

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
TEACHERS INSURANCE ANNUITY ASSOC OF AMERICA COLLEGE RETIREMENT EQUITIES FUND PAC
TIAA-CR

ADDRESS (number and street) 1101 Pennsylvania Avenue NW
Suite 800
 Check if different than previously reported. (ACC)
Washington DC 20004

2. **FEC IDENTIFICATION NUMBER** C00431361
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 07 01 2007 through 12 31 2007

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 Mr. Daniel J., Keniry

Signature of Treasurer Electronically Filed by Mr. Daniel J., Keniry Date 01 30 2008

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

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name

TEACHERS INSURANCE ANNUITY ASSOC OF AMERICA COLLEGE RETIREMENT EQUITIES FUND PAC
TIAA-CR

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	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>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		0.00
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period	63148.89									
(c) Total Receipts (from Line 19)	21950.27	105349.16								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	85099.16	105349.16								
7. Total Disbursements (from Line 31)	55900.00	76150.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	29199.16	29199.16								
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

TEACHERS INSURANCE ANNUITY ASSOC OF AMERICA COLLEGE RETIREMENT EQUITIES FUND PAC
TIAA-CR

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

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	19249.36	99822.26
(i) Itemized (use Schedule A)	2700.91	5526.90
(ii) Unitemized	21950.27	105349.16
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	21950.27	105349.16
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	21950.27	105349.16
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	21950.27	105349.16

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	55900.00	76000.00
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	150.00
(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	150.00
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))..	55900.00	76150.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	55900.00	76150.00

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)	21950.27	105349.16
34. Total Contribution Refunds (from Line 28(d))	0.00	150.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	21950.27	105199.16
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 30
(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)
**TEACHERS INSURANCE ANNUITY ASSOC OF AMERICA COLLEGE RETIREMENT EQUITIES FUND PAC
TIAA-CR**

A.

Full Name (Last, First, Middle Initial)
John G Morriss

Mailing Address 730 Third Ave.

City State Zip Code
New York NY 10017-3206

FEC ID number of contributing federal political committee. C

Name of Employer TIAA Occupation Md, Fi-pm - High Yield (r)

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 11 / 2007

Transaction ID: 4146227

Amount of Each Receipt this Period 1000.00

B.

Full Name (Last, First, Middle Initial)
Hans L Erickson

Mailing Address 560 Mission Street 11th Fl

City State Zip Code
San Francisco CA 94105

FEC ID number of contributing federal political committee. C

Name of Employer TIAA Occupation Md, Head Of Quant Port Mgmt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 02 / 2007

Transaction ID: 4168391

Amount of Each Receipt this Period 1000.00

C.

Full Name (Last, First, Middle Initial)
William A Popeleski, Jr.

Mailing Address 411 East 53rd Street Apt. 16A

City State Zip Code
New York NY 10022-5106

FEC ID number of contributing federal political committee. C

Name of Employer BP Global Solutions Occupation Principal

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 23 / 2007

Transaction ID: 4213125

Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) 3000.00

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 / 30
(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)
TEACHERS INSURANCE ANNUITY ASSOC OF AMERICA COLLEGE RETIREMENT EQUITIES FUND PAC
TIAA-CR

A. Full Name (Last, First, Middle Initial)
Karen M Elinski
Mailing Address 730 Third Ave.
City New York State NY Zip Code 10017-3206
FEC ID number of contributing federal political committee. **C**
Name of Employer TIAA Occupation Vp - Associate General Counsel
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 583.38
Date of Receipt [M M] / [D D] / [Y Y Y Y Y]
Transaction ID: PR10373191519
Amount of Each Receipt this Period 500.04
P/R Deduction (\$41.67 Semi-Monthly)

B. Full Name (Last, First, Middle Initial)
Howard W Greene
Mailing Address 730 Third Ave.
City New York State NY Zip Code 10017-3206
FEC ID number of contributing federal political committee. **C**
Name of Employer TIAA Occupation Associate General Counsel
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 333.28
Date of Receipt [M M] / [D D] / [Y Y Y Y Y]
Transaction ID: PR10373201519
Amount of Each Receipt this Period 249.96
P/R Deduction (\$20.83 Semi-Monthly)

C. Full Name (Last, First, Middle Initial)
Mr. Charles Alan Chapman
Mailing Address 8500 Andrew Carnegie Blvd.
City Charlotte State NC Zip Code 28262-8500
FEC ID number of contributing federal political committee. **C**
Name of Employer TIAA Occupation Associate General Counsel
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 270.79
Date of Receipt [M M] / [D D] / [Y Y Y Y Y]
Transaction ID: PR10373211519
Amount of Each Receipt this Period 249.96
P/R Deduction (\$20.83 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional) ► 999.96
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 / 30
(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)
TEACHERS INSURANCE ANNUITY ASSOC OF AMERICA COLLEGE RETIREMENT EQUITIES FUND PAC
TIAA-CR

A.

Full Name (Last, First, Middle Initial)
Elizabeth D Black

Mailing Address 730 Third Ave.

City State Zip Code
New York NY 10017-3206

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

Name of Employer TIAA Occupation Md, Fi Portfolio Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4687.57

Date of Receipt
M M / D D / Y Y Y Y Y Y

Transaction ID: PR8227121519

Amount of Each Receipt this Period 1250.04

P/R Deduction (\$104.17 Semi-Monthly)

B.

Full Name (Last, First, Middle Initial)
Daniel O'Connell

Mailing Address 43 British American Blvd 1stfl

City State Zip Code
Latham NY 12110-1442

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

Name of Employer TIAA Occupation Dir, Ir Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 229.13

Date of Receipt
M M / D D / Y Y Y Y Y Y

Transaction ID: PR8227571519

Amount of Each Receipt this Period 229.13

P/R Deduction (\$20.83 Semi-Monthly)

C.

Full Name (Last, First, Middle Initial)
Phillip T Rollock

Mailing Address 730 Third Ave.

City State Zip Code
New York NY 10017-3206

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

Name of Employer TIAA Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 833.40

Date of Receipt
M M / D D / Y Y Y Y Y Y

Transaction ID: PR8227961519

Amount of Each Receipt this Period 500.04

P/R Deduction (\$41.67 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional) ► 1979.21

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 30
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
TEACHERS INSURANCE ANNUITY ASSOC OF AMERICA COLLEGE RETIREMENT EQUITIES FUND PAC
TIAA-CR

A. Full Name (Last, First, Middle Initial)
Sharon F Manewitz
Mailing Address 730 Third Ave.
City New York State NY Zip Code 10017-3206
FEC ID number of contributing federal political committee. **C**
Name of Employer TIAA Occupation Md, Distressed Investments
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 416.60
Date of Receipt [M M] / [D D] / [Y Y Y Y Y]
Transaction ID: PR8227971519
Amount of Each Receipt this Period 249.96
P/R Deduction (\$20.83 Semi-Monthly)

B. Full Name (Last, First, Middle Initial)
Sue K Dilandro
Mailing Address 3050 Chain Bridge Road
City Fairfax State VA Zip Code 22030
FEC ID number of contributing federal political committee. **C**
Name of Employer TIAA Occupation Director, Federal Relations
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1229.17
Date of Receipt [M M] / [D D] / [Y Y Y Y Y]
Transaction ID: PR8228571519
Amount of Each Receipt this Period 1154.20
P/R Deduction (\$104.17 Semi-Monthly)

C. Full Name (Last, First, Middle Initial)
Celeste Vega
Mailing Address 1700 Broadway Suite 770
City Denver State CO Zip Code 80290-0701
FEC ID number of contributing federal political committee. **C**
Name of Employer TIAA Occupation Dir, Product Management
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 833.40
Date of Receipt [M M] / [D D] / [Y Y Y Y Y]
Transaction ID: PR8228691519
Amount of Each Receipt this Period 500.04
P/R Deduction (\$41.67 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional) ► 1904.20
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 / 30
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
TEACHERS INSURANCE ANNUITY ASSOC OF AMERICA COLLEGE RETIREMENT EQUITIES FUND PAC
TIAA-CR

A. Full Name (Last, First, Middle Initial)
Jeremiah J Hanrahan
Mailing Address 8500 Andrew Carnegie Blvd.
City State Zip Code
Charlotte NC 28262-8500
FEC ID number of contributing federal political committee. **C**
Name of Employer TIAA Occupation Vp & Gc Ind. Client Services
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 249.96
Date of Receipt [M M] / [D D] / [Y Y Y Y Y]
Transaction ID: PR8228931519
Amount of Each Receipt this Period 145.81
P/R Deduction (\$20.83 Semi-Monthly)

B. Full Name (Last, First, Middle Initial)
Kevin C Brown
Mailing Address 8500 Andrew Carnegie Blvd.
City State Zip Code
Charlotte NC 28262-8500
FEC ID number of contributing federal political committee. **C**
Name of Employer TIAA Occupation Vp, Client Services/bom lii
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 333.28
Date of Receipt [M M] / [D D] / [Y Y Y Y Y]
Transaction ID: PR8228981519
Amount of Each Receipt this Period 249.96
P/R Deduction (\$20.83 Semi-Monthly)

C. Full Name (Last, First, Middle Initial)
Mr. Raymond J. Bellucci
Mailing Address 8500 Andrew Carnegie Blvd.
City State Zip Code
Charlotte NC 28262-8500
FEC ID number of contributing federal political committee. **C**
Name of Employer TIAA Occupation Vice President
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00
Date of Receipt [M M] / [D D] / [Y Y Y Y Y]
Transaction ID: PR8229091519
Amount of Each Receipt this Period 120.00
P/R Deduction (\$10.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional) ► 515.77
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 / 30
(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)
TEACHERS INSURANCE ANNUITY ASSOC OF AMERICA COLLEGE RETIREMENT EQUITIES FUND PAC
TIAA-CR

A.	Full Name (Last, First, Middle Initial) Robert J Murray		Date of Receipt M M / D D / Y Y Y Y Y		
	Mailing Address 155 Village Boulevard, Suite A		Transaction ID: PR8230201519		
	City Princeton	State NJ	Zip Code 08540-5765	Amount of Each Receipt this Period 500.04	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$41.67 Semi-Monthly)		
	Name of Employer TIAA	Occupation Dir, Ir Business Development	Aggregate Year-to-Date 875.07		

B.	Full Name (Last, First, Middle Initial) Richard Ward		Date of Receipt M M / D D / Y Y Y Y Y		
	Mailing Address 6350 Quadrangle Drive		Transaction ID: PR8230561519		
	City Chapel Hill	State NC	Zip Code 27517-7802	Amount of Each Receipt this Period 249.96	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$20.83 Semi-Monthly)		
	Name of Employer TIAA	Occupation Dir, Product Management	Aggregate Year-to-Date 395.77		

C.	Full Name (Last, First, Middle Initial) Larry M Chadwick		Date of Receipt M M / D D / Y Y Y Y Y		
	Mailing Address 1000 Research Park Boulevard		Transaction ID: PR8231071519		
	City Charlottesville	State VA	Zip Code 22911-5842	Amount of Each Receipt this Period 458.37	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$41.67 Semi-Monthly)		
	Name of Employer TIAA	Occupation Dir, Govt Relations Policy	Aggregate Year-to-Date 458.37		

SUBTOTAL of Receipts This Page (optional)	▶	1208.37
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 30
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
**TEACHERS INSURANCE ANNUITY ASSOC OF AMERICA COLLEGE RETIREMENT EQUITIES FUND PAC
 TIAA-CR**

A. Full Name (Last, First, Middle Initial)
 Christina Cutlip
 Mailing Address 1101 Pennsylvania Avenue Nw
 City Washington State DC Zip Code 20004-2529
 Date of Receipt / /
Transaction ID: PR8231831519
 Amount of Each Receipt this Period 249.96
 P/R Deduction (\$20.83 Semi-Monthly)

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

Name of Employer TIAA Occupation Md, Institutional Relation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 437.43

B. Full Name (Last, First, Middle Initial)
 Charles A Burciaga
 Mailing Address 560 Mission Street 11th Fl
 City San Francisco State CA Zip Code 94105-2929
 Date of Receipt / /
Transaction ID: PR8232341519
 Amount of Each Receipt this Period 249.96
 P/R Deduction (\$20.83 Semi-Monthly)

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

Name of Employer TIAA Occupation Dir, Ir Business Development
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.28

C. Full Name (Last, First, Middle Initial)
 Brian Browdie
 Mailing Address 730 Third Ave.
 City New York State NY Zip Code 10017-3206
 Date of Receipt / /
Transaction ID: PR8232931519
 Amount of Each Receipt this Period 500.04
 P/R Deduction (\$41.67 Semi-Monthly)

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

Name of Employer TIAA Occupation Vice Pres, Corp Communications
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.04

SUBTOTAL of Receipts This Page (optional) **999.96**

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 13 / 30
	<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)
TEACHERS INSURANCE ANNUITY ASSOC OF AMERICA COLLEGE RETIREMENT EQUITIES FUND PAC
TIAA-CR

A.	Full Name (Last, First, Middle Initial) Mr. Mehdi Yamini	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 560 Mission Street 11th Fl	Transaction ID: PR8233051519
	City San Francisco State CA Zip Code 94105-2929	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$500.00)
	Name of Employer TIAA Occupation Md, Head Of Global Equity Trdg 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) Ms. Elena Lucini French	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 8500 Andrew Carnegie Blvd.	Transaction ID: PR8233291519
	City Charlotte State NC Zip Code 28262-8500	Amount of Each Receipt this Period 249.96
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.83 Semi-Monthly)
	Name of Employer TIAA Occupation Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 291.62	

C.	Full Name (Last, First, Middle Initial) Mr. Joseph Scott Sicchitano	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 8500 Andrew Carnegie Blvd.	Transaction ID: PR8233911519
	City Charlotte State NC Zip Code 28262-8500	Amount of Each Receipt this Period 500.04
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$41.67 Semi-Monthly)
	Name of Employer TIAA Occupation Dir, Wealth Management Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 708.39	

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 14 / 30
(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)
TEACHERS INSURANCE ANNUITY ASSOC OF AMERICA COLLEGE RETIREMENT EQUITIES FUND PAC
TIAA-CR

A.

Full Name (Last, First, Middle Initial)
Mrs. Rowena K Track

Mailing Address 8500 Andrew Carnegie Blvd.

City State Zip Code
Charlotte NC 28262-8500

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

Name of Employer TIAA Occupation Sr Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1979.23

Date of Receipt / /

Transaction ID: PR8234051519

Amount of Each Receipt this Period 1250.04

P/R Deduction (\$104.17 Se-mi-Monthly)

B.

Full Name (Last, First, Middle Initial)
Mr. Daniel Keniry

Mailing Address 1101 Pennsylvania Avenue Nw

City State Zip Code
Washington DC 20004-2529

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

Name of Employer TIAA Occupation Vp, Federal Relations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2979.23

Date of Receipt / /

Transaction ID: PR8234141519

Amount of Each Receipt this Period 1250.04

P/R Deduction (\$104.17 Se-mi-Monthly)

C.

Full Name (Last, First, Middle Initial)
Ms. Kathryn Anderson

Mailing Address 1101 Pennsylvania Avenue Nw

City State Zip Code
Washington DC 20004-2529

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

Name of Employer TIAA Occupation Director, Federal Relations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2187.57

Date of Receipt / /

Transaction ID: PR8234341519

Amount of Each Receipt this Period 1250.04

P/R Deduction (\$104.17 Se-mi-Monthly)

SUBTOTAL of Receipts This Page (optional) ► **3750.12**

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 / 30
(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)
**TEACHERS INSURANCE ANNUITY ASSOC OF AMERICA COLLEGE RETIREMENT EQUITIES FUND PAC
TIAA-CR**

A. Full Name (Last, First, Middle Initial)
Mr. Philip G Bossy

Mailing Address 730 Third Ave.

City State Zip Code
New York NY 10017-3206

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

Name of Employer TIAA Occupation Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 416.60

Date of Receipt / /

Transaction ID: PR8234521519

Amount of Each Receipt this Period 249.96

P/R Deduction (\$20.83 Semi-Monthly)

B. Full Name (Last, First, Middle Initial)
Ms. Danielle Maria Maurer

Mailing Address 1101 Pennsylvania Avenue Nw

City State Zip Code
Washington DC 20004-2529

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

Name of Employer TIAA Occupation Director, Federal Relations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3952.00

Date of Receipt / /

Transaction ID: PR8234561519

Amount of Each Receipt this Period 2496.00

P/R Deduction (\$208.00 Semi-Monthly)

C. Full Name (Last, First, Middle Initial)
Kristine A Garfinkel

Mailing Address 1101 Pennsylvania Avenue Nw

City State Zip Code
Washington DC 20004-2529

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

Name of Employer TIAA Occupation Dir, Board Communications

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 437.43

Date of Receipt / /

Transaction ID: PR8235451519

Amount of Each Receipt this Period 249.96

P/R Deduction (\$20.83 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional) ► **2995.92**

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 / 30
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
TEACHERS INSURANCE ANNUITY ASSOC OF AMERICA COLLEGE RETIREMENT EQUITIES FUND PAC
TIAA-CR

A. Full Name (Last, First, Middle Initial)
Sara L Lipson

Mailing Address 730 Third Ave.

City State Zip Code
New York NY 10017-3206

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

Name of Employer TIAA Occupation Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 833.40

Date of Receipt / /

Transaction ID: PR8248281519

Amount of Each Receipt this Period 500.04

P/R Deduction (\$41.67 Semi-Monthly)

B. Full Name (Last, First, Middle Initial)
Ms. Kimberley Templeton Snow

Mailing Address 1101 Pennsylvania Avenue, NW

City State Zip Code
Washington DC 20004-2529

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

Name of Employer TIAA Occupation Director, Federal Relations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 291.62

Date of Receipt / /

Transaction ID: PR8307251519

Amount of Each Receipt this Period 145.81

P/R Deduction (\$20.83 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional) ► **645.85**

TOTAL This Period (last page this line number only) ► **19249.36**

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)

TEACHERS INSURANCE ANNUITY ASSOC OF AMERICA COLLEGE RETIREMENT EQUITIES FUND PAC
TIAA-CR

A.

Full Name (Last, First, Middle Initial)
Salazar For Senate

Mailing Address PO Box 600

City Denver State CO Zip Code 80201

Purpose of Disbursement

011
Category/
Type

Candidate Name
Sen. Ken Salazar

Office Sought: House Senate President
State: CO District: Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: 4032133
Date of Disbursement

07 / 10 / 2007

Amount of Each Disbursement this Period

2300.00

B.

Full Name (Last, First, Middle Initial)
Crowley For Congress

Mailing Address 422 C Street, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Joseph Crowley

Office Sought: House Senate President
State: NY District: 07 Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: 4032135
Date of Disbursement

07 / 10 / 2007

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)
Melissa Bean For Congress

Mailing Address Post Office Box 3068

City Barrington State IL Zip Code 60010

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Melissa Bean

Office Sought: House Senate President
State: IL District: 08 Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: 4032136
Date of Disbursement

07 / 10 / 2007

Amount of Each Disbursement this Period

1300.00

SUBTOTAL of Disbursements This Page (optional) ▶

4600.00

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)

TEACHERS INSURANCE ANNUITY ASSOC OF AMERICA COLLEGE RETIREMENT EQUITIES FUND PAC
TIAA-CR

A.	Full Name (Last, First, Middle Initial) Melissa Bean For Congress	Transaction ID: 4032137 Date of Disbursement 07 / 10 / 2007
	Mailing Address Post Office Box 3068	Amount of Each Disbursement this Period 200.00
	City Barrington State IL Zip Code 60010	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Melissa Bean	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 08	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) Barney Frank For Congress Committee	Transaction ID: 4032134 Date of Disbursement 07 / 10 / 2007
	Mailing Address PO Box 260	Amount of Each Disbursement this Period 1000.00
	City Newtonville State MA Zip Code 02460	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Barney Frank	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 04	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) Pryce For Congress	Transaction ID: 4032140 Date of Disbursement 07 / 10 / 2007
	Mailing Address 145 E. Rich Street	Amount of Each Disbursement this Period 1000.00
	City Columbus State OH Zip Code 43215	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Deborah Pryce	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

2200.00

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)

TEACHERS INSURANCE ANNUITY ASSOC OF AMERICA COLLEGE RETIREMENT EQUITIES FUND PAC
TIAA-CR

A.	Full Name (Last, First, Middle Initial) Friends Of Max Baucus	Transaction ID: 4032139 Date of Disbursement 07 / 10 / 2007
	Mailing Address PO Box 586	Amount of Each Disbursement this Period 2300.00
	City Helena State MT Zip Code 59624	011 Category/ Type
	Purpose of Disbursement	
Candidate Name Sen. Max Baucus	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) Elizabeth Dole Committee Inc	Transaction ID: 4032138 Date of Disbursement 07 / 10 / 2007
	Mailing Address PO Box 2918	Amount of Each Disbursement this Period 1000.00
	City Raleigh State NC Zip Code 27602	011 Category/ Type
	Purpose of Disbursement	
Candidate Name Sen. Elizabeth Dole	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) Pennsylvanians For Kanjorski	Transaction ID: 4069941 Date of Disbursement 08 / 06 / 2007
	Mailing Address 103 South Hanover Street	Amount of Each Disbursement this Period 1000.00
	City Nanticoke State PA Zip Code 18634	011 Category/ Type
	Purpose of Disbursement	
Candidate Name Rep. Paul E. Kanjorski	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 11	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

4300.00

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 20 / 30

<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)

TEACHERS INSURANCE ANNUITY ASSOC OF AMERICA COLLEGE RETIREMENT EQUITIES FUND PAC
TIAA-CR

A.

Full Name (Last, First, Middle Initial)
Earl Pomeroy For Congress

Mailing Address P.O. Box 75214

City Washington State DC Zip Code 20013-5214

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Earl Pomeroy

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼

State: ND District: 01

Transaction ID: 4069944

Date of Disbursement

08 / 06 / 2007

Amount of Each Disbursement this Period

300.00

B.

Full Name (Last, First, Middle Initial)
Friends Of John Boehner

Mailing Address 7908-I Cincinnati Dayton Road

City West Chester State OH Zip Code 45069

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. John Boehner

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼

State: OH District: 08

Transaction ID: 4069943

Date of Disbursement

08 / 06 / 2007

Amount of Each Disbursement this Period

1500.00

C.

Full Name (Last, First, Middle Initial)
McCrery For Congress Committee

Mailing Address Post Office Box 52956
333 Texas Street Suite 1900

City Shreveport State LA Zip Code 71135

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Jim McCrery

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼

State: LA District: 04

Transaction ID: 4069940

Date of Disbursement

08 / 06 / 2007

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

2800.00

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)

TEACHERS INSURANCE ANNUITY ASSOC OF AMERICA COLLEGE RETIREMENT EQUITIES FUND PAC
TIAA-CR

A.

Full Name (Last, First, Middle Initial)
People For English

Mailing Address PO Box 1940

City Erie State PA Zip Code 16507

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Phil English

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼
State: PA District: 03

Transaction ID: 4069942
Date of Disbursement

08 / 06 / 2007

Amount of Each Disbursement this Period

1500.00

B.

Full Name (Last, First, Middle Initial)
Mel Watt For Congress Committee

Mailing Address PO Box 36831

City Charlotte State NC Zip Code 28236

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Melvin Watt

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼
State: NC District: 12

Transaction ID: 4069945
Date of Disbursement

08 / 06 / 2007

Amount of Each Disbursement this Period

1500.00

C.

Full Name (Last, First, Middle Initial)
Andrews For Congress Committee

Mailing Address 215 Fourth Avenue
Suite 200

City Haddon Heights State NJ Zip Code 08035

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Robert Andrews

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼
State: NJ District: 01

Transaction ID: 4069946
Date of Disbursement

08 / 06 / 2007

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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)

TEACHERS INSURANCE ANNUITY ASSOC OF AMERICA COLLEGE RETIREMENT EQUITIES FUND PAC
TIAA-CR

A.

Full Name (Last, First, Middle Initial)

Earl Pomeroy For Congress

Mailing Address P.O. Box 75214

City
Washington

State Zip Code
DC 20013-5214

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Earl Pomeroy

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: ND District: 01

Transaction ID: 4160876

Date of Disbursement

09 / 20 / 2007

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

McConnell Senate Committee '08

Mailing Address PO Box 1496

City
Louisville

State Zip Code
KY 40201

Purpose of Disbursement

011
Category/
Type

Candidate Name
Sen. Mitch McConnell

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: KY District:

Transaction ID: 4160875

Date of Disbursement

09 / 20 / 2007

Amount of Each Disbursement this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

Crowley For Congress

Mailing Address 422 C Street, NE

City
Washington

State Zip Code
DC 20002

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Joseph Crowley

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: NY District: 07

Transaction ID: 4160867

Date of Disbursement

09 / 20 / 2007

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional) ▶

6000.00

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 23 / 30

<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)

TEACHERS INSURANCE ANNUITY ASSOC OF AMERICA COLLEGE RETIREMENT EQUITIES FUND PAC
TIAA-CR

A.	Full Name (Last, First, Middle Initial) Melissa Bean For Congress	Transaction ID: 4160889 Date of Disbursement 09 / 20 / 2007
	Mailing Address Post Office Box 3068	Amount of Each Disbursement this Period 2500.00
	City Barrington State IL Zip Code 60010	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Melissa Bean	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 08	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) Elizabeth Dole Committee Inc	Transaction ID: 4160872 Date of Disbursement 09 / 20 / 2007
	Mailing Address PO Box 2918	Amount of Each Disbursement this Period 3000.00
	City Raleigh State NC Zip Code 27602	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Sen. Elizabeth Dole	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) Elizabeth Dole Committee Inc	Transaction ID: 4160874 Date of Disbursement 09 / 20 / 2007
	Mailing Address PO Box 2918	Amount of Each Disbursement this Period 2000.00
	City Raleigh State NC Zip Code 27602	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Sen. Elizabeth Dole	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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)

TEACHERS INSURANCE ANNUITY ASSOC OF AMERICA COLLEGE RETIREMENT EQUITIES FUND PAC
TIAA-CR

A.

Full Name (Last, First, Middle Initial)

Richard Burr Committee

Transaction ID: 4160877

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	0		2	0	0	7

Mailing Address Post Office Box 5928

Amount of Each Disbursement this Period

500.00

City Winston-Salem State NC Zip Code 27113

Purpose of Disbursement

011

Category/
Type

Candidate Name
Sen. Richard Burr

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: NC District:

B.

Full Name (Last, First, Middle Initial)

Friends Of Dick Durbin Committee

Transaction ID: 4160878

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	0		2	0	0	7

Mailing Address PO Box 1949

Amount of Each Disbursement this Period

1000.00

City Springfield State IL Zip Code 62705

Purpose of Disbursement

011

Category/
Type

Candidate Name
Sen. Richard Durbin

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: IL District:

C.

Full Name (Last, First, Middle Initial)

Kenny Marchant For Congress

Transaction ID: 4160890

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	0		2	0	0	7

Mailing Address PO Box 110187

Amount of Each Disbursement this Period

1000.00

City Carrollton State TX Zip Code 75011

Purpose of Disbursement

011

Category/
Type

Candidate Name
Rep. Kenneth Marchant

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: TX District: 24

SUBTOTAL of Disbursements This Page (optional)

2500.00

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 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)

TEACHERS INSURANCE ANNUITY ASSOC OF AMERICA COLLEGE RETIREMENT EQUITIES FUND PAC
TIAA-CR

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Team Sununu</p> <p>Mailing Address PO Box 500</p> <p>City Rye State NH Zip Code 03870</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Sen. John Sununu</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: NH District:</p>	<p>Transaction ID: 4951645</p> <p>Date of Disbursement 11 / 15 / 2007</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Crowley For Congress</p> <p>Mailing Address 422 C Street, NE</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Rep. Joseph Crowley</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: NY District: 07</p>	<p>Transaction ID: 4951651</p> <p>Date of Disbursement 11 / 15 / 2007</p> <p>Amount of Each Disbursement this Period 500.00</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Crowley For Congress</p> <p>Mailing Address 422 C Street, NE</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Rep. Joseph Crowley</p> <p>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) ▼</p> <p>State: NY District: 07</p>	<p>Transaction ID: 4951666</p> <p>Date of Disbursement 11 / 15 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional)	4000.00
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 26 / 30

<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)

TEACHERS INSURANCE ANNUITY ASSOC OF AMERICA COLLEGE RETIREMENT EQUITIES FUND PAC
TIAA-CR

A. Full Name (Last, First, Middle Initial) Friends For Gregory Meeks <hr/> Mailing Address 153-01 Jamaica Ave Suite 535 <hr/> City Jamaica State NY Zip Code 11432 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Gregory Meeks <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 06 <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 4951643 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 7	
	Amount of Each Disbursement this Period 1000.00	
	011 Category/ Type	
	Full Name (Last, First, Middle Initial) Hoyer For Congress <hr/> Mailing Address 7905 Malcolm Road Suite 102 <hr/> City Clinton State MD Zip Code 20735 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Steny Hoyer <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 05 <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 4951644 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 7
Amount of Each Disbursement this Period 1000.00		
011 Category/ Type	Full Name (Last, First, Middle Initial) Elizabeth Dole Committee Inc <hr/> Mailing Address PO Box 2918 <hr/> City Raleigh State NC Zip Code 27602 <hr/> Purpose of Disbursement <hr/> Candidate Name Sen. Elizabeth Dole <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 4951667 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 7
Amount of Each Disbursement this Period 1000.00		
011 Category/ Type		

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
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 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)

TEACHERS INSURANCE ANNUITY ASSOC OF AMERICA COLLEGE RETIREMENT EQUITIES FUND PAC
TIAA-CR

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Tim Johnson For South Dakota Inc</p> <p>Mailing Address PO Box 1536</p> <p>City Sioux Falls State SD Zip Code 57101</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Sen. Tim Johnson</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: SD District:</p>	<p>Transaction ID: 4951669</p> <p>Date of Disbursement 11 / 15 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Mark Pryor For Us Senate</p> <p>Mailing Address PO Box 2720</p> <p>City Little Rock State AR Zip Code 72203</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Sen. Mark Pryor</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" 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: AR District:</p>	<p>Transaction ID: 4951668</p> <p>Date of Disbursement 11 / 15 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Crowley For Congress</p> <p>Mailing Address 422 C Street, NE</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Rep. Joseph Crowley</p> <p>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: 07</p>	<p>Transaction ID: 4969210</p> <p>Date of Disbursement 12 / 06 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional)	3000.00
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)

TEACHERS INSURANCE ANNUITY ASSOC OF AMERICA COLLEGE RETIREMENT EQUITIES FUND PAC
TIAA-CR

A.	Full Name (Last, First, Middle Initial) Kline For Congress Mailing Address 101 Burnsville Parkway Suite 104 City Burnsville State MN Zip Code 55337 Purpose of Disbursement 011 Category/Type Candidate Name Rep. John Kline Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MN District: 02	Transaction ID: 4969208 Date of Disbursement 1 2 / 0 6 / 2 0 0 7 Amount of Each Disbursement this Period 1000.00
B.	Full Name (Last, First, Middle Initial) Friends Of Max Baucus Mailing Address PO Box 586 City Helena State MT Zip Code 59624 Purpose of Disbursement 011 Category/Type Candidate Name Sen. Max Baucus Office Sought: <input type="checkbox"/> House <input checked="" 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: MT District:	Transaction ID: 4969206 Date of Disbursement 1 2 / 0 6 / 2 0 0 7 Amount of Each Disbursement this Period 1000.00
C.	Full Name (Last, First, Middle Initial) Friends Of Gordon Smith Mailing Address 228 S Washington Ste 115 City Alexandria State VA Zip Code 22314 Purpose of Disbursement 011 Category/Type Candidate Name Sen. Gordon Smith Office Sought: <input type="checkbox"/> House <input checked="" 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: OR District:	Transaction ID: 4969213 Date of Disbursement 1 2 / 0 6 / 2 0 0 7 Amount of Each Disbursement this Period 2500.00

SUBTOTAL of Disbursements This Page (optional)	4500.00
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)

TEACHERS INSURANCE ANNUITY ASSOC OF AMERICA COLLEGE RETIREMENT EQUITIES FUND PAC
TIAA-CR

<p>A. Full Name (Last, First, Middle Initial) Tiberi For Congress</p> <p>Mailing Address 2021 E Dublin Granville Road Suite 2000</p> <p>City Columbus State OH Zip Code 43229</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Rep. Patrick Tiberi</p> <p>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) ▼</p> <p>State: OH District: 12</p>	<p>Transaction ID: 4969211 Date of Disbursement <table border="1" style="width: 100%; text-align: center;"> <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>2</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">1500.00</div> </p>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	6		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		0	6		2	0	0	7												
<p>B. Full Name (Last, First, Middle Initial) Tim Johnson For South Dakota Inc</p> <p>Mailing Address PO Box 1536</p> <p>City Sioux Falls State SD Zip Code 57101</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Sen. Tim Johnson</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: SD District:</p>	<p>Transaction ID: 4969207 Date of Disbursement <table border="1" style="width: 100%; text-align: center;"> <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>2</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">1000.00</div> </p>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	6		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		0	6		2	0	0	7												
<p>C. Full Name (Last, First, Middle Initial) Tim Johnson For South Dakota Inc</p> <p>Mailing Address PO Box 1536</p> <p>City Sioux Falls State SD Zip Code 57101</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Sen. Tim Johnson</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: SD District:</p>	<p>Transaction ID: 4969214 Date of Disbursement <table border="1" style="width: 100%; text-align: center;"> <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>2</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">1000.00</div> </p>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	6		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		0	6		2	0	0	7												

SUBTOTAL of Disbursements This Page (optional)	<div style="border: 1px solid black; padding: 5px;">3500.00</div>
TOTAL This Period (last page this line number only)	<div style="border: 1px solid black; padding: 5px; height: 20px;"></div>

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)

TEACHERS INSURANCE ANNUITY ASSOC OF AMERICA COLLEGE RETIREMENT EQUITIES FUND PAC
TIAA-CR

A. Full Name (Last, First, Middle Initial)
Tim Johnson For South Dakota Inc

Mailing Address PO Box 1536

City State Zip Code
Sioux Falls SD 57101

Purpose of Disbursement

Category/
Type

Candidate Name
Sen. Tim Johnson

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼
State: SD District:

Transaction ID: 4969215

Date of Disbursement

/

Amount of Each Disbursement this Period

B. Full Name (Last, First, Middle Initial)
Team Sununu

Mailing Address PO Box 500

City State Zip Code
Rye NH 03870

Purpose of Disbursement

Category/
Type

Candidate Name
Sen. John Sununu

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼
State: NH District:

Transaction ID: 4969887

Date of Disbursement

/

Amount of Each Disbursement this Period

C. Full Name (Last, First, Middle Initial)
Friends Of Dick Durbin Committee

Mailing Address PO Box 1949

City State Zip Code
Springfield IL 62705

Purpose of Disbursement

Category/
Type

Candidate Name
Sen. Richard Durbin

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼
State: IL District:

Transaction ID: 4993942

Date of Disbursement

/

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ►

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