Name of Employer Occupation
SELF-EMPLOYED ATTORNEY

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 2500.00

Date of Receipt

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

Transaction ID: 081103A2161135299

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

2950.00

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 65 / 156
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL COMMITTEE FOR AN EFFECTIVE CONGRESS

A.

Full Name (Last, First, Middle Initial)
MRS MILDRED STOUT

Mailing Address 101 E HAWTHORNE RD APT N202

City State Zip Code
SPOKANE WA 99218

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

Name of Employer N/A Occupation HOUSEWIFE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
11 / 04 / 2008

Transaction ID: 20081104B02289001

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
MS MARGARET R STILLMAN

Mailing Address 145 E 92ND ST APT 6D

City State Zip Code
NEW YORK NY 10128

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

Name of Employer N/A Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
MM / DD / YYYY
11 / 05 / 2008

Transaction ID: 20081105B02327001

Amount of Each Receipt this Period
200.00

C.

Full Name (Last, First, Middle Initial)
DR AND MRS DONALD MAXWELL

Mailing Address 543 S HELBERTA AVE

City State Zip Code
REDONDO BEACH CA 90277

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

Name of Employer FRANKIN MEDICAL GROUP Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
280.00

Date of Receipt
MM / DD / YYYY
11 / 05 / 2008

Transaction ID: 20081105B02327008

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional) ► **450.00**

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 66 / 156

(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 COMMITTEE FOR AN EFFECTIVE CONGRESS

A.

Full Name (Last, First, Middle Initial)
MR ROY E LICKLIDER

Mailing Address 675 W END AVE APT 6A

City State Zip Code
NEW YORK NY 10025

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

Name of Employer Occupation
RUTGERS UNIVERSITY PROFESSOR

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 5 / 2 0 0 8

Transaction ID: 20081105B02327011

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
MR PAUL A KIEF

Mailing Address PO BOX 212

City State Zip Code
BEMIDJI MN 56619

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

Name of Employer Occupation
SELF-EMPLOYED LAWYER

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 275.00

Date of Receipt

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

Transaction ID: 20081110B02426008

Amount of Each Receipt this Period
25.00

C.

Full Name (Last, First, Middle Initial)
MR JOHN D REEVES

Mailing Address 20 DEVONWOOD DR APT 161

City State Zip Code
FARMINGTON CT 06032

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

Name of Employer Occupation
N/A RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 475.00

Date of Receipt

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

Transaction ID: 20081117B02539004

Amount of Each Receipt this Period
125.00

SUBTOTAL of Receipts This Page (optional) ▶

250.00

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 67 / 156
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
NATIONAL COMMITTEE FOR AN EFFECTIVE CONGRESS

A. Full Name (Last, First, Middle Initial)
MS RUTH NEWHOUSE

Mailing Address 6403 TULSA LN

City State Zip Code
BETHESDA MD 20817

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

Name of Employer N/A Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt: 11 / 17 / 2008
Transaction ID: 20081117B02539006
Amount of Each Receipt this Period: 50.00

B. Full Name (Last, First, Middle Initial)
MR JAMES AMORY

Mailing Address RR 2 BOX 71-A1

City State Zip Code
LE RAYSVILLE PA 18829

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

Name of Employer LE RAYSVILLE CHEESE FACTR-OY Occupation FACTORY MANAGER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 950.00

Date of Receipt: 11 / 17 / 2008
Transaction ID: 20081117B02540001
Amount of Each Receipt this Period: 200.00

C. Full Name (Last, First, Middle Initial)
MR STEPHEN H LEPPLA

Mailing Address 9501 STARMONT RD

City State Zip Code
BETHESDA MD 20817

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

Name of Employer U S ARMY Occupation CHEMIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 11 / 19 / 2008
Transaction ID: 20081119B02604002
Amount of Each Receipt this Period: 150.00

SUBTOTAL of Receipts This Page (optional) ► 400.00

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 68 / 156
	(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 COMMITTEE FOR AN EFFECTIVE CONGRESS

A.

Full Name (Last, First, Middle Initial) JEFF AND PAM BYERS		Date of Receipt
Mailing Address 180 LIPPARD AVE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 2 4 / 2 0 0 8
City	State	Zip Code
SAN FRANCISCO	CA	94131
FEC ID number of contributing federal political committee.		Transaction ID: 20081124B02680002
C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text"/> 85.00
Name of Employer ASIAN ART MUSEUM	Occupation FUNDRAISER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text"/> 765.00	

B.

Full Name (Last, First, Middle Initial) MR PETER L COHEN		Date of Receipt
Mailing Address 11503 MURCIA DR		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 2 4 / 2 0 0 8
City	State	Zip Code
AUSTIN	TX	78759
FEC ID number of contributing federal political committee.		Transaction ID: 20081124B02680003
C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text"/> 40.00
Name of Employer N/A	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text"/> 300.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 125.00
TOTAL This Period (last page this line number only)	<input type="text"/> 34745.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 69 / 156
(check only one)

11a 11b 11c 12
 13 14 15 16 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 COMMITTEE FOR AN EFFECTIVE CONGRESS

A. Full Name (Last, First, Middle Initial)
FAIRPOINT COMMUNICATIONS

Mailing Address 521 E MOREHEAD STREET

City State Zip Code
CHARLOTTE NC 28202

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 0 / 2 0 0 8

Transaction ID: 50343Q01

Amount of Each Receipt this Period
0.26

DIVIDEND

B. Full Name (Last, First, Middle Initial)
BROKERAGE CASH RESERVES

Mailing Address C/O FINANCIAL NETWORK
2780 SKYPARK DR

City State Zip Code
TORRANCE CA 90505

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

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

Transaction ID: 50344Q01

Amount of Each Receipt this Period
0.85

INTEREST

C. Full Name (Last, First, Middle Initial)
MFS INVESTMENT MANAGEMENT

Mailing Address 500 BOYLSTON STREET

City State Zip Code
BOSTON MA 02116

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 4 / 2 0 0 8

Transaction ID: 50338Q01

Amount of Each Receipt this Period
51.46

INTEREST

SUBTOTAL of Receipts This Page (optional) ► **52.57**

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 70 / 156

(check only one)

<input 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 checked="" type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)
NATIONAL COMMITTEE FOR AN EFFECTIVE CONGRESS

A.

Full Name (Last, First, Middle Initial)
MFS INVESTMENT MANAGEMENT

Mailing Address 500 BOYLSTON STREET

City State Zip Code
BOSTON MA 02116

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt

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

Transaction ID: 50341Q01

Amount of Each Receipt this Period

30.88

DIVIDEND

B.

Full Name (Last, First, Middle Initial)
VERIZON

Mailing Address PO BOX 660720

City State Zip Code
DALLAS TX 75266

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt

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

Transaction ID: 50346Q01

Amount of Each Receipt this Period

34.04

DIVIDEND

SUBTOTAL of Receipts This Page (optional)

64.92

TOTAL This Period (last page this line number only)

117.49

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 71 / 156

(check only one)

11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
NATIONAL COMMITTEE FOR AN EFFECTIVE CONGRESS

A. Full Name (Last, First, Middle Initial)
DEMOCRACY ENGINE

Mailing Address 1657 LAMONT STREET NW #28

City State Zip Code
WASHINGTON DC 20010

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 0 6 / 2 0 0 8

Transaction ID: 49812Q01

Amount of Each Receipt this Period
96.00

PAC CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)	96.00
TOTAL This Period (last page this line number only)	96.00

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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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

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NAME OF COMMITTEE (In Full)
NATIONAL COMMITTEE FOR AN EFFECTIVE CONGRESS

<p>A. Full Name (Last, First, Middle Initial) MASSA ERIC (NY-29)</p> <p>Mailing Address 60 E MARKET ST # 244</p> <p>City CORNING State NY Zip Code 14830</p> <p>Purpose of Disbursement INKIND/IN-HOUSE CANDIDATE CONTRIBUTION</p> <p>Candidate Name Eric Massa</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 29</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 49720Q01 Date of Disbursement 10 / 16 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>B. Full Name (Last, First, Middle Initial) GRIJALVA RAUL (AZ-07)</p> <p>Mailing Address PO BOX 1242</p> <p>City TUCSON State AZ Zip Code 85702</p> <p>Purpose of Disbursement INKIND/IN-HOUSE CANDIDATE CONTRIBUTION</p> <p>Candidate Name Raul Grijalva</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 07</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 49864Q01 Date of Disbursement 10 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>C. Full Name (Last, First, Middle Initial) GRIJALVA RAUL (AZ-07)</p> <p>Mailing Address PO BOX 1242</p> <p>City TUCSON State AZ Zip Code 85702</p> <p>Purpose of Disbursement INKIND/IN-HOUSE CANDIDATE CONTRIBUTION</p> <p>Candidate Name Raul Grijalva</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 07</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 49864Q02 Date of Disbursement 10 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 500.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

5500.00

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

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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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

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NAME OF COMMITTEE (In Full)
NATIONAL COMMITTEE FOR AN EFFECTIVE CONGRESS

<p>A. Full Name (Last, First, Middle Initial) LAMPSON NICK (TX-22)</p> <p>Mailing Address PO BOX 58606</p> <p>City HOUSTON State TX Zip Code 77258</p> <p>Purpose of Disbursement INKIND/IN-HOUSE CANDIDATE CONTRIBUTION</p> <p>Candidate Name Nick Lampson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: TX District: 22</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 49864Q03</p> <p>Date of Disbursement 10 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>B. Full Name (Last, First, Middle Initial) LAMPSON NICK (TX-22)</p> <p>Mailing Address PO BOX 58606</p> <p>City HOUSTON State TX Zip Code 77258</p> <p>Purpose of Disbursement INKIND/IN-HOUSE CANDIDATE CONTRIBUTION</p> <p>Candidate Name Nick Lampson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: TX District: 22</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 49864Q04</p> <p>Date of Disbursement 10 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 500.00</p>
<p>C. Full Name (Last, First, Middle Initial) RODRIGUEZ CIRO (TX-28)</p> <p>Mailing Address PO BOX 14528</p> <p>City SAN ANTONIO State TX Zip Code 78214</p> <p>Purpose of Disbursement INKIND/IN-HOUSE CANDIDATE CONTRIBUTION</p> <p>Candidate Name Ciro Rodriguez</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: TX District: 28</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 49864Q05</p> <p>Date of Disbursement 10 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

5500.00

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

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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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

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NAME OF COMMITTEE (In Full)
NATIONAL COMMITTEE FOR AN EFFECTIVE CONGRESS

A.	Full Name (Last, First, Middle Initial) RODRIGUEZ CIRO (TX-28)	Transaction ID: 49864Q06 Date of Disbursement 10 / 17 / 2008	
	Mailing Address PO BOX 14528		
	City SAN ANTONIO State TX Zip Code 78214	Amount of Each Disbursement this Period	500.00
	Purpose of Disbursement INKIND/IN-HOUSE CANDIDATE CONTRIBUTION		
	Candidate Name Ciro Rodriguez	Category/Type	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 28	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B.	Full Name (Last, First, Middle Initial) MAFFEI DAN (NY-25)	Transaction ID: 49864Q07 Date of Disbursement 10 / 17 / 2008	
	Mailing Address PO BOX 74		
	City SYRACUSE State NY Zip Code 13214	Amount of Each Disbursement this Period	2500.00
	Purpose of Disbursement INKIND/IN-HOUSE CANDIDATE CONTRIBUTION		
	Candidate Name Dan Maffei	Category/Type	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 25	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C.	Full Name (Last, First, Middle Initial) DERBY JILL (NV-02)	Transaction ID: 49864Q08 Date of Disbursement 10 / 17 / 2008	
	Mailing Address PO BOX 1901		
	City MINDEN State NV Zip Code 89423	Amount of Each Disbursement this Period	2500.00
	Purpose of Disbursement INKIND/IN-HOUSE CANDIDATE CONTRIBUTION		
	Candidate Name Jill Derby	Category/Type	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 02	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶

5500.00

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

**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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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

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NAME OF COMMITTEE (In Full)
NATIONAL COMMITTEE FOR AN EFFECTIVE CONGRESS

<p>A.</p> <p>Full Name (Last, First, Middle Initial) MARSHALL JIM (GA-03)</p> <p>Mailing Address PO BOX 125</p> <p>City MACON State GA Zip Code 31202</p> <p>Purpose of Disbursement INKIND/IN-HOUSE CANDIDATE CONTRIBUTION</p> <p>Candidate Name Jim Marshall</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: GA District: 03</p>	<p>Transaction ID: 49864Q09</p> <p>Date of Disbursement 10 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) MARSHALL JIM (GA-03)</p> <p>Mailing Address PO BOX 125</p> <p>City MACON State GA Zip Code 31202</p> <p>Purpose of Disbursement INKIND/IN-HOUSE CANDIDATE CONTRIBUTION</p> <p>Candidate Name Jim Marshall</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: GA District: 03</p>	<p>Transaction ID: 49864Q10</p> <p>Date of Disbursement 10 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 500.00</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) BOSWELL DAVID (KY-02)</p> <p>Mailing Address 5591 PANTHER CREEK PARK DRIVE</p> <p>City OWENSBORO State KY Zip Code 42301</p> <p>Purpose of Disbursement INKIND/IN-HOUSE CANDIDATE CONTRIBUTION</p> <p>Candidate Name David Boswell</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: KY District: 02</p>	<p>Transaction ID: 49863Q01</p> <p>Date of Disbursement 10 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

5500.00

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

**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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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

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NAME OF COMMITTEE (In Full)
NATIONAL COMMITTEE FOR AN EFFECTIVE CONGRESS

A.	Full Name (Last, First, Middle Initial) THOMPSON BENNIE (MS-02)	Transaction ID: 49860Q01 Date of Disbursement																			
	Mailing Address PO BOX 100	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	1		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	1		2	0	0	8												
	City BOLTON State MS Zip Code 39041	Amount of Each Disbursement this Period																			
	Purpose of Disbursement INKIND/IN-HOUSE CANDIDATE CONTRIBUTION	<table border="1"><tr><td>2500.00</td></tr></table>	2500.00																		
2500.00																					
	Candidate Name Bennie Thompson	Category/ Type																			
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
	State: MS District: 02																				

B.	Full Name (Last, First, Middle Initial) DEGETTE DIANA (CO-01)	Transaction ID: 49860Q03 Date of Disbursement																			
	Mailing Address PO BOX 61337	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	1		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	1		2	0	0	8												
	City DENVER State CO Zip Code 80206	Amount of Each Disbursement this Period																			
	Purpose of Disbursement INKIND/IN-HOUSE CANDIDATE CONTRIBUTION	<table border="1"><tr><td>2500.00</td></tr></table>	2500.00																		
2500.00																					
	Candidate Name Diana DeGette	Category/ Type																			
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
	State: CO District: 01																				

C.	Full Name (Last, First, Middle Initial) PALLONE FRANK (NJ-06)	Transaction ID: 49860Q04 Date of Disbursement																			
	Mailing Address PO BOX 3176	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	1		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	1		2	0	0	8												
	City LONG BRANCH State NJ Zip Code 07740	Amount of Each Disbursement this Period																			
	Purpose of Disbursement INKIND/IN-HOUSE CANDIDATE CONTRIBUTION	<table border="1"><tr><td>2500.00</td></tr></table>	2500.00																		
2500.00																					
	Candidate Name Frank Pallone	Category/ Type																			
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
	State: NJ District: 06																				

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>7500.00</td></tr></table>	7500.00
7500.00		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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

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NAME OF COMMITTEE (In Full)
NATIONAL COMMITTEE FOR AN EFFECTIVE CONGRESS

<p>A. Full Name (Last, First, Middle Initial) KLEIN RON (FL-22)</p> <p>Mailing Address 21301 POWERLINE RD</p> <p>City BOCA RATON State FL Zip Code 33433</p> <p>Purpose of Disbursement INKIND/IN-HOUSE CANDIDATE CONTRIBUTION</p> <p>Candidate Name Ron Klein</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: FL District: 22</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 49860Q05 Date of Disbursement 10 / 21 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>B. Full Name (Last, First, Middle Initial) MATHESON JIM (UT-02)</p> <p>Mailing Address PO BOX 521048</p> <p>City SALT LAKE CITY State UT Zip Code 84152</p> <p>Purpose of Disbursement INKIND/IN-HOUSE CANDIDATE CONTRIBUTION</p> <p>Candidate Name Jim Matheson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: UT District: 02</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 49860Q06 Date of Disbursement 10 / 21 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>C. Full Name (Last, First, Middle Initial) CLEAVER EMANUEL (MO-05)</p> <p>Mailing Address 4801 MAIN ST STE 1000</p> <p>City KANSAS CITY State MO Zip Code 64112</p> <p>Purpose of Disbursement INKIND/IN-HOUSE CANDIDATE CONTRIBUTION</p> <p>Candidate Name Emanuel Cleaver</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: MO District: 05</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 49861Q01 Date of Disbursement 10 / 24 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

7500.00

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

**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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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

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NAME OF COMMITTEE (In Full)
NATIONAL COMMITTEE FOR AN EFFECTIVE CONGRESS

<p>A. Full Name (Last, First, Middle Initial) SKELTON IKE (MO-04)</p> <p>Mailing Address PO BOX A</p> <p>City HARRISONVILLE State MO Zip Code 64701</p> <p>Purpose of Disbursement INKIND/IN-HOUSE CANDIDATE CONTRIBUTION</p> <p>Candidate Name Ike Skelton</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: MO District: 04</p>	<p>Transaction ID: 49861Q02</p> <p>Date of Disbursement 10 / 24 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>B. Full Name (Last, First, Middle Initial) LANGEVIN JAMES (RI-02)</p> <p>Mailing Address 181-A KNIGHT ST</p> <p>City WARWICK State RI Zip Code 02886</p> <p>Purpose of Disbursement INKIND/IN-HOUSE CANDIDATE CONTRIBUTION</p> <p>Candidate Name James Langevin</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: RI District: 02</p>	<p>Transaction ID: 49861Q03</p> <p>Date of Disbursement 10 / 24 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>C. Full Name (Last, First, Middle Initial) LANGEVIN JAMES (RI-02)</p> <p>Mailing Address 181-A KNIGHT ST</p> <p>City WARWICK State RI Zip Code 02886</p> <p>Purpose of Disbursement INKIND/IN-HOUSE CANDIDATE CONTRIBUTION</p> <p>Candidate Name James Langevin</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: RI District: 02</p>	<p>Transaction ID: 49861Q04</p> <p>Date of Disbursement 10 / 24 / 2008</p> <p>Amount of Each Disbursement this Period 500.00</p>

SUBTOTAL of Disbursements This Page (optional)	5500.00
TOTAL This Period (last page this line number only)	

**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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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

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NAME OF COMMITTEE (In Full)
NATIONAL COMMITTEE FOR AN EFFECTIVE CONGRESS

A.	Full Name (Last, First, Middle Initial) BOREN DAN (OK-02)	Transaction ID: 49861Q05 Date of Disbursement 10 / 24 / 2008
	Mailing Address PO BOX 1924	
	City MUSKOGEE State OK Zip Code 74402	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement INKIND/IN-HOUSE CANDIDATE CONTRIBUTION	
	Candidate Name Dan Boren	Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: OK District: 02	

B.	Full Name (Last, First, Middle Initial) BOREN DAN (OK-02)	Transaction ID: 49861Q06 Date of Disbursement 10 / 24 / 2008
	Mailing Address PO BOX 1924	
	City MUSKOGEE State OK Zip Code 74402	Amount of Each Disbursement this Period 500.00
	Purpose of Disbursement INKIND/IN-HOUSE CANDIDATE CONTRIBUTION	
	Candidate Name Dan Boren	Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: OK District: 02	

C.	Full Name (Last, First, Middle Initial) MALONEY CAROLYN (NY-14)	Transaction ID: 49861Q07 Date of Disbursement 10 / 24 / 2008
	Mailing Address 49 E 92ND ST	
	City NEW YORK State NY Zip Code 10128	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement INKIND/IN-HOUSE CANDIDATE CONTRIBUTION	
	Candidate Name Carolyn Maloney	Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: NY District: 14	

SUBTOTAL of Disbursements This Page (optional)	5500.00
TOTAL This Period (last page this line number only)	

**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 80 / 156

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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

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NAME OF COMMITTEE (In Full)
NATIONAL COMMITTEE FOR AN EFFECTIVE CONGRESS

A.

Full Name (Last, First, Middle Initial)
DURSTON BILL (CA-03)

Mailing Address 5429 MADISON AVENUE

City State Zip Code
SACRAMENTO CA 95841

Purpose of Disbursement
INKIND/IN-HOUSE CANDIDATE CONTRIBUTION

Candidate Name
Bill Durston

Category/
Type

Office Sought: House
 Senate
 President
State: CA District: 03

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: 49859Q01

Date of Disbursement

^M 1	^M 0	/	^D 2	^D 8	/	^Y 2	^Y 0	^Y 0	^Y 8
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Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional) ►

2500.00

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

50500.00

**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)

<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

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NAME OF COMMITTEE (In Full)
NATIONAL COMMITTEE FOR AN EFFECTIVE CONGRESS

A.	Full Name (Last, First, Middle Initial) NCEC	Transaction ID: 49720Q02 Date of Disbursement 10 / 16 / 2008
	Mailing Address 122 C ST NW	Amount of Each Disbursement this Period -2500.00
	City WASHINGTON State DC Zip Code 20001	
	Purpose of Disbursement LESS INKIND (PRODUCED IN-HOUSE/LINE 23)	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) DABKOWSKI DARIUSZ	Transaction ID: 49796Q01 Date of Disbursement 10 / 17 / 2008
	Mailing Address 6072 67TH AVE	Amount of Each Disbursement this Period 20.00
	City FLUSHING State NY Zip Code 11385	
	Purpose of Disbursement OFFICE CLEANING	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) BADUEL BETH	Transaction ID: 49797Q01 Date of Disbursement 10 / 17 / 2008
	Mailing Address 83-32 BRITTON AVE	Amount of Each Disbursement this Period 40.00
	City ELMHURST State NY Zip Code 11373	
	Purpose of Disbursement OFFICE CLEANING	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	-2440.00
TOTAL This Period (last page this line number only)	

**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)

<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

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NAME OF COMMITTEE (In Full)
NATIONAL COMMITTEE FOR AN EFFECTIVE CONGRESS

A.	Full Name (Last, First, Middle Initial) NCEC	Transaction ID: 49864Q11 Date of Disbursement 10 / 17 / 2008
	Mailing Address 122 C ST NW	Amount of Each Disbursement this Period -17000.00
	City WASHINGTON State DC Zip Code 20001	
	Purpose of Disbursement LESS INKIND (PRODUCED IN-HOUSE/LINE 23)	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) INTUIT INC	Transaction ID: 49837Q01 Date of Disbursement 10 / 20 / 2008
	Mailing Address PO BOX 28866	Amount of Each Disbursement this Period 26.44
	City TUCSON State AZ Zip Code 85775	
	Purpose of Disbursement COMPUTER SERVICES	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) NCEC	Transaction ID: 49863Q02 Date of Disbursement 10 / 20 / 2008
	Mailing Address 122 C ST NW	Amount of Each Disbursement this Period -2500.00
	City WASHINGTON State DC Zip Code 20001	
	Purpose of Disbursement LESS INKIND (PRODUCED IN-HOUSE/LINE 23)	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	-19473.56
TOTAL This Period (last page this line number only)	

**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)

<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

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NAME OF COMMITTEE (In Full)
NATIONAL COMMITTEE FOR AN EFFECTIVE CONGRESS

<p>A.</p> <p>Full Name (Last, First, Middle Initial) WMATA</p> <p>Mailing Address 3301 EISENHOWER AVENUE</p> <p>City ALEXANDRIA State VA Zip Code 22314</p> <p>Purpose of Disbursement PARKING/METRO</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 49913Q01 Date of Disbursement 10 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 184.00</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) NCEC</p> <p>Mailing Address 122 C ST NW</p> <p>City WASHINGTON State DC Zip Code 20001</p> <p>Purpose of Disbursement LESS INKIND (PRODUCED IN-HOUSE/LINE 23)</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 49860Q02 Date of Disbursement 10 / 21 / 2008</p> <p>Amount of Each Disbursement this Period -12500.00</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) MAILERS COMPUTER SERVICES</p> <p>Mailing Address 11890B OLD BALTIMORE PIKE</p> <p>City BELTSVILLE State MD Zip Code 20705</p> <p>Purpose of Disbursement DIRECT MAIL EXPENSE (PAC)</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 49722Q01 Date of Disbursement 10 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 2045.26</p>

SUBTOTAL of Disbursements This Page (optional) ▶

-10270.74

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

**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)

<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

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NAME OF COMMITTEE (In Full)
NATIONAL COMMITTEE FOR AN EFFECTIVE CONGRESS

A.	Full Name (Last, First, Middle Initial) MAILERS COMPUTER SERVICES	Transaction ID: 49722Q02 Date of Disbursement
	Mailing Address 11890B OLD BALTIMORE PIKE	<input type="text" value="10"/> / <input type="text" value="22"/> / <input type="text" value="2008"/>
	City BELTSVILLE State MD Zip Code 20705	Amount of Each Disbursement this Period
	Purpose of Disbursement DIRECT MAIL EXPENSE (PAC)	<input type="text" value="690.55"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) COLONIAL PARKING	Transaction ID: 49723Q01 Date of Disbursement
	Mailing Address 1050 THOMAS JEFFERSON STREET NW	<input type="text" value="10"/> / <input type="text" value="22"/> / <input type="text" value="2008"/>
	City WASHINGTON State DC Zip Code 20007	Amount of Each Disbursement this Period
	Purpose of Disbursement PARKING/METRO	<input type="text" value="76.59"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) COLONIAL PARKING	Transaction ID: 49723Q02 Date of Disbursement
	Mailing Address 1050 THOMAS JEFFERSON STREET NW	<input type="text" value="10"/> / <input type="text" value="22"/> / <input type="text" value="2008"/>
	City WASHINGTON State DC Zip Code 20007	Amount of Each Disbursement this Period
	Purpose of Disbursement PARKING/METRO	<input type="text" value="76.59"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="843.73"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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)

<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

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NAME OF COMMITTEE (In Full)
NATIONAL COMMITTEE FOR AN EFFECTIVE CONGRESS

<p>A. Full Name (Last, First, Middle Initial) QUILL CORPORATION</p> <p>Mailing Address PO BOX 37600</p> <p>City PHILADELPHIA State PA Zip Code 19101</p> <p>Purpose of Disbursement OFFICE SUPPLIES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 49724Q01</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="31.69"/></p>
<p>B. Full Name (Last, First, Middle Initial) CAPITOL HILL DELIVERY SERVICE</p> <p>Mailing Address 810 L STREET SE</p> <p>City WASHINGTON State DC Zip Code 20003</p> <p>Purpose of Disbursement DELIVERY</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 49725Q01</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="126.90"/></p>
<p>C. Full Name (Last, First, Middle Initial) ARAMARK REFRESHMENT SERVICES</p> <p>Mailing Address 8240 STAYTON DRIVE STE N</p> <p>City JESSUP State MD Zip Code 20794</p> <p>Purpose of Disbursement OFFICE SUPPLIES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 49726Q01</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="10.05"/></p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="168.64"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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)

<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

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NAME OF COMMITTEE (In Full)
NATIONAL COMMITTEE FOR AN EFFECTIVE CONGRESS

A.	Full Name (Last, First, Middle Initial) WASHINGTON POST <hr/> Mailing Address PO BOX 85680 <hr/> City RICHMOND State VA Zip Code 23285 <hr/> Purpose of Disbursement SUBSCRIPTION Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 49727Q01 Date of Disbursement 10 / 22 / 2008 <hr/> Amount of Each Disbursement this Period 217.76
B.	Full Name (Last, First, Middle Initial) COSTCO INC <hr/> Mailing Address PO BOX 34783 <hr/> City SEATTLE State WA Zip Code 98124 <hr/> Purpose of Disbursement SUBSCRIPTION Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 49728Q01 Date of Disbursement 10 / 22 / 2008 <hr/> Amount of Each Disbursement this Period 50.00
C.	Full Name (Last, First, Middle Initial) PROOFREADNOWCOM <hr/> Mailing Address 447 BOSTON STREET <hr/> City TOPSFIELD State MA Zip Code 01983 <hr/> Purpose of Disbursement DIRECT MAIL EXPENSE (PAC) Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 49730Q01 Date of Disbursement 10 / 22 / 2008 <hr/> Amount of Each Disbursement this Period 128.00

SUBTOTAL of Disbursements This Page (optional) ▶	395.76
TOTAL This Period (last page this line number only) ▶	

**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)

<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

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NAME OF COMMITTEE (In Full)
NATIONAL COMMITTEE FOR AN EFFECTIVE CONGRESS

A.	Full Name (Last, First, Middle Initial) DIRECTV	Transaction ID: 49911Q01 Date of Disbursement																			
	Mailing Address PO BOX 830032	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	3		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	3		2	0	0	8												
	City BALTIMORE State MD Zip Code 21283	Amount of Each Disbursement this Period																			
	Purpose of Disbursement SUBSCRIPTION	<table border="1"> <tr> <td>63.45</td> </tr> </table>	63.45																		
63.45																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General																			
	State: District:	<input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) NEOPOST	Transaction ID: 49912Q01 Date of Disbursement																			
	Mailing Address PO BOX 45800	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	3		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	3		2	0	0	8												
	City SAN FRANCISCO State CA Zip Code 94145	Amount of Each Disbursement this Period																			
	Purpose of Disbursement OFFICE SUPPLIES	<table border="1"> <tr> <td>800.00</td> </tr> </table>	800.00																		
800.00																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General																			
	State: District:	<input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) FINANCIAL NETWORK	Transaction ID: 50349Q01 Date of Disbursement																			
	Mailing Address 2780 SKYPARK DR	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	3		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	3		2	0	0	8												
	City TORRANCE State CA Zip Code 90505	Amount of Each Disbursement this Period																			
	Purpose of Disbursement BANK SERVICE CHARGE	<table border="1"> <tr> <td>103.49</td> </tr> </table>	103.49																		
103.49																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General																			
	State: District:	<input type="checkbox"/> Other (specify) ▼																			

SUBTOTAL of Disbursements This Page (optional)	<table border="1"> <tr> <td>966.94</td> </tr> </table>	966.94
966.94		
TOTAL This Period (last page this line number only)	<table border="1"> <tr> <td></td> </tr> </table>	

**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)

<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

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NAME OF COMMITTEE (In Full)
NATIONAL COMMITTEE FOR AN EFFECTIVE CONGRESS

A.	Full Name (Last, First, Middle Initial) UNITED STATES POSTAL SERVICE	Transaction ID: 49731Q01 Date of Disbursement 10 / 24 / 2008
	Mailing Address 900 BRENTWOOD ROAD NE	Amount of Each Disbursement this Period -798.00
	City WASHINGTON State DC Zip Code 20066	
	Purpose of Disbursement TAXES	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) DABKOWSKI DARIUSZ	Transaction ID: 49798Q01 Date of Disbursement 10 / 24 / 2008
	Mailing Address 6072 67TH AVE	Amount of Each Disbursement this Period 40.00
	City FLUSHING State NY Zip Code 11385	
	Purpose of Disbursement OFFICE CLEANING	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) NCEC	Transaction ID: 49861Q08 Date of Disbursement 10 / 24 / 2008
	Mailing Address 122 C ST NW	Amount of Each Disbursement this Period -13500.00
	City WASHINGTON State DC Zip Code 20001	
	Purpose of Disbursement LESS INKIND (PRODUCED IN-HOUSE/LINE 23)	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	-14258.00
TOTAL This Period (last page this line number only)	

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)

<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

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NAME OF COMMITTEE (In Full)
NATIONAL COMMITTEE FOR AN EFFECTIVE CONGRESS

A.	Full Name (Last, First, Middle Initial) NCEC	Transaction ID: 49752Q01 Date of Disbursement 10 / 27 / 2008
	Mailing Address 122 C ST NW	Amount of Each Disbursement this Period 0.02
	City WASHINGTON State DC Zip Code 20001	
	Purpose of Disbursement SALARY	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) NCEC	Transaction ID: 49752Q02 Date of Disbursement 10 / 27 / 2008
	Mailing Address 122 C ST NW	Amount of Each Disbursement this Period 0.02
	City WASHINGTON State DC Zip Code 20001	
	Purpose of Disbursement SALARY	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) QUICKBOOKS PAYROLL SERVICE	Transaction ID: 49753Q01 Date of Disbursement 10 / 28 / 2008
	Mailing Address 6884 SIERRA CENTER PARKWAY	Amount of Each Disbursement this Period 25.00
	City RENO State NV Zip Code 89511	
	Purpose of Disbursement SALARY	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	25.04
TOTAL This Period (last page this line number only)	

**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)

<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

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NAME OF COMMITTEE (In Full)
NATIONAL COMMITTEE FOR AN EFFECTIVE CONGRESS

A.	Full Name (Last, First, Middle Initial) QUICKBOOKS PAYROLL SERVICE	Transaction ID: 49753Q02
	Mailing Address 6884 SIERRA CENTER PARKWAY	Date of Disbursement 10 / 28 / 2008
	City RENO State NV Zip Code 89511	Amount of Each Disbursement this Period 30.00
	Purpose of Disbursement SALARY	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) QUICKBOOKS PAYROLL SERVICE	Transaction ID: 49753Q03
	Mailing Address 6884 SIERRA CENTER PARKWAY	Date of Disbursement 10 / 28 / 2008
	City RENO State NV Zip Code 89511	Amount of Each Disbursement this Period 3.16
	Purpose of Disbursement SALARY	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) NCEC	Transaction ID: 49859Q02
	Mailing Address 122 C ST NW	Date of Disbursement 10 / 28 / 2008
	City WASHINGTON State DC Zip Code 20001	Amount of Each Disbursement this Period -2500.00
	Purpose of Disbursement LESS INKIND (PRODUCED IN-HOUSE/LINE 23)	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	-2466.84
TOTAL This Period (last page this line number only)	

**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)

<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

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NAME OF COMMITTEE (In Full)
NATIONAL COMMITTEE FOR AN EFFECTIVE CONGRESS

A.	Full Name (Last, First, Middle Initial) BLUM-PASTOR HEATHER M	Transaction ID: 49732Q01 Date of Disbursement
	Mailing Address 4429 ROSEDALE AVENUE	<input type="text" value="10"/> <input type="text" value="29"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City BETHESDA State MD Zip Code 20814	Amount of Each Disbursement this Period
	Purpose of Disbursement SALARY	<input type="text" value="769.23"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) BLUM-PASTOR HEATHER M	Transaction ID: 49732Q02 Date of Disbursement
	Mailing Address 4429 ROSEDALE AVENUE	<input type="text" value="10"/> <input type="text" value="29"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City BETHESDA State MD Zip Code 20814	Amount of Each Disbursement this Period
	Purpose of Disbursement SALARY	<input type="text" value="47.69"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) BLUM-PASTOR HEATHER M	Transaction ID: 49732Q03 Date of Disbursement
	Mailing Address 4429 ROSEDALE AVENUE	<input type="text" value="10"/> <input type="text" value="29"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City BETHESDA State MD Zip Code 20814	Amount of Each Disbursement this Period
	Purpose of Disbursement SALARY	<input type="text" value="11.15"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="828.07"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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)

<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

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NAME OF COMMITTEE (In Full)
NATIONAL COMMITTEE FOR AN EFFECTIVE CONGRESS

A.	Full Name (Last, First, Middle Initial) BLYTHE BRETT W	Transaction ID: 49733Q01 Date of Disbursement 10 / 29 / 2008
	Mailing Address 440 L STREET NW #509	Amount of Each Disbursement this Period 691.76
	City WASHINGTON State DC Zip Code 20001	
	Purpose of Disbursement SALARY	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) BLYTHE BRETT W	Transaction ID: 49733Q02 Date of Disbursement 10 / 29 / 2008
	Mailing Address 440 L STREET NW #509	Amount of Each Disbursement this Period 42.89
	City WASHINGTON State DC Zip Code 20001	
	Purpose of Disbursement SALARY	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) BLYTHE BRETT W	Transaction ID: 49733Q03 Date of Disbursement 10 / 29 / 2008
	Mailing Address 440 L STREET NW #509	Amount of Each Disbursement this Period 10.03
	City WASHINGTON State DC Zip Code 20001	
	Purpose of Disbursement SALARY	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	744.68
TOTAL This Period (last page this line number only)	

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)

<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

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NAME OF COMMITTEE (In Full)
NATIONAL COMMITTEE FOR AN EFFECTIVE CONGRESS

A. Full Name (Last, First, Middle Initial) BONIER THOMAS T <hr/> Mailing Address 1803 EVEREST STREET <hr/> City SILVER SPRING State MD Zip Code 20902 <hr/> Purpose of Disbursement SALARY Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 49734Q01 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 8
	Amount of Each Disbursement this Period 634.62
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) BONIER THOMAS T <hr/> Mailing Address 1803 EVEREST STREET <hr/> City SILVER SPRING State MD Zip Code 20902 <hr/> Purpose of Disbursement SALARY Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 49734Q02 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 8
	Amount of Each Disbursement this Period 39.34
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) BONIER THOMAS T <hr/> Mailing Address 1803 EVEREST STREET <hr/> City SILVER SPRING State MD Zip Code 20902 <hr/> Purpose of Disbursement SALARY Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 49734Q03 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 8
	Amount of Each Disbursement this Period 9.20
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	683.16
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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)

<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

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NAME OF COMMITTEE (In Full)
NATIONAL COMMITTEE FOR AN EFFECTIVE CONGRESS

A.	Full Name (Last, First, Middle Initial) BYRON JAMES E	Transaction ID: 49735Q01 Date of Disbursement 10 / 29 / 2008
	Mailing Address 1647 FRANCIS HAMMOND PKY	Amount of Each Disbursement this Period 1238.46
	City ALEXANDRIA State VA Zip Code 22302	
	Purpose of Disbursement SALARY Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) BYRON JAMES E	Transaction ID: 49735Q02 Date of Disbursement 10 / 29 / 2008
	Mailing Address 1647 FRANCIS HAMMOND PKY	Amount of Each Disbursement this Period 76.79
	City ALEXANDRIA State VA Zip Code 22302	
	Purpose of Disbursement SALARY Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) BYRON JAMES E	Transaction ID: 49735Q03 Date of Disbursement 10 / 29 / 2008
	Mailing Address 1647 FRANCIS HAMMOND PKY	Amount of Each Disbursement this Period 17.96
	City ALEXANDRIA State VA Zip Code 22302	
	Purpose of Disbursement SALARY Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	1333.21
TOTAL This Period (last page this line number only)	▶	

**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)

<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

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NAME OF COMMITTEE (In Full)
NATIONAL COMMITTEE FOR AN EFFECTIVE CONGRESS

A.	Full Name (Last, First, Middle Initial) CARPER MELISA M	Transaction ID: 49736Q01
	Mailing Address 11252 CHESTNUT GROVE SQUARE	Date of Disbursement 10 / 29 / 2008
	City RESTON State VA Zip Code 20190	Amount of Each Disbursement this Period 491.25
	Purpose of Disbursement SALARY Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) CARPER MELISA M	Transaction ID: 49736Q02
	Mailing Address 11252 CHESTNUT GROVE SQUARE	Date of Disbursement 10 / 29 / 2008
	City RESTON State VA Zip Code 20190	Amount of Each Disbursement this Period 30.46
	Purpose of Disbursement SALARY Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) CARPER MELISA M	Transaction ID: 49736Q03
	Mailing Address 11252 CHESTNUT GROVE SQUARE	Date of Disbursement 10 / 29 / 2008
	City RESTON State VA Zip Code 20190	Amount of Each Disbursement this Period 7.12
	Purpose of Disbursement SALARY Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	528.83
TOTAL This Period (last page this line number only)	

**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)

<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

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NAME OF COMMITTEE (In Full)
NATIONAL COMMITTEE FOR AN EFFECTIVE CONGRESS

A.	Full Name (Last, First, Middle Initial) ENGEL ROBERT B	Transaction ID: 49737Q01 Date of Disbursement
	Mailing Address 1404 N MONROE STREET	<input type="text" value="10"/> <input type="text" value="29"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City ARLINGTON State VA Zip Code 22201	Amount of Each Disbursement this Period
	Purpose of Disbursement SALARY	<input type="text" value="923.08"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) ENGEL ROBERT B	Transaction ID: 49737Q02 Date of Disbursement
	Mailing Address 1404 N MONROE STREET	<input type="text" value="10"/> <input type="text" value="29"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City ARLINGTON State VA Zip Code 22201	Amount of Each Disbursement this Period
	Purpose of Disbursement SALARY	<input type="text" value="57.23"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) ENGEL ROBERT B	Transaction ID: 49737Q03 Date of Disbursement
	Mailing Address 1404 N MONROE STREET	<input type="text" value="10"/> <input type="text" value="29"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City ARLINGTON State VA Zip Code 22201	Amount of Each Disbursement this Period
	Purpose of Disbursement SALARY	<input type="text" value="13.38"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="993.69"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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)

<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

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NAME OF COMMITTEE (In Full)
NATIONAL COMMITTEE FOR AN EFFECTIVE CONGRESS

A.	Full Name (Last, First, Middle Initial) ESTEPHANOS BILEN K	Transaction ID: 49738Q01 Date of Disbursement 10 / 29 / 2008
	Mailing Address 2514 13TH STREET NW #4 City WASHINGTON State DC Zip Code 20009 Purpose of Disbursement SALARY Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 752.29

B.	Full Name (Last, First, Middle Initial) ESTEPHANOS BILEN K	Transaction ID: 49738Q02 Date of Disbursement 10 / 29 / 2008
	Mailing Address 2514 13TH STREET NW #4 City WASHINGTON State DC Zip Code 20009 Purpose of Disbursement SALARY Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 46.64

C.	Full Name (Last, First, Middle Initial) ESTEPHANOS BILEN K	Transaction ID: 49738Q03 Date of Disbursement 10 / 29 / 2008
	Mailing Address 2514 13TH STREET NW #4 City WASHINGTON State DC Zip Code 20009 Purpose of Disbursement SALARY Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 10.91

SUBTOTAL of Disbursements This Page (optional)	809.84
TOTAL This Period (last page this line number only)	

**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)

<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

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NAME OF COMMITTEE (In Full)
NATIONAL COMMITTEE FOR AN EFFECTIVE CONGRESS

A.	Full Name (Last, First, Middle Initial) FLEMING ERIC S	Transaction ID: 49739Q01
	Mailing Address 516 M ST NE	Date of Disbursement 10 / 29 / 2008
	City WASHINGTON State DC Zip Code 20002	Amount of Each Disbursement this Period 491.25
	Purpose of Disbursement SALARY	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) FLEMING ERIC S	Transaction ID: 49739Q02
	Mailing Address 516 M ST NE	Date of Disbursement 10 / 29 / 2008
	City WASHINGTON State DC Zip Code 20002	Amount of Each Disbursement this Period 30.46
	Purpose of Disbursement SALARY	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) FLEMING ERIC S	Transaction ID: 49739Q03
	Mailing Address 516 M ST NE	Date of Disbursement 10 / 29 / 2008
	City WASHINGTON State DC Zip Code 20002	Amount of Each Disbursement this Period 7.12
	Purpose of Disbursement SALARY	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	528.83
TOTAL This Period (last page this line number only)	

**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)

<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

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NAME OF COMMITTEE (In Full)
NATIONAL COMMITTEE FOR AN EFFECTIVE CONGRESS

A.	Full Name (Last, First, Middle Initial) FRAHER BRIAN J	Transaction ID: 49740Q01 Date of Disbursement 10 / 29 / 2008
	Mailing Address 1367 K STREET SE #302	Amount of Each Disbursement this Period 775.79
	City WASHINGTON State DC Zip Code 20003	
	Purpose of Disbursement SALARY	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) FRAHER BRIAN J	Transaction ID: 49740Q02 Date of Disbursement 10 / 29 / 2008
	Mailing Address 1367 K STREET SE #302	Amount of Each Disbursement this Period 48.10
	City WASHINGTON State DC Zip Code 20003	
	Purpose of Disbursement SALARY	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) FRAHER BRIAN J	Transaction ID: 49740Q03 Date of Disbursement 10 / 29 / 2008
	Mailing Address 1367 K STREET SE #302	Amount of Each Disbursement this Period 11.25
	City WASHINGTON State DC Zip Code 20003	
	Purpose of Disbursement SALARY	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	835.14
TOTAL This Period (last page this line number only)	

**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 100 / 156

<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

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NAME OF COMMITTEE (In Full)
NATIONAL COMMITTEE FOR AN EFFECTIVE CONGRESS

A.	Full Name (Last, First, Middle Initial) GERSH MARK H	Transaction ID: 49741Q01 Date of Disbursement 10 / 29 / 2008
	Mailing Address 2561 N UPLAND STREET	Amount of Each Disbursement this Period 2307.69
	City ARLINGTON State VA Zip Code 22207	
	Purpose of Disbursement SALARY	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) GERSH MARK H	Transaction ID: 49741Q02 Date of Disbursement 10 / 29 / 2008
	Mailing Address 2561 N UPLAND STREET	Amount of Each Disbursement this Period 143.08
	City ARLINGTON State VA Zip Code 22207	
	Purpose of Disbursement SALARY	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) GERSH MARK H	Transaction ID: 49741Q03 Date of Disbursement 10 / 29 / 2008
	Mailing Address 2561 N UPLAND STREET	Amount of Each Disbursement this Period 33.46
	City ARLINGTON State VA Zip Code 22207	
	Purpose of Disbursement SALARY	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	▶	2484.23
TOTAL This Period (last page this line number only)	▶	

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)

<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

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NAME OF COMMITTEE (In Full)
NATIONAL COMMITTEE FOR AN EFFECTIVE CONGRESS

A.

Full Name (Last, First, Middle Initial)
HEMENWAY ANNE

Mailing Address 346 E 49TH ST

City State Zip Code
NEW YORK NY 10017

Purpose of Disbursement
SALARY

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 49742Q01
Date of Disbursement

10 / 29 / 2008

Amount of Each Disbursement this Period

1250.00

B.

Full Name (Last, First, Middle Initial)
HEMENWAY ANNE

Mailing Address 346 E 49TH ST

City State Zip Code
NEW YORK NY 10017

Purpose of Disbursement
SALARY

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 49742Q02
Date of Disbursement

10 / 29 / 2008

Amount of Each Disbursement this Period

77.50

C.

Full Name (Last, First, Middle Initial)
HEMENWAY ANNE

Mailing Address 346 E 49TH ST

City State Zip Code
NEW YORK NY 10017

Purpose of Disbursement
SALARY

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 49742Q03
Date of Disbursement

10 / 29 / 2008

Amount of Each Disbursement this Period

18.12

SUBTOTAL of Disbursements This Page (optional) ▶

1345.62

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

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)

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<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

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NAME OF COMMITTEE (In Full)
NATIONAL COMMITTEE FOR AN EFFECTIVE CONGRESS

<p>A.</p> <p>Full Name (Last, First, Middle Initial) HEMENWAY RUSSELL D</p> <p>Mailing Address 160 E 89TH ST PENTHOUSE B</p> <p>City NEW YORK State NY Zip Code 10128</p> <p>Purpose of Disbursement SALARY</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 49743Q01</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2807.70"/></p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) HEMENWAY RUSSELL D</p> <p>Mailing Address 160 E 89TH ST PENTHOUSE B</p> <p>City NEW YORK State NY Zip Code 10128</p> <p>Purpose of Disbursement SALARY</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 49743Q02</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="174.07"/></p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) HEMENWAY RUSSELL D</p> <p>Mailing Address 160 E 89TH ST PENTHOUSE B</p> <p>City NEW YORK State NY Zip Code 10128</p> <p>Purpose of Disbursement SALARY</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 49743Q03</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="40.72"/></p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="3022.49"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text" value=""/></p>

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)

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<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 COMMITTEE FOR AN EFFECTIVE CONGRESS

<p>A. Full Name (Last, First, Middle Initial) JONES KATHLINE W</p> <p>Mailing Address 7505 GLADE DRIVE</p> <p>City FORT WASHINGTON State MD Zip Code 20744</p> <p>Purpose of Disbursement SALARY</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 49744Q01</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="940.17"/></p>
<p>B. Full Name (Last, First, Middle Initial) JONES KATHLINE W</p> <p>Mailing Address 7505 GLADE DRIVE</p> <p>City FORT WASHINGTON State MD Zip Code 20744</p> <p>Purpose of Disbursement SALARY</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 49744Q02</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="58.29"/></p>
<p>C. Full Name (Last, First, Middle Initial) JONES KATHLINE W</p> <p>Mailing Address 7505 GLADE DRIVE</p> <p>City FORT WASHINGTON State MD Zip Code 20744</p> <p>Purpose of Disbursement SALARY</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 49744Q03</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="13.63"/></p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="1012.09"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text"/></p>

**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)

<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

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NAME OF COMMITTEE (In Full)
NATIONAL COMMITTEE FOR AN EFFECTIVE CONGRESS

A.	Full Name (Last, First, Middle Initial) LONG MARTIN A	Transaction ID: 49745Q01
	Mailing Address 3412 AUSTIN COURT	Date of Disbursement 10 / 29 / 2008
	City ALEXANDRIA State VA Zip Code 22310	Amount of Each Disbursement this Period 655.77
	Purpose of Disbursement SALARY	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) LONG MARTIN A	Transaction ID: 49745Q02
	Mailing Address 3412 AUSTIN COURT	Date of Disbursement 10 / 29 / 2008
	City ALEXANDRIA State VA Zip Code 22310	Amount of Each Disbursement this Period 40.66
	Purpose of Disbursement SALARY	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) LONG MARTIN A	Transaction ID: 49745Q03
	Mailing Address 3412 AUSTIN COURT	Date of Disbursement 10 / 29 / 2008
	City ALEXANDRIA State VA Zip Code 22310	Amount of Each Disbursement this Period 9.51
	Purpose of Disbursement SALARY	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	705.94
TOTAL This Period (last page this line number only)	

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)

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<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

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NAME OF COMMITTEE (In Full)
NATIONAL COMMITTEE FOR AN EFFECTIVE CONGRESS

<p>A. Full Name (Last, First, Middle Initial) MANNING PATRICK D</p> <p>Mailing Address 661 MORRIS PLACE NE APT #4</p> <p>City WASHINGTON State DC Zip Code 20002</p> <p>Purpose of Disbursement SALARY</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 49746Q01</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="531.14"/></p>
<p>B. Full Name (Last, First, Middle Initial) MANNING PATRICK D</p> <p>Mailing Address 661 MORRIS PLACE NE APT #4</p> <p>City WASHINGTON State DC Zip Code 20002</p> <p>Purpose of Disbursement SALARY</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 49746Q02</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="32.93"/></p>
<p>C. Full Name (Last, First, Middle Initial) MANNING PATRICK D</p> <p>Mailing Address 661 MORRIS PLACE NE APT #4</p> <p>City WASHINGTON State DC Zip Code 20002</p> <p>Purpose of Disbursement SALARY</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 49746Q03</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="7.70"/></p>

SUBTOTAL of Disbursements This Page (optional) ▶

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

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)

<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

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NAME OF COMMITTEE (In Full)
NATIONAL COMMITTEE FOR AN EFFECTIVE CONGRESS

A.	Full Name (Last, First, Middle Initial) PIEL MICHAEL T	Transaction ID: 49747Q01 Date of Disbursement 10 / 29 / 2008
	Mailing Address 2001 N ADAMS STREET APT 1029	Amount of Each Disbursement this Period 524.00
	City ARLINGTON State VA Zip Code 22207	
	Purpose of Disbursement SALARY Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) PIEL MICHAEL T	Transaction ID: 49747Q02 Date of Disbursement 10 / 29 / 2008
	Mailing Address 2001 N ADAMS STREET APT 1029	Amount of Each Disbursement this Period 19.66
	City ARLINGTON State VA Zip Code 22207	
	Purpose of Disbursement SALARY Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) PIEL MICHAEL T	Transaction ID: 49747Q03 Date of Disbursement 10 / 29 / 2008
	Mailing Address 2001 N ADAMS STREET APT 1029	Amount of Each Disbursement this Period 33.71
	City ARLINGTON State VA Zip Code 22207	
	Purpose of Disbursement SALARY Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	577.37
TOTAL This Period (last page this line number only)	

**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)

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<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

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NAME OF COMMITTEE (In Full)
NATIONAL COMMITTEE FOR AN EFFECTIVE CONGRESS

A.	Full Name (Last, First, Middle Initial) PIEL MICHAEL T	Transaction ID: 49747Q04 Date of Disbursement 10 / 29 / 2008
	Mailing Address 2001 N ADAMS STREET APT 1029	Amount of Each Disbursement this Period 7.89
	City ARLINGTON State VA Zip Code 22207	
	Purpose of Disbursement SALARY Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) PINNICK MICHEL S	Transaction ID: 49748Q01 Date of Disbursement 10 / 29 / 2008
	Mailing Address 4236 SUITLAND RD APT 304	Amount of Each Disbursement this Period 820.51
	City SUITLAND State MD Zip Code 20746	
	Purpose of Disbursement SALARY Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) PINNICK MICHEL S	Transaction ID: 49748Q02 Date of Disbursement 10 / 29 / 2008
	Mailing Address 4236 SUITLAND RD APT 304	Amount of Each Disbursement this Period 50.88
	City SUITLAND State MD Zip Code 20746	
	Purpose of Disbursement SALARY Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	879.28
TOTAL This Period (last page this line number only)	

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)

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<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

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NAME OF COMMITTEE (In Full)
NATIONAL COMMITTEE FOR AN EFFECTIVE CONGRESS

<p>A. Full Name (Last, First, Middle Initial) PINNICK MICHEL S</p> <p>Mailing Address 4236 SUITLAND RD APT 304</p> <p>City SUITLAND State MD Zip Code 20746</p> <p>Purpose of Disbursement SALARY</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 49748Q03</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="11.89"/></p>
<p>B. Full Name (Last, First, Middle Initial) STALLER EMMA K</p> <p>Mailing Address 3503 S 13TH ROAD</p> <p>City ARLINGTON State VA Zip Code 22204</p> <p>Purpose of Disbursement SALARY</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 49749Q01</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="491.25"/></p>
<p>C. Full Name (Last, First, Middle Initial) STALLER EMMA K</p> <p>Mailing Address 3503 S 13TH ROAD</p> <p>City ARLINGTON State VA Zip Code 22204</p> <p>Purpose of Disbursement SALARY</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 49749Q02</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="30.45"/></p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="533.59"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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)

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<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

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NAME OF COMMITTEE (In Full)
NATIONAL COMMITTEE FOR AN EFFECTIVE CONGRESS

<p>A. Full Name (Last, First, Middle Initial) STALLER EMMA K</p> <p>Mailing Address 3503 S 13TH ROAD</p> <p>City ARLINGTON State VA Zip Code 22204</p> <p>Purpose of Disbursement SALARY</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 49749Q03</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="7.12"/></p>
<p>B. Full Name (Last, First, Middle Initial) WALKER QIANA U</p> <p>Mailing Address 6409 ENTWOOD COURT</p> <p>City FORT WASHINGTON State MD Zip Code 20744</p> <p>Purpose of Disbursement SALARY</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 49750Q01</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="809.06"/></p>
<p>C. Full Name (Last, First, Middle Initial) WALKER QIANA U</p> <p>Mailing Address 6409 ENTWOOD COURT</p> <p>City FORT WASHINGTON State MD Zip Code 20744</p> <p>Purpose of Disbursement SALARY</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 49750Q02</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="50.16"/></p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="866.34"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text"/></p>

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)

<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

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NAME OF COMMITTEE (In Full)
NATIONAL COMMITTEE FOR AN EFFECTIVE CONGRESS

A.

Full Name (Last, First, Middle Initial)
WALKER QIANA U

Transaction ID: 49750Q03
Date of Disbursement

Mailing Address 6409 ENTWOOD COURT

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	9		2	0	0	8

City State Zip Code
FORT WASHINGTON MD 20744

Amount of Each Disbursement this Period

Purpose of Disbursement
SALARY

--

11.73

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
WARREN CHRISTOPHER L

Transaction ID: 49751Q01
Date of Disbursement

Mailing Address 412 U STREET NW

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	9		2	0	0	8

City State Zip Code
WASHINGTON DC 20001

Amount of Each Disbursement this Period

Purpose of Disbursement
SALARY

--

956.62

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
WARREN CHRISTOPHER L

Transaction ID: 49751Q02
Date of Disbursement

Mailing Address 412 U STREET NW

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	9		2	0	0	8

City State Zip Code
WASHINGTON DC 20001

Amount of Each Disbursement this Period

Purpose of Disbursement
SALARY

--

59.31

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

1027.66

TOTAL This Period (last page this line number only)

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**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)

<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 COMMITTEE FOR AN EFFECTIVE CONGRESS

A.	Full Name (Last, First, Middle Initial) WARREN CHRISTOPHER L	Transaction ID: 49751Q03 Date of Disbursement
	Mailing Address 412 U STREET NW	<input type="text" value="10"/> <input type="text" value="29"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City WASHINGTON State DC Zip Code 20001	Amount of Each Disbursement this Period
	Purpose of Disbursement SALARY	<input type="text" value="13.87"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) DABKOWSKI DARIUSZ	Transaction ID: 49799Q01 Date of Disbursement
	Mailing Address 6072 67TH AVE	<input type="text" value="10"/> <input type="text" value="31"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City FLUSHING State NY Zip Code 11385	Amount of Each Disbursement this Period
	Purpose of Disbursement OFFICE CLEANING	<input type="text" value="20.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) BADUEL BETH	Transaction ID: 49800Q01 Date of Disbursement
	Mailing Address 83-32 BRITTON AVE	<input type="text" value="10"/> <input type="text" value="31"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City ELMHURST State NY Zip Code 11373	Amount of Each Disbursement this Period
	Purpose of Disbursement OFFICE CLEANING	<input type="text" value="40.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="73.87"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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)

<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

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NAME OF COMMITTEE (In Full)
NATIONAL COMMITTEE FOR AN EFFECTIVE CONGRESS

A.	Full Name (Last, First, Middle Initial) CAREFIRST BLUECROSS BLUESHIELD	Transaction ID: 49721Q01
	Mailing Address PO BOX 79749	Date of Disbursement MM / DD / YYYY 11 / 01 / 2008
	City BALTIMORE State MD Zip Code 21279	Amount of Each Disbursement this Period 1154.00
	Purpose of Disbursement INSURANCE	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) CAREFIRST BLUECROSS BLUESHIELD	Transaction ID: 49721Q02
	Mailing Address PO BOX 79749	Date of Disbursement MM / DD / YYYY 11 / 01 / 2008
	City BALTIMORE State MD Zip Code 21279	Amount of Each Disbursement this Period 3100.08
	Purpose of Disbursement INSURANCE	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) NCIA INSURANCE AGENCY	Transaction ID: 49729Q01
	Mailing Address PO BOX 79725	Date of Disbursement MM / DD / YYYY 11 / 01 / 2008
	City BALTIMORE State MD Zip Code 21279	Amount of Each Disbursement this Period 6.00
	Purpose of Disbursement INSURANCE	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	▶	4260.08
TOTAL This Period (last page this line number only)	▶	

**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)

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<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

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NAME OF COMMITTEE (In Full)
NATIONAL COMMITTEE FOR AN EFFECTIVE CONGRESS

<p>A. Full Name (Last, First, Middle Initial) NCIA INSURANCE AGENCY</p> <p>Mailing Address PO BOX 79725</p> <p>City BALTIMORE State MD Zip Code 21279</p> <p>Purpose of Disbursement INSURANCE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 49729Q02</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="33.96"/></p>
<p>B. Full Name (Last, First, Middle Initial) AT&T</p> <p>Mailing Address PO BOX 371302</p> <p>City PITTSBURGH State PA Zip Code 15250</p> <p>Purpose of Disbursement TELEPHONE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 49843Q01</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="32.50"/></p>
<p>C. Full Name (Last, First, Middle Initial) CONSTANT CONTACT</p> <p>Mailing Address 1601 TRAPELO ROAD STE 329</p> <p>City WALTMAN State MA Zip Code 02451</p> <p>Purpose of Disbursement EMAIL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 49838Q01</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="250.00"/></p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="316.46"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text"/></p>

**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)

<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

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NAME OF COMMITTEE (In Full)
NATIONAL COMMITTEE FOR AN EFFECTIVE CONGRESS

A.	Full Name (Last, First, Middle Initial) NATIONAL CAPITAL BANK	Transaction ID: 49985Q01 Date of Disbursement
	Mailing Address 316 PENNSYLVANIA AVE SE	<input type="text" value="11"/> / <input type="text" value="03"/> / <input type="text" value="2008"/>
	City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period
	Purpose of Disbursement BANK SERVICE CHARGE	<input type="text" value="617.20"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) BARGOLD STORAGE SYSTEMS LLC	Transaction ID: 49992Q01 Date of Disbursement
	Mailing Address 216 EAST 45TH STREET	<input type="text" value="11"/> / <input type="text" value="03"/> / <input type="text" value="2008"/>
	City NEW YORK State NY Zip Code 10017	Amount of Each Disbursement this Period
	Purpose of Disbursement OFFICE CLEANING	<input type="text" value="58.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) MAIL BAG THE	Transaction ID: 49783Q01 Date of Disbursement
	Mailing Address 201 COMMERCE DRIVE	<input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2008"/>
	City UPPER MARLBORO State MD Zip Code 20774	Amount of Each Disbursement this Period
	Purpose of Disbursement DIRECT MAIL EXPENSE (PAC)	<input type="text" value="-615.78"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="59.42"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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)

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<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

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NAME OF COMMITTEE (In Full)
NATIONAL COMMITTEE FOR AN EFFECTIVE CONGRESS

A.	Full Name (Last, First, Middle Initial) IPC	Transaction ID: 49790Q01 Date of Disbursement
	Mailing Address PO BOX 2899	<input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2008"/>
	City VIRGINIA BEACH State VA Zip Code 23450	Amount of Each Disbursement this Period
	Purpose of Disbursement 401K ADMINISTRATION	<input type="text" value="1070.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) SAFEGUARD BUSINESS SYSTEMS	Transaction ID: 49791Q01 Date of Disbursement
	Mailing Address PO BOX 88043	<input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2008"/>
	City CHICAGO State IL Zip Code 60680	Amount of Each Disbursement this Period
	Purpose of Disbursement OFFICE SUPPLIES	<input type="text" value="114.42"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) NEOPOST	Transaction ID: 49792Q01 Date of Disbursement
	Mailing Address PO BOX 45800	<input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2008"/>
	City SAN FRANCISCO State CA Zip Code 94145	Amount of Each Disbursement this Period
	Purpose of Disbursement OFFICE SUPPLIES	<input type="text" value="36.80"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1221.22"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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)

<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

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NAME OF COMMITTEE (In Full)
NATIONAL COMMITTEE FOR AN EFFECTIVE CONGRESS

A.	Full Name (Last, First, Middle Initial) CAPITOL HILL 122 C STREET LLC	Transaction ID: 49793Q01 Date of Disbursement
	Mailing Address TWO WISCONSIN CIRCLE SUITE 1050	<input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2008"/>
	City CHEVY CHASE State MD Zip Code 20815	Amount of Each Disbursement this Period
	Purpose of Disbursement RENT	<input type="text" value="4720.12"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) LAWRYCZENKO ALEX	Transaction ID: 49794Q01 Date of Disbursement
	Mailing Address 14 LAMKER COURT	<input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2008"/>
	City LITTLE FERRY State NJ Zip Code 07643	Amount of Each Disbursement this Period
	Purpose of Disbursement DIRECT MAIL EXPENSE (PAC)	<input type="text" value="220.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) WELLS FARGO FINANCIAL LEASING	Transaction ID: 49795Q01 Date of Disbursement
	Mailing Address PO BOX 6434	<input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2008"/>
	City CAROL STREAM State IL Zip Code 60197	Amount of Each Disbursement this Period
	Purpose of Disbursement OFFICE EQUIPMENT	<input type="text" value="119.50"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="5059.62"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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)

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<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

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NAME OF COMMITTEE (In Full)
NATIONAL COMMITTEE FOR AN EFFECTIVE CONGRESS

<p>A. Full Name (Last, First, Middle Initial) GUARDIAN THE</p> <p>Mailing Address PO BOX 95101</p> <p>City CHICAGO State IL Zip Code 60694</p> <p>Purpose of Disbursement INSURANCE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 49802Q01</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="149.79"/></p>
<p>B. Full Name (Last, First, Middle Initial) GUARDIAN THE</p> <p>Mailing Address PO BOX 95101</p> <p>City CHICAGO State IL Zip Code 60694</p> <p>Purpose of Disbursement INSURANCE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 49802Q02</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="368.82"/></p>
<p>C. Full Name (Last, First, Middle Initial) SPEAKEASY</p> <p>Mailing Address PO BOX 34938</p> <p>City SEATTLE State WA Zip Code 98124</p> <p>Purpose of Disbursement COMPUTER</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 49803Q01</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="44.44"/></p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="563.05"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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)

<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

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NAME OF COMMITTEE (In Full)
NATIONAL COMMITTEE FOR AN EFFECTIVE CONGRESS

<p>A.</p> <p>Full Name (Last, First, Middle Initial) QUILL CORPORATION</p> <p>Mailing Address PO BOX 37600</p> <p>City PHILADELPHIA State PA Zip Code 19101</p> <p>Purpose of Disbursement OFFICE SUPPLIES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 49804Q01</p> <p>Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>0</td><td>4</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1"> <tr> <td style="text-align: right;">138.40</td> </tr> </table> </p> <p>Category/Type</p>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	4	/	2	0	0	8	138.40
M	M	/	D	D	/	Y	Y	Y	Y													
1	1	/	0	4	/	2	0	0	8													
138.40																						
<p>B.</p> <p>Full Name (Last, First, Middle Initial) FEDERAL EXPRESS CORPORATION</p> <p>Mailing Address PO BOX 371461</p> <p>City PITTSBURGH State PA Zip Code 15250</p> <p>Purpose of Disbursement DELIVERY</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 49805Q01</p> <p>Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>0</td><td>4</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1"> <tr> <td style="text-align: right;">47.07</td> </tr> </table> </p> <p>Category/Type</p>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	4	/	2	0	0	8	47.07
M	M	/	D	D	/	Y	Y	Y	Y													
1	1	/	0	4	/	2	0	0	8													
47.07																						
<p>C.</p> <p>Full Name (Last, First, Middle Initial) FEDERAL EXPRESS CORPORATION</p> <p>Mailing Address PO BOX 371461</p> <p>City PITTSBURGH State PA Zip Code 15250</p> <p>Purpose of Disbursement DELIVERY</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 49805Q02</p> <p>Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>0</td><td>4</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1"> <tr> <td style="text-align: right;">49.21</td> </tr> </table> </p> <p>Category/Type</p>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	4	/	2	0	0	8	49.21
M	M	/	D	D	/	Y	Y	Y	Y													
1	1	/	0	4	/	2	0	0	8													
49.21																						

SUBTOTAL of Disbursements This Page (optional) ▶

234.68

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

.....

**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)

<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 COMMITTEE FOR AN EFFECTIVE CONGRESS

A.	Full Name (Last, First, Middle Initial) VILLAGE COPIER	Transaction ID: 49806Q01 Date of Disbursement 11 / 04 / 2008
	Mailing Address 10 E 39TH ST FL 7	Amount of Each Disbursement this Period 5061.14
	City NEW YORK State NY Zip Code 10016	
	Purpose of Disbursement RENT	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) ARAMARK REFRESHMENT SERVICES	Transaction ID: 49807Q01 Date of Disbursement 11 / 04 / 2008
	Mailing Address 8240 STAYTON DRIVE STE N	Amount of Each Disbursement this Period 18.32
	City JESSUP State MD Zip Code 20794	
	Purpose of Disbursement OFFICE SUPPLIES	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) MARK HEINITZ CPA	Transaction ID: 49808Q01 Date of Disbursement 11 / 04 / 2008
	Mailing Address 6433 BURWELL ST	Amount of Each Disbursement this Period 546.00
	City SPRINGFIELD State VA Zip Code 22150	
	Purpose of Disbursement ACCOUNTING	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	5625.46
TOTAL This Period (last page this line number only)	

**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 120 / 156

<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

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NAME OF COMMITTEE (In Full)
NATIONAL COMMITTEE FOR AN EFFECTIVE CONGRESS

A. Full Name (Last, First, Middle Initial)
THE NEW YORK REVIEW OF BOOKS

Mailing Address PO BOX 23129

City JACKSON State MS Zip Code 39225

Purpose of Disbursement
SUBSCRIPTION

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 49809Q01

Date of Disbursement

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

Amount of Each Disbursement this Period

69.00

B. Full Name (Last, First, Middle Initial)
COLONIAL PARKING

Mailing Address 1050 THOMAS JEFFERSON STREET NW

City WASHINGTON State DC Zip Code 20007

Purpose of Disbursement
PARKING/METRO

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 49810Q01

Date of Disbursement

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

Amount of Each Disbursement this Period

416.25

C. Full Name (Last, First, Middle Initial)
COLONIAL PARKING

Mailing Address 1050 THOMAS JEFFERSON STREET NW

City WASHINGTON State DC Zip Code 20007

Purpose of Disbursement
PARKING/METRO

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 49810Q02

Date of Disbursement

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

Amount of Each Disbursement this Period

214.02

SUBTOTAL of Disbursements This Page (optional) ▶

699.27

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

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**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 121 / 156

<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

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NAME OF COMMITTEE (In Full)
NATIONAL COMMITTEE FOR AN EFFECTIVE CONGRESS

A.	Full Name (Last, First, Middle Initial) CAPITOL HILL DELIVERY SERVICE	Transaction ID: 49811Q01 Date of Disbursement
	Mailing Address 810 L STREET SE	<input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2008"/>
	City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period
	Purpose of Disbursement DELIVERY	<input type="text" value="125.31"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) CONSTANT CONTACT	Transaction ID: 49839Q01 Date of Disbursement
	Mailing Address 1601 TRAPELO ROAD STE 329	<input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2008"/>
	City WALTMAN State MA Zip Code 02451	Amount of Each Disbursement this Period
	Purpose of Disbursement EMAIL	<input type="text" value="-12.50"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) NATIONAL CAPITAL BANK	Transaction ID: 49986Q01 Date of Disbursement
	Mailing Address 316 PENNSYLVANIA AVE SE	<input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2008"/>
	City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period
	Purpose of Disbursement BANK SERVICE CHARGE	<input type="text" value="20.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

**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 122 / 156

<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

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NAME OF COMMITTEE (In Full)
NATIONAL COMMITTEE FOR AN EFFECTIVE CONGRESS

A.	Full Name (Last, First, Middle Initial) NATIONAL CAPITAL BANK	Transaction ID: 49987Q01 Date of Disbursement
	Mailing Address 316 PENNSYLVANIA AVE SE	<input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2008"/>
	City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period
	Purpose of Disbursement BANK SERVICE CHARGE	<input type="text" value="36.90"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) NATIONAL CAPITAL BANK	Transaction ID: 49988Q01 Date of Disbursement
	Mailing Address 316 PENNSYLVANIA AVE SE	<input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2008"/>
	City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period
	Purpose of Disbursement BANK SERVICE CHARGE	<input type="text" value="156.06"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) INTUIT INC	Transaction ID: 49842Q01 Date of Disbursement
	Mailing Address PO BOX 28866	<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2008"/>
	City TUCSON State AZ Zip Code 85775	Amount of Each Disbursement this Period
	Purpose of Disbursement COMPUTER SERVICES	<input type="text" value="74.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="266.96"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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 123 / 156

<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

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NAME OF COMMITTEE (In Full)
NATIONAL COMMITTEE FOR AN EFFECTIVE CONGRESS

A. Full Name (Last, First, Middle Initial)
AARP HEALTH CARE OPTIONS

Mailing Address PO BOX 8220

City PHILADELPHIA State PA Zip Code 19101

Purpose of Disbursement
INSURANCE

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 49993Q01

Date of Disbursement

11 / 05 / 2008

Amount of Each Disbursement this Period

266.50

B. Full Name (Last, First, Middle Initial)
EARTHLINK INTERNET SERVICE

Mailing Address 430 10TH ST NW

City ATLANTA State GA Zip Code 30318

Purpose of Disbursement
COMPUTER

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 49840Q01

Date of Disbursement

11 / 06 / 2008

Amount of Each Disbursement this Period

26.90

C. Full Name (Last, First, Middle Initial)
NCEC

Mailing Address 122 C ST NW

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement
SALARY

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 49834Q01

Date of Disbursement

11 / 10 / 2008

Amount of Each Disbursement this Period

-0.06

SUBTOTAL of Disbursements This Page (optional) ▶

293.34

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

**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 124 / 156

<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

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NAME OF COMMITTEE (In Full)
NATIONAL COMMITTEE FOR AN EFFECTIVE CONGRESS

A.	Full Name (Last, First, Middle Initial) NCEC	Transaction ID: 49834Q02 Date of Disbursement 11 / 10 / 2008
	Mailing Address 122 C ST NW	Amount of Each Disbursement this Period -0.05
	City WASHINGTON State DC Zip Code 20001	
	Purpose of Disbursement SALARY	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) NCEC	Transaction ID: 49834Q03 Date of Disbursement 11 / 10 / 2008
	Mailing Address 122 C ST NW	Amount of Each Disbursement this Period -0.01
	City WASHINGTON State DC Zip Code 20001	
	Purpose of Disbursement SALARY	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) QUICKBOOKS PAYROLL SERVICE	Transaction ID: 49835Q01 Date of Disbursement 11 / 10 / 2008
	Mailing Address 6884 SIERRA CENTER PARKWAY	Amount of Each Disbursement this Period 59.00
	City RENO State NV Zip Code 89511	
	Purpose of Disbursement SALARY	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	58.94
TOTAL This Period (last page this line number only)	

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)

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<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

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NAME OF COMMITTEE (In Full)
NATIONAL COMMITTEE FOR AN EFFECTIVE CONGRESS

A. Full Name (Last, First, Middle Initial) QUICKBOOKS PAYROLL SERVICE <hr/> Mailing Address 6884 SIERRA CENTER PARKWAY <hr/> City RENO State NV Zip Code 89511 <hr/> Purpose of Disbursement SALARY Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 49835Q02 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 8
	Amount of Each Disbursement this Period 10.00

B. Full Name (Last, First, Middle Initial) QUICKBOOKS PAYROLL SERVICE <hr/> Mailing Address 6884 SIERRA CENTER PARKWAY <hr/> City RENO State NV Zip Code 89511 <hr/> Purpose of Disbursement SALARY Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 49835Q03 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 8
	Amount of Each Disbursement this Period 10.00

C. Full Name (Last, First, Middle Initial) QUICKBOOKS PAYROLL SERVICE <hr/> Mailing Address 6884 SIERRA CENTER PARKWAY <hr/> City RENO State NV Zip Code 89511 <hr/> Purpose of Disbursement SALARY Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 49835Q04 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 8
	Amount of Each Disbursement this Period 10.00

SUBTOTAL of Disbursements This Page (optional) ▶	30.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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)

<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

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NAME OF COMMITTEE (In Full)
NATIONAL COMMITTEE FOR AN EFFECTIVE CONGRESS

A.	Full Name (Last, First, Middle Initial) QUICKBOOKS PAYROLL SERVICE			Transaction ID: 49835Q05 Date of Disbursement																						
	Mailing Address 6884 SIERRA CENTER PARKWAY			<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>			M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	0		2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y																
	1	1		1	0		2	0	0	8																
City RENO		State NV	Zip Code 89511		Amount of Each Disbursement this Period <table border="1"><tr><td>25.00</td></tr></table>	25.00																				
25.00																										
Purpose of Disbursement SALARY		Candidate Name		Category/Type																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																								
State: District:																										
B.	Full Name (Last, First, Middle Initial) QUICKBOOKS PAYROLL SERVICE			Transaction ID: 49835Q06 Date of Disbursement																						
	Mailing Address 6884 SIERRA CENTER PARKWAY			<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>			M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	0		2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y																
	1	1		1	0		2	0	0	8																
City RENO		State NV	Zip Code 89511		Amount of Each Disbursement this Period <table border="1"><tr><td>6.56</td></tr></table>	6.56																				
6.56																										
Purpose of Disbursement SALARY		Candidate Name		Category/Type																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																								
State: District:																										
C.	Full Name (Last, First, Middle Initial) BLUM-PASTOR HEATHER M			Transaction ID: 49814Q01 Date of Disbursement																						
	Mailing Address 4429 ROSEDALE AVENUE			<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>			M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	2		2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y																
	1	1		1	2		2	0	0	8																
City BETHESDA		State MD	Zip Code 20814		Amount of Each Disbursement this Period <table border="1"><tr><td>769.23</td></tr></table>	769.23																				
769.23																										
Purpose of Disbursement SALARY		Candidate Name		Category/Type																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																								
State: District:																										

SUBTOTAL of Disbursements This Page (optional) ▶

800.79

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

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)

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<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 COMMITTEE FOR AN EFFECTIVE CONGRESS

A.	Full Name (Last, First, Middle Initial) BLUM-PASTOR HEATHER M	Transaction ID: 49814Q02 Date of Disbursement 11 / 12 / 2008	
	Mailing Address 4429 ROSEDALE AVENUE		
	City: BETHESDA State: MD Zip Code: 20814 Purpose of Disbursement: SALARY Candidate Name: _____	Amount of Each Disbursement this Period 47.69	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B.	Full Name (Last, First, Middle Initial) BLUM-PASTOR HEATHER M	Transaction ID: 49814Q03 Date of Disbursement 11 / 12 / 2008	
	Mailing Address 4429 ROSEDALE AVENUE		
	City: BETHESDA State: MD Zip Code: 20814 Purpose of Disbursement: SALARY Candidate Name: _____	Amount of Each Disbursement this Period 11.16	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C.	Full Name (Last, First, Middle Initial) BLYTHE BRETT W	Transaction ID: 49815Q01 Date of Disbursement 11 / 12 / 2008	
	Mailing Address 440 L STREET NW #509		
	City: WASHINGTON State: DC Zip Code: 20001 Purpose of Disbursement: SALARY Candidate Name: _____	Amount of Each Disbursement this Period 691.76	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	750.61
TOTAL This Period (last page this line number only)	

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 128 / 156

<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

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NAME OF COMMITTEE (In Full)
NATIONAL COMMITTEE FOR AN EFFECTIVE CONGRESS

A.	Full Name (Last, First, Middle Initial) BLYTHE BRETT W	Transaction ID: 49815Q02 Date of Disbursement 11 / 12 / 2008
	Mailing Address 440 L STREET NW #509	Amount of Each Disbursement this Period 42.89
	City WASHINGTON State DC Zip Code 20001	
	Purpose of Disbursement SALARY	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) BLYTHE BRETT W	Transaction ID: 49815Q03 Date of Disbursement 11 / 12 / 2008
	Mailing Address 440 L STREET NW #509	Amount of Each Disbursement this Period 10.03
	City WASHINGTON State DC Zip Code 20001	
	Purpose of Disbursement SALARY	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) BONIER THOMAS T	Transaction ID: 49816Q01 Date of Disbursement 11 / 12 / 2008
	Mailing Address 1803 EVEREST STREET	Amount of Each Disbursement this Period 634.62
	City SILVER SPRING State MD Zip Code 20902	
	Purpose of Disbursement SALARY	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	687.54
TOTAL This Period (last page this line number only)	▶	

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)

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<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

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NAME OF COMMITTEE (In Full)
NATIONAL COMMITTEE FOR AN EFFECTIVE CONGRESS

A.	Full Name (Last, First, Middle Initial) BONIER THOMAS T	Transaction ID: 49816Q02 Date of Disbursement
	Mailing Address 1803 EVEREST STREET	<input type="text" value="11"/> / <input type="text" value="12"/> / <input type="text" value="2008"/>
	City SILVER SPRING State MD Zip Code 20902	Amount of Each Disbursement this Period
	Purpose of Disbursement SALARY	<input type="text" value="39.35"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) BONIER THOMAS T	Transaction ID: 49816Q03 Date of Disbursement
	Mailing Address 1803 EVEREST STREET	<input type="text" value="11"/> / <input type="text" value="12"/> / <input type="text" value="2008"/>
	City SILVER SPRING State MD Zip Code 20902	Amount of Each Disbursement this Period
	Purpose of Disbursement SALARY	<input type="text" value="9.21"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) BYRON JAMES E	Transaction ID: 49817Q01 Date of Disbursement
	Mailing Address 1647 FRANCIS HAMMOND PKY	<input type="text" value="11"/> / <input type="text" value="12"/> / <input type="text" value="2008"/>
	City ALEXANDRIA State VA Zip Code 22302	Amount of Each Disbursement this Period
	Purpose of Disbursement SALARY	<input type="text" value="1238.46"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1287.02"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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)

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<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

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NAME OF COMMITTEE (In Full)
NATIONAL COMMITTEE FOR AN EFFECTIVE CONGRESS

<p>A. Full Name (Last, First, Middle Initial) BYRON JAMES E</p> <p>Mailing Address 1647 FRANCIS HAMMOND PKY</p> <p>City ALEXANDRIA State VA Zip Code 22302</p> <p>Purpose of Disbursement SALARY</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 49817Q02</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="76.78"/></p>
<p>B. Full Name (Last, First, Middle Initial) BYRON JAMES E</p> <p>Mailing Address 1647 FRANCIS HAMMOND PKY</p> <p>City ALEXANDRIA State VA Zip Code 22302</p> <p>Purpose of Disbursement SALARY</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 49817Q03</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="17.96"/></p>
<p>C. Full Name (Last, First, Middle Initial) CARPER MELISA M</p> <p>Mailing Address 11252 CHESTNUT GROVE SQUARE</p> <p>City RESTON State VA Zip Code 20190</p> <p>Purpose of Disbursement SALARY</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 49818Q01</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="491.25"/></p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="585.99"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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)

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<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

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NAME OF COMMITTEE (In Full)
NATIONAL COMMITTEE FOR AN EFFECTIVE CONGRESS

A.	Full Name (Last, First, Middle Initial) CARPER MELISA M	Transaction ID: 49818Q02 Date of Disbursement
	Mailing Address 11252 CHESTNUT GROVE SQUARE	<input type="text" value="11"/> / <input type="text" value="12"/> / <input type="text" value="2008"/>
	City RESTON State VA Zip Code 20190	Amount of Each Disbursement this Period
	Purpose of Disbursement SALARY Candidate Name	<input type="text" value="30.45"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) CARPER MELISA M	Transaction ID: 49818Q03 Date of Disbursement
	Mailing Address 11252 CHESTNUT GROVE SQUARE	<input type="text" value="11"/> / <input type="text" value="12"/> / <input type="text" value="2008"/>
	City RESTON State VA Zip Code 20190	Amount of Each Disbursement this Period
	Purpose of Disbursement SALARY Candidate Name	<input type="text" value="7.13"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) ENGEL ROBERT B	Transaction ID: 49819Q01 Date of Disbursement
	Mailing Address 1404 N MONROE STREET	<input type="text" value="11"/> / <input type="text" value="12"/> / <input type="text" value="2008"/>
	City ARLINGTON State VA Zip Code 22201	Amount of Each Disbursement this Period
	Purpose of Disbursement SALARY Candidate Name	<input type="text" value="923.08"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="960.66"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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)

<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

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NAME OF COMMITTEE (In Full)
NATIONAL COMMITTEE FOR AN EFFECTIVE CONGRESS

A.	Full Name (Last, First, Middle Initial) ENGEL ROBERT B	Transaction ID: 49819Q02 Date of Disbursement
	Mailing Address 1404 N MONROE STREET	<input type="text" value="11"/> / <input type="text" value="12"/> / <input type="text" value="2008"/>
	City ARLINGTON State VA Zip Code 22201	Amount of Each Disbursement this Period
	Purpose of Disbursement SALARY	<input type="text" value="57.23"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) ENGEL ROBERT B	Transaction ID: 49819Q03 Date of Disbursement
	Mailing Address 1404 N MONROE STREET	<input type="text" value="11"/> / <input type="text" value="12"/> / <input type="text" value="2008"/>
	City ARLINGTON State VA Zip Code 22201	Amount of Each Disbursement this Period
	Purpose of Disbursement SALARY	<input type="text" value="13.39"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) ESTEPHANOS BILEN K	Transaction ID: 49820Q01 Date of Disbursement
	Mailing Address 2514 13TH STREET NW #4	<input type="text" value="11"/> / <input type="text" value="12"/> / <input type="text" value="2008"/>
	City WASHINGTON State DC Zip Code 20009	Amount of Each Disbursement this Period
	Purpose of Disbursement SALARY	<input type="text" value="752.29"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="822.91"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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)

<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

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NAME OF COMMITTEE (In Full)
NATIONAL COMMITTEE FOR AN EFFECTIVE CONGRESS

A.	Full Name (Last, First, Middle Initial) ESTEPHANOS BILEN K	Transaction ID: 49820Q02 Date of Disbursement
	Mailing Address 2514 13TH STREET NW #4	<input type="text" value="11"/> / <input type="text" value="12"/> / <input type="text" value="2008"/>
	City WASHINGTON State DC Zip Code 20009	Amount of Each Disbursement this Period
	Purpose of Disbursement SALARY	<input type="text" value="46.65"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) ESTEPHANOS BILEN K	Transaction ID: 49820Q03 Date of Disbursement
	Mailing Address 2514 13TH STREET NW #4	<input type="text" value="11"/> / <input type="text" value="12"/> / <input type="text" value="2008"/>
	City WASHINGTON State DC Zip Code 20009	Amount of Each Disbursement this Period
	Purpose of Disbursement SALARY	<input type="text" value="10.91"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) FLEMING ERIC S	Transaction ID: 49821Q01 Date of Disbursement
	Mailing Address 516 M ST NE	<input type="text" value="11"/> / <input type="text" value="12"/> / <input type="text" value="2008"/>
	City WASHINGTON State DC Zip Code 20002	Amount of Each Disbursement this Period
	Purpose of Disbursement SALARY	<input type="text" value="492.89"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="550.45"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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)

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<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

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NAME OF COMMITTEE (In Full)
NATIONAL COMMITTEE FOR AN EFFECTIVE CONGRESS

<p>A. Full Name (Last, First, Middle Initial) FLEMING ERIC S</p> <p>Mailing Address 516 M ST NE</p> <p>City WASHINGTON State DC Zip Code 20002</p> <p>Purpose of Disbursement SALARY</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 49821Q02</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="30.56"/></p>
<p>B. Full Name (Last, First, Middle Initial) FLEMING ERIC S</p> <p>Mailing Address 516 M ST NE</p> <p>City WASHINGTON State DC Zip Code 20002</p> <p>Purpose of Disbursement SALARY</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 49821Q03</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="7.15"/></p>
<p>C. Full Name (Last, First, Middle Initial) FRAHER BRIAN J</p> <p>Mailing Address 1367 K STREET SE #302</p> <p>City WASHINGTON State DC Zip Code 20003</p> <p>Purpose of Disbursement SALARY</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 49822Q01</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="775.79"/></p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="813.50"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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)

<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

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NAME OF COMMITTEE (In Full)
NATIONAL COMMITTEE FOR AN EFFECTIVE CONGRESS

A.	Full Name (Last, First, Middle Initial) FRAHER BRIAN J	Transaction ID: 49822Q02 Date of Disbursement
	Mailing Address 1367 K STREET SE #302	<input type="text" value="11"/> / <input type="text" value="12"/> / <input type="text" value="2008"/>
	City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period
	Purpose of Disbursement SALARY	<input type="text" value="48.10"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) FRAHER BRIAN J	Transaction ID: 49822Q03 Date of Disbursement
	Mailing Address 1367 K STREET SE #302	<input type="text" value="11"/> / <input type="text" value="12"/> / <input type="text" value="2008"/>
	City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period
	Purpose of Disbursement SALARY	<input type="text" value="11.25"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) GERSH MARK H	Transaction ID: 49823Q01 Date of Disbursement
	Mailing Address 2561 N UPLAND STREET	<input type="text" value="11"/> / <input type="text" value="12"/> / <input type="text" value="2008"/>
	City ARLINGTON State VA Zip Code 22207	Amount of Each Disbursement this Period
	Purpose of Disbursement SALARY	<input type="text" value="2307.69"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="2367.04"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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)

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<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

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NAME OF COMMITTEE (In Full)
NATIONAL COMMITTEE FOR AN EFFECTIVE CONGRESS

<p>A.</p> <p>Full Name (Last, First, Middle Initial) GERSH MARK H</p> <p>Mailing Address 2561 N UPLAND STREET</p> <p>City ARLINGTON State VA Zip Code 22207</p> <p>Purpose of Disbursement SALARY</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 49823Q02</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="143.08"/></p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) GERSH MARK H</p> <p>Mailing Address 2561 N UPLAND STREET</p> <p>City ARLINGTON State VA Zip Code 22207</p> <p>Purpose of Disbursement SALARY</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 49823Q03</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="33.46"/></p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) HEMENWAY ANNE</p> <p>Mailing Address 346 E 49TH ST</p> <p>City NEW YORK State NY Zip Code 10017</p> <p>Purpose of Disbursement SALARY</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 49824Q01</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1250.00"/></p>

SUBTOTAL of Disbursements This Page (optional) ▶

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

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)

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<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

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NAME OF COMMITTEE (In Full)
NATIONAL COMMITTEE FOR AN EFFECTIVE CONGRESS

A.	Full Name (Last, First, Middle Initial) HEMENWAY ANNE Mailing Address 346 E 49TH ST City NEW YORK State NY Zip Code 10017 Purpose of Disbursement SALARY Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 49824Q02 Date of Disbursement 11 / 12 / 2008	Amount of Each Disbursement this Period 77.50
B.	Full Name (Last, First, Middle Initial) HEMENWAY ANNE Mailing Address 346 E 49TH ST City NEW YORK State NY Zip Code 10017 Purpose of Disbursement SALARY Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 49824Q03 Date of Disbursement 11 / 12 / 2008	Amount of Each Disbursement this Period 18.13
C.	Full Name (Last, First, Middle Initial) HEMENWAY RUSSELL D Mailing Address 160 E 89TH ST PENTHOUSE B City NEW YORK State NY Zip Code 10128 Purpose of Disbursement SALARY Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 49825Q01 Date of Disbursement 11 / 12 / 2008	Amount of Each Disbursement this Period 2807.70

SUBTOTAL of Disbursements This Page (optional)	2903.33
TOTAL This Period (last page this line number only)	

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)

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<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

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NAME OF COMMITTEE (In Full)
NATIONAL COMMITTEE FOR AN EFFECTIVE CONGRESS

<p>A. Full Name (Last, First, Middle Initial) HEMENWAY RUSSELL D</p> <p>Mailing Address 160 E 89TH ST PENTHOUSE B</p> <p>City NEW YORK State NY Zip Code 10128</p> <p>Purpose of Disbursement SALARY</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 49825Q02</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="174.08"/></p>
<p>B. Full Name (Last, First, Middle Initial) HEMENWAY RUSSELL D</p> <p>Mailing Address 160 E 89TH ST PENTHOUSE B</p> <p>City NEW YORK State NY Zip Code 10128</p> <p>Purpose of Disbursement SALARY</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 49825Q03</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="40.71"/></p>
<p>C. Full Name (Last, First, Middle Initial) JONES KATHLINE W</p> <p>Mailing Address 7505 GLADE DRIVE</p> <p>City FORT WASHINGTON State MD Zip Code 20744</p> <p>Purpose of Disbursement SALARY</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 49826Q01</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="940.17"/></p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="1154.96"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text"/></p>

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)

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<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

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NAME OF COMMITTEE (In Full)
NATIONAL COMMITTEE FOR AN EFFECTIVE CONGRESS

A.	Full Name (Last, First, Middle Initial) JONES KATHLINE W Mailing Address 7505 GLADE DRIVE City FORT WASHINGTON State MD Zip Code 20744 Purpose of Disbursement SALARY Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 49826Q02 Date of Disbursement 11 / 12 / 2008 Amount of Each Disbursement this Period 58.29	
B.	Full Name (Last, First, Middle Initial) JONES KATHLINE W Mailing Address 7505 GLADE DRIVE City FORT WASHINGTON State MD Zip Code 20744 Purpose of Disbursement SALARY Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 49826Q03 Date of Disbursement 11 / 12 / 2008 Amount of Each Disbursement this Period 13.64	
C.	Full Name (Last, First, Middle Initial) LONG MARTIN A Mailing Address 3412 AUSTIN COURT City ALEXANDRIA State VA Zip Code 22310 Purpose of Disbursement SALARY Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 49827Q01 Date of Disbursement 11 / 12 / 2008 Amount of Each Disbursement this Period 655.77	

SUBTOTAL of Disbursements This Page (optional)	727.70
TOTAL This Period (last page this line number only)	

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)

<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

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NAME OF COMMITTEE (In Full)
NATIONAL COMMITTEE FOR AN EFFECTIVE CONGRESS

A.	Full Name (Last, First, Middle Initial) LONG MARTIN A Mailing Address 3412 AUSTIN COURT City ALEXANDRIA State VA Zip Code 22310 Purpose of Disbursement SALARY Candidate Name Category/Type Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 49827Q02 Date of Disbursement 11 / 12 / 2008 Amount of Each Disbursement this Period 40.66
B.	Full Name (Last, First, Middle Initial) LONG MARTIN A Mailing Address 3412 AUSTIN COURT City ALEXANDRIA State VA Zip Code 22310 Purpose of Disbursement SALARY Candidate Name Category/Type Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 49827Q03 Date of Disbursement 11 / 12 / 2008 Amount of Each Disbursement this Period 9.51
C.	Full Name (Last, First, Middle Initial) MANNING PATRICK D Mailing Address 661 MORRIS PLACE NE APT #4 City WASHINGTON State DC Zip Code 20002 Purpose of Disbursement SALARY Candidate Name Category/Type Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 49828Q01 Date of Disbursement 11 / 12 / 2008 Amount of Each Disbursement this Period 531.14

SUBTOTAL of Disbursements This Page (optional) ▶

581.31

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

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)

<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

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NAME OF COMMITTEE (In Full)
NATIONAL COMMITTEE FOR AN EFFECTIVE CONGRESS

A.	Full Name (Last, First, Middle Initial) MANNING PATRICK D	Transaction ID: 49828Q02 Date of Disbursement
	Mailing Address 661 MORRIS PLACE NE APT #4	<input type="text" value="11"/> / <input type="text" value="12"/> / <input type="text" value="2008"/>
	City WASHINGTON State DC Zip Code 20002	Amount of Each Disbursement this Period
	Purpose of Disbursement SALARY	<input type="text" value="32.94"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) MANNING PATRICK D	Transaction ID: 49828Q03 Date of Disbursement
	Mailing Address 661 MORRIS PLACE NE APT #4	<input type="text" value="11"/> / <input type="text" value="12"/> / <input type="text" value="2008"/>
	City WASHINGTON State DC Zip Code 20002	Amount of Each Disbursement this Period
	Purpose of Disbursement SALARY	<input type="text" value="7.71"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) PIEL MICHAEL T	Transaction ID: 49829Q01 Date of Disbursement
	Mailing Address 2001 N ADAMS STREET APT 1029	<input type="text" value="11"/> / <input type="text" value="12"/> / <input type="text" value="2008"/>
	City ARLINGTON State VA Zip Code 22207	Amount of Each Disbursement this Period
	Purpose of Disbursement SALARY	<input type="text" value="524.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="564.65"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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)

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<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

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NAME OF COMMITTEE (In Full)
NATIONAL COMMITTEE FOR AN EFFECTIVE CONGRESS

<p>A.</p> <p>Full Name (Last, First, Middle Initial) PIEL MICHAEL T</p> <hr/> <p>Mailing Address 2001 N ADAMS STREET APT 1029</p> <hr/> <p>City ARLINGTON State VA Zip Code 22207</p> <hr/> <p>Purpose of Disbursement SALARY</p> <hr/> <p>Candidate Name</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <hr/> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 49829Q02</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> <hr/> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: right;">24.58</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	2		2	0	0	8	24.58
M	M	/	D	D	/	Y	Y	Y	Y													
1	1		1	2		2	0	0	8													
24.58																						
<p>B.</p> <p>Full Name (Last, First, Middle Initial) PIEL MICHAEL T</p> <hr/> <p>Mailing Address 2001 N ADAMS STREET APT 1029</p> <hr/> <p>City ARLINGTON State VA Zip Code 22207</p> <hr/> <p>Purpose of Disbursement SALARY</p> <hr/> <p>Candidate Name</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <hr/> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 49829Q03</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> <hr/> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: right;">34.01</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	2		2	0	0	8	34.01
M	M	/	D	D	/	Y	Y	Y	Y													
1	1		1	2		2	0	0	8													
34.01																						
<p>C.</p> <p>Full Name (Last, First, Middle Initial) PIEL MICHAEL T</p> <hr/> <p>Mailing Address 2001 N ADAMS STREET APT 1029</p> <hr/> <p>City ARLINGTON State VA Zip Code 22207</p> <hr/> <p>Purpose of Disbursement SALARY</p> <hr/> <p>Candidate Name</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <hr/> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 49829Q04</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> <hr/> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: right;">7.95</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	2		2	0	0	8	7.95
M	M	/	D	D	/	Y	Y	Y	Y													
1	1		1	2		2	0	0	8													
7.95																						

SUBTOTAL of Disbursements This Page (optional)	66.54
TOTAL This Period (last page this line number only)	

**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)

<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 COMMITTEE FOR AN EFFECTIVE CONGRESS

A.	Full Name (Last, First, Middle Initial) PINNICK MICHEL S	Transaction ID: 49830Q01 Date of Disbursement
	Mailing Address 4236 SUITLAND RD APT 304	<input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/>
	City SUITLAND State MD Zip Code 20746	Amount of Each Disbursement this Period
	Purpose of Disbursement SALARY	<input type="text" value="820.51"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) PINNICK MICHEL S	Transaction ID: 49830Q02 Date of Disbursement
	Mailing Address 4236 SUITLAND RD APT 304	<input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/>
	City SUITLAND State MD Zip Code 20746	Amount of Each Disbursement this Period
	Purpose of Disbursement SALARY	<input type="text" value="50.87"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) PINNICK MICHEL S	Transaction ID: 49830Q03 Date of Disbursement
	Mailing Address 4236 SUITLAND RD APT 304	<input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/>
	City SUITLAND State MD Zip Code 20746	Amount of Each Disbursement this Period
	Purpose of Disbursement SALARY	<input type="text" value="11.90"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="883.28"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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)

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<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

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NAME OF COMMITTEE (In Full)
NATIONAL COMMITTEE FOR AN EFFECTIVE CONGRESS

A. Full Name (Last, First, Middle Initial) STALLER EMMA K <hr/> Mailing Address 3503 S 13TH ROAD <hr/> City ARLINGTON State VA Zip Code 22204 <hr/> Purpose of Disbursement SALARY Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 49831Q01 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 2 / 2 0 0 8
	Amount of Each Disbursement this Period 497.80
B. Full Name (Last, First, Middle Initial) STALLER EMMA K <hr/> Mailing Address 3503 S 13TH ROAD <hr/> City ARLINGTON State VA Zip Code 22204 <hr/> Purpose of Disbursement SALARY Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 49831Q02 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 2 / 2 0 0 8
	Amount of Each Disbursement this Period 30.87
C. Full Name (Last, First, Middle Initial) STALLER EMMA K <hr/> Mailing Address 3503 S 13TH ROAD <hr/> City ARLINGTON State VA Zip Code 22204 <hr/> Purpose of Disbursement SALARY Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 49831Q03 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 2 / 2 0 0 8
	Amount of Each Disbursement this Period 7.22

SUBTOTAL of Disbursements This Page (optional) ▶

535.89

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

**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)

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<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

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NAME OF COMMITTEE (In Full)
NATIONAL COMMITTEE FOR AN EFFECTIVE CONGRESS

A.	Full Name (Last, First, Middle Initial) WALKER QIANA U	Transaction ID: 49832Q01
	Mailing Address 6409 ENTWOOD COURT	Date of Disbursement MM / DD / YYYY 11 / 12 / 2008
	City FORT WASHINGTON State MD Zip Code 20744	Amount of Each Disbursement this Period 809.06
	Purpose of Disbursement SALARY Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) WALKER QIANA U	Transaction ID: 49832Q02
	Mailing Address 6409 ENTWOOD COURT	Date of Disbursement MM / DD / YYYY 11 / 12 / 2008
	City FORT WASHINGTON State MD Zip Code 20744	Amount of Each Disbursement this Period 50.16
	Purpose of Disbursement SALARY Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) WALKER QIANA U	Transaction ID: 49832Q03
	Mailing Address 6409 ENTWOOD COURT	Date of Disbursement MM / DD / YYYY 11 / 12 / 2008
	City FORT WASHINGTON State MD Zip Code 20744	Amount of Each Disbursement this Period 11.73
	Purpose of Disbursement SALARY Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	870.95
TOTAL This Period (last page this line number only)	

**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)

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<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

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NAME OF COMMITTEE (In Full)
NATIONAL COMMITTEE FOR AN EFFECTIVE CONGRESS

A.	Full Name (Last, First, Middle Initial) WARREN CHRISTOPHER L Mailing Address 412 U STREET NW City WASHINGTON State DC Zip Code 20001 Purpose of Disbursement SALARY Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 49833Q01 Date of Disbursement 11 / 12 / 2008	Amount of Each Disbursement this Period 956.62
B.	Full Name (Last, First, Middle Initial) WARREN CHRISTOPHER L Mailing Address 412 U STREET NW City WASHINGTON State DC Zip Code 20001 Purpose of Disbursement SALARY Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 49833Q02 Date of Disbursement 11 / 12 / 2008	Amount of Each Disbursement this Period 59.31
C.	Full Name (Last, First, Middle Initial) WARREN CHRISTOPHER L Mailing Address 412 U STREET NW City WASHINGTON State DC Zip Code 20001 Purpose of Disbursement SALARY Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 49833Q03 Date of Disbursement 11 / 12 / 2008	Amount of Each Disbursement this Period 13.87

SUBTOTAL of Disbursements This Page (optional)	1029.80
TOTAL This Period (last page this line number only)	

**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)

<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

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NAME OF COMMITTEE (In Full)
NATIONAL COMMITTEE FOR AN EFFECTIVE CONGRESS

A.	Full Name (Last, First, Middle Initial) NATIONAL CAPITAL BANK	Transaction ID: 49998Q01 Date of Disbursement 11 / 12 / 2008
	Mailing Address 316 PENNSYLVANIA AVE SE	Amount of Each Disbursement this Period 4.50
	City WASHINGTON State DC Zip Code 20003	
	Purpose of Disbursement BANK SERVICE CHARGE	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) VERIZON	Transaction ID: 49994Q01 Date of Disbursement 11 / 13 / 2008
	Mailing Address PO BOX 660720	Amount of Each Disbursement this Period 240.07
	City DALLAS State TX Zip Code 75266	
	Purpose of Disbursement TELEPHONE	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) NATIONAL CAPITAL BANK	Transaction ID: 49989Q01 Date of Disbursement 11 / 14 / 2008
	Mailing Address 316 PENNSYLVANIA AVE SE	Amount of Each Disbursement this Period 9.95
	City WASHINGTON State DC Zip Code 20003	
	Purpose of Disbursement BANK SERVICE CHARGE	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	254.52
TOTAL This Period (last page this line number only)	

**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)

<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

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NAME OF COMMITTEE (In Full)
NATIONAL COMMITTEE FOR AN EFFECTIVE CONGRESS

A.	Full Name (Last, First, Middle Initial) NATIONAL CAPITAL BANK	Transaction ID: 49999Q01 Date of Disbursement
	Mailing Address 316 PENNSYLVANIA AVE SE	<input type="text" value="11"/> / <input type="text" value="14"/> / <input type="text" value="2008"/>
	City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period
	Purpose of Disbursement BANK SERVICE CHARGE	<input type="text" value="890.33"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) NATIONAL CAPITAL BANK	Transaction ID: 50000Q01 Date of Disbursement
	Mailing Address 316 PENNSYLVANIA AVE SE	<input type="text" value="11"/> / <input type="text" value="14"/> / <input type="text" value="2008"/>
	City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period
	Purpose of Disbursement BANK SERVICE CHARGE	<input type="text" value="170.76"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) RED FOX TAVERN	Transaction ID: 49844Q01 Date of Disbursement
	Mailing Address POST OFFICE BOX 385	<input type="text" value="11"/> / <input type="text" value="16"/> / <input type="text" value="2008"/>
	City MIDDLEBURG State VA Zip Code 20118	Amount of Each Disbursement this Period
	Purpose of Disbursement MEALS	<input type="text" value="26.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1087.09"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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)

<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

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NAME OF COMMITTEE (In Full)
NATIONAL COMMITTEE FOR AN EFFECTIVE CONGRESS

A.	Full Name (Last, First, Middle Initial) BRINKSTER Mailing Address 2600 N CENTRAL AVE STE 150 City PHOENIX State AZ Zip Code 85004 Purpose of Disbursement COMPUTER Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 49841Q01 Date of Disbursement 11 / 17 / 2008 Amount of Each Disbursement this Period 35.40
B.	Full Name (Last, First, Middle Initial) INTUIT INC Mailing Address PO BOX 28866 City TUCSON State AZ Zip Code 85775 Purpose of Disbursement COMPUTER SERVICES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 50004Q01 Date of Disbursement 11 / 18 / 2008 Amount of Each Disbursement this Period 26.44
C.	Full Name (Last, First, Middle Initial) WMATA Mailing Address 3301 EISENHOWER AVENUE City ALEXANDRIA State VA Zip Code 22314 Purpose of Disbursement PARKING/METRO Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 49995Q01 Date of Disbursement 11 / 19 / 2008 Amount of Each Disbursement this Period 74.00

SUBTOTAL of Disbursements This Page (optional) ▶	135.84
TOTAL This Period (last page this line number only) ▶	[Empty Box]

**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)

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<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

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NAME OF COMMITTEE (In Full)
NATIONAL COMMITTEE FOR AN EFFECTIVE CONGRESS

A.

Full Name (Last, First, Middle Initial)
ARAMARK REFRESHMENT SERVICES

Transaction ID: 49845Q01
Date of Disbursement

Mailing Address 8240 STAYTON DRIVE STE N

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

City State Zip Code
JESSUP MD 20794

Amount of Each Disbursement this Period

Purpose of Disbursement
OFFICE SUPPLIES

Category/ Type

152.04

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

B.

Full Name (Last, First, Middle Initial)
ARAMARK REFRESHMENT SERVICES

Transaction ID: 49845Q02
Date of Disbursement

Mailing Address 8240 STAYTON DRIVE STE N

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

City State Zip Code
JESSUP MD 20794

Amount of Each Disbursement this Period

Purpose of Disbursement
OFFICE SUPPLIES

Category/ Type

19.37

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

C.

Full Name (Last, First, Middle Initial)
DESIGN DATA SYSTEMS INC

Transaction ID: 49846Q01
Date of Disbursement

Mailing Address 7606 LINDBERGH DR

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

City State Zip Code
GAITHERSBURG MD 20879

Amount of Each Disbursement this Period

Purpose of Disbursement
COMPUTER SERVICES

Category/ Type

251.79

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

423.20

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

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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)

<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

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NAME OF COMMITTEE (In Full)
NATIONAL COMMITTEE FOR AN EFFECTIVE CONGRESS

A.	Full Name (Last, First, Middle Initial) NCIA INSURANCE AGENCY <hr/> Mailing Address PO BOX 79725 <hr/> City BALTIMORE State MD Zip Code 21279 <hr/> Purpose of Disbursement INSURANCE Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 49847Q01 Date of Disbursement 11 / 20 / 2008 <hr/> Amount of Each Disbursement this Period 6.00
B.	Full Name (Last, First, Middle Initial) NCIA INSURANCE AGENCY <hr/> Mailing Address PO BOX 79725 <hr/> City BALTIMORE State MD Zip Code 21279 <hr/> Purpose of Disbursement INSURANCE Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 49847Q02 Date of Disbursement 11 / 20 / 2008 <hr/> Amount of Each Disbursement this Period 33.96
C.	Full Name (Last, First, Middle Initial) SOFTMART <hr/> Mailing Address 450 ACORN LANE <hr/> City DOWNINGTOWN State PA Zip Code 19335 <hr/> Purpose of Disbursement SOFTWARE Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 49848Q01 Date of Disbursement 11 / 20 / 2008 <hr/> Amount of Each Disbursement this Period 235.52

SUBTOTAL of Disbursements This Page (optional) ▶

275.48

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

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)

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<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

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NAME OF COMMITTEE (In Full)
NATIONAL COMMITTEE FOR AN EFFECTIVE CONGRESS

A.

Full Name (Last, First, Middle Initial)
WEST & FEINBERG PC

Transaction ID: 49849Q01
Date of Disbursement

Mailing Address 4550 MONTGOMERY AVE STE 775N

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

City State Zip Code
BETHESDA MD 20814

Amount of Each Disbursement this Period

775.00

Purpose of Disbursement
ADVISORY FEE

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
BROADVIEW NETWORKS

Transaction ID: 49850Q01
Date of Disbursement

Mailing Address PO BOX 9242

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

City State Zip Code
UNIONDALE NY 11555

Amount of Each Disbursement this Period

685.51

Purpose of Disbursement
TELEPHONE

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
QUILL CORPORATION

Transaction ID: 49851Q01
Date of Disbursement

Mailing Address PO BOX 37600

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

City State Zip Code
PHILADELPHIA PA 19101

Amount of Each Disbursement this Period

32.16

Purpose of Disbursement
OFFICE SUPPLIES

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

1492.67

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

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**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)

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<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

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NAME OF COMMITTEE (In Full)
NATIONAL COMMITTEE FOR AN EFFECTIVE CONGRESS

A.	Full Name (Last, First, Middle Initial) COLONIAL PARKING	Transaction ID: 49852Q01 Date of Disbursement
	Mailing Address 1050 THOMAS JEFFERSON STREET NW	<input type="text" value="11"/> / <input type="text" value="20"/> / <input type="text" value="2008"/>
	City WASHINGTON State DC Zip Code 20007	Amount of Each Disbursement this Period
	Purpose of Disbursement PARKING/METRO	<input type="text" value="214.02"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) ADC	Transaction ID: 49853Q01 Date of Disbursement
	Mailing Address 12220 WILKINS AVENUE	<input type="text" value="11"/> / <input type="text" value="20"/> / <input type="text" value="2008"/>
	City ROCKVILLE State MD Zip Code 20852	Amount of Each Disbursement this Period
	Purpose of Disbursement OFFICE CLEANING	<input type="text" value="167.27"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) H & W PRINTING	Transaction ID: 49854Q01 Date of Disbursement
	Mailing Address 3616 OAK LN	<input type="text" value="11"/> / <input type="text" value="20"/> / <input type="text" value="2008"/>
	City MOUNT RAINIER State MD Zip Code 20712	Amount of Each Disbursement this Period
	Purpose of Disbursement OFFICE SUPPLIES	<input type="text" value="4957.62"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="5338.91"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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)

<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

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NAME OF COMMITTEE (In Full)
NATIONAL COMMITTEE FOR AN EFFECTIVE CONGRESS

A.	Full Name (Last, First, Middle Initial) PROOFREADNOWCOM	Transaction ID: 49855Q01
	Mailing Address 447 BOSTON STREET	Date of Disbursement MM / DD / YYYY 11 / 20 / 2008
	City TOPSFIELD State MA Zip Code 01983	Amount of Each Disbursement this Period 144.00
	Purpose of Disbursement DIRECT MAIL EXPENSE (PAC)	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) PROOFREADNOWCOM	Transaction ID: 49855Q02
	Mailing Address 447 BOSTON STREET	Date of Disbursement MM / DD / YYYY 11 / 20 / 2008
	City TOPSFIELD State MA Zip Code 01983	Amount of Each Disbursement this Period 177.00
	Purpose of Disbursement DIRECT MAIL EXPENSE (PAC)	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) MITCHELL'S	Transaction ID: 49856Q01
	Mailing Address PO BOX 2431	Date of Disbursement MM / DD / YYYY 11 / 20 / 2008
	City NEW YORK State NY Zip Code 10116	Amount of Each Disbursement this Period 82.15
	Purpose of Disbursement OFFICE SUPPLIES	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	403.15
TOTAL This Period (last page this line number only)	▶	

**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)

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<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

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NAME OF COMMITTEE (In Full)
NATIONAL COMMITTEE FOR AN EFFECTIVE CONGRESS

<p>A. Full Name (Last, First, Middle Initial) US MONITOR SERVICE</p> <p>Mailing Address 86 MAPLE AVE</p> <p>City NEW CITY State NY Zip Code 10956</p> <p>Purpose of Disbursement DIRECT MAIL EXPENSE (PAC)</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 49857Q01</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="48.00"/></p>
<p>B. Full Name (Last, First, Middle Initial) VERIZON</p> <p>Mailing Address PO BOX 660720</p> <p>City DALLAS State TX Zip Code 75266</p> <p>Purpose of Disbursement TELEPHONE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 49858Q01</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="8.72"/></p>
<p>C. Full Name (Last, First, Middle Initial) FEDERAL EXPRESS CORPORATION</p> <p>Mailing Address PO BOX 371461</p> <p>City PITTSBURGH State PA Zip Code 15250</p> <p>Purpose of Disbursement DELIVERY</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 49996Q01</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="58.06"/></p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="114.78"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text" value=""/></p>

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<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

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NAME OF COMMITTEE (In Full)
NATIONAL COMMITTEE FOR AN EFFECTIVE CONGRESS

A.	Full Name (Last, First, Middle Initial) FEDERAL EXPRESS CORPORATION	Transaction ID: 50001Q01 Date of Disbursement
	Mailing Address PO BOX 371461	<input type="text" value="11"/> / <input type="text" value="20"/> / <input type="text" value="2008"/>
	City PITTSBURGH State PA Zip Code 15250	Amount of Each Disbursement this Period
	Purpose of Disbursement DELIVERY	<input type="text" value="465.05"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) NCEC	Transaction ID: 49885Q01 Date of Disbursement
	Mailing Address 122 C ST NW	<input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2008"/>
	City WASHINGTON State DC Zip Code 20001	Amount of Each Disbursement this Period
	Purpose of Disbursement SALARY	<input type="text" value="0.03"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) NCEC	Transaction ID: 49885Q02 Date of Disbursement
	Mailing Address 122 C ST NW	<input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2008"/>
	City WASHINGTON State DC Zip Code 20001	Amount of Each Disbursement this Period
	Purpose of Disbursement SALARY	<input type="text" value="0.03"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

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