

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines

Don Payne for Congress

ADDRESS (number and street) P.O. Box 2406

Check if different than previously reported. (ACC)

Newark NJ 07114

2. **FEC IDENTIFICATION NUMBER** C00225045

CITY **STATE** **ZIP CODE** **STATE** **DISTRICT**

3. IS THIS REPORT NEW (N) OR AMENDED (A)

NJ 10

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P) General (12G) Runoff (12R)

Convention (12C) Special (12S)

Election on _____ in the State of _____

(c) 30-Day **POST**-Election Report for the:

General (30G) Runoff (30R) Special (30S)

Election on _____ in the State of _____

5. Covering Period 07 01 2008 through 09 30 2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Craig A. Stanley

Signature of Treasurer Electronically Filed by Craig A. Stanley Date 01 26 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 3 (Revised 02/2003)
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SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Don Payne for Congress

Report Covering the Period:

From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	44452.05	647828.84
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	44452.05	647828.84
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	40067.63	280493.72
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	40067.63	280493.72
8. Cash on Hand at Close of Reporting Period (from Line 27).....	1045540.74	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name
Don Payne for Congress

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	8

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

22300.00

240425.00

(ii) Unitemized.....

2370.00

10282.50

(iii) TOTAL of contributions

24670.00

250707.50

from individuals..... ▶

0.00

16667.00

(b) Political Party Committees.....

(c) Other Political Committees (such as PACS).....

19782.05

380454.34

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))

44452.05

647828.84

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....

0.00

0.00

13. LOANS

(a) Made or Guaranteed by the Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....

0.00

0.00

15. OTHER RECEIPTS (Dividends, Interest, etc.).....

0.00

40988.64

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

44452.05

688817.48

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	40067.63	280493.72
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	58800.00	149525.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	98867.63	430018.72

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1099956.32
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	44452.05
25. SUBTOTAL (add Line 23 and Line 24).....	1144408.37
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	98867.63
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1045540.74

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 / 44

(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Don Payne for Congress

A. Full Name (Last, First, Middle Initial)
Air Line Pilots PAC

Mailing Address 1625 Massachusetts Ave., NW

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 7500.00

Date of Receipt 08 / 20 / 2008

Transaction ID: 81015.C7487

Amount of Each Receipt this Period 2500.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Arnold & Porter Partners PAC

Mailing Address 555 12th Street, NW

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 07 / 22 / 2008

Transaction ID: 81015.C7490

Amount of Each Receipt this Period 1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Cintas Corporation PAC

Mailing Address 6800 Cintas Boulevard

City Mason State OH Zip Code 45040

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 09 / 05 / 2008

Transaction ID: 81015.C7486

Amount of Each Receipt this Period 1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) 4500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 44
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Don Payne for Congress

A. Full Name (Last, First, Middle Initial)
Citizens Organized PAC

Mailing Address 1800 Avenue of the Stars, Ste 900

City State Zip Code
Los Angeles CA 90067

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 26 / 2008

Transaction ID: 81015.C7515

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Continental Airlines

Mailing Address Employee Fund for a Better America
1301 I St., NW

City State Zip Code
Washington DC 20005

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 6400.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 23 / 2008

Transaction ID: 81015.C7491

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Friends of Lee Pierce

Mailing Address P. O. Box 12008

City State Zip Code
Santa Rosa CA 95406

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 100.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 26 / 2008

Transaction ID: 81015.C7524

Amount of Each Receipt this Period
100.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **2100.00**

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

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

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

FOR LINE NUMBER: PAGE 7 / 44
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Don Payne for Congress

A. Full Name (Last, First, Middle Initial)
MEDCO Health PAC

Mailing Address 591 Redwood Highway
Building 4000

City Mill Valley State CA Zip Code 94941

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 21 / 2008

Transaction ID: 81015.C7479

Amount of Each Receipt this Period
2000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
MGM Mirage PAC

Mailing Address 591 Redwood Highway
Building 4000

City Mill Valley State CA Zip Code 94941

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 28 / 2008

Transaction ID: 81015.C7488

Amount of Each Receipt this Period
2500.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
New Jersey First

Mailing Address Riverfront Plaza Station
P.O. Box 200597

City Newark State NJ Zip Code 07102

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 8750.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 20 / 2008

Transaction ID: 81015.C7482

Amount of Each Receipt this Period
3750.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **8250.00**

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

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

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

FOR LINE NUMBER: PAGE 8 / 44
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Don Payne for Congress

A. Full Name (Last, First, Middle Initial)
Physical Therapy PAC
Mailing Address 1111 N. Fairfax Street
City State Zip Code
Alexandria VA 22314
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
1000.00
Date of Receipt
M M / D D / Y Y Y Y Y
07 / 25 / 2008
Transaction ID: 81015.C7480
Amount of Each Receipt this Period
1000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
UPS PAC
Mailing Address United Parcel Service
55 Glenlake Parkway, NE
City State Zip Code
Atlanta GA 30328
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
2932.05
Date of Receipt
M M / D D / Y Y Y Y Y
08 / 11 / 2008
Transaction ID: 81015.C7519
Amount of Each Receipt this Period
1432.05
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Womens Alliance for Israel PAC
Mailing Address 30151 Thomas Street
City State Zip Code
Rancho Santa Marga CA 92688
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼
General
Election Cycle-to-Date ▼
2500.00
Date of Receipt
M M / D D / Y Y Y Y Y
07 / 27 / 2008
Transaction ID: 81015.C7514
Amount of Each Receipt this Period
2500.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **4932.05**
TOTAL This Period (last page this line number only) ► **19782.05**

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 44
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Don Payne for Congress

A. Full Name (Last, First, Middle Initial)
Ephraim Altman
Mailing Address 4415 Sseagus Avenue, Apt. 209
City Sherman Oaks State CA Zip Code 91403
FEC ID number of contributing federal political committee. C

Date of Receipt MM / DD / YYYY
08 / 01 / 2008
Transaction ID: 81015.C7516
Amount of Each Receipt this Period 1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Name of Employer Self Employed Occupation Insurance Agent
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

B. Full Name (Last, First, Middle Initial)
Stephen Badger
Mailing Address 1652 29th Street, NW
City Washington State DC Zip Code 20007
FEC ID number of contributing federal political committee. C

Date of Receipt MM / DD / YYYY
07 / 18 / 2008
Transaction ID: 81015.C7520
Amount of Each Receipt this Period 2300.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Name of Employer Employer info requested Occupation Employer info requested
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 3300.00

C. Full Name (Last, First, Middle Initial)
Sadiq Ikharo Bello
Mailing Address 1261 Amber Court
City San Leandro State CA Zip Code 94577
FEC ID number of contributing federal political committee. C

Date of Receipt MM / DD / YYYY
07 / 26 / 2008
Transaction ID: 81015.C7501
Amount of Each Receipt this Period 1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Name of Employer Peralta Community College Occupation Vice-Chancellor Dept. of Gen S
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

SUBTOTAL of Receipts This Page (optional) 4300.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Don Payne for Congress

A. Full Name (Last, First, Middle Initial)
Julia E. Chaney

Mailing Address 13106 Ogles Hope Drive

City State Zip Code
Bowie MD 20720

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

Name of Employer Occupation
Capitol Hill Consulting Senior Vice President
Group

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Amount of Each Receipt this Period: 200.00

Transaction ID: 81015.C7497

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Ayalnesh Chanialew

Mailing Address 3969 Turnnnley Avenue

City State Zip Code
Oakland CA 94605

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

Name of Employer Occupation
Employer info requested Employer info requested

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Amount of Each Receipt this Period: 200.00

Transaction ID: 81015.C7508

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Lianping Chen

Mailing Address 425 N. Nicholson Avenue#E

City State Zip Code
Monterey Park CA 91755

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

Name of Employer Occupation
Self Information Requested

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Amount of Each Receipt this Period: 2300.00

Transaction ID: 81015.C7483

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **2700.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 44
(check only one)

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

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NAME OF COMMITTEE (In Full)
Don Payne for Congress

A.

Full Name (Last, First, Middle Initial)
Lionel R. Collins, Jr.

Mailing Address 2759 Unicorn Lane, NW

City Washington State DC Zip Code 20009

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

Name of Employer Jones Walker Occupation Consultant

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 07 / 23 / 2008

Transaction ID: 81015.C7494

Amount of Each Receipt this Period 250.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)
Alan Dones

Mailing Address 1210 Exelsior Avenue

City Oakland State CA Zip Code 94610

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

Name of Employer SUDA, LLC Occupation Real Estate & Energy

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 07 / 26 / 2008

Transaction ID: 81015.C7499

Amount of Each Receipt this Period 1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)
Alan Dones

Mailing Address 1210 Exelsior Avenue

City Oakland State CA Zip Code 94610

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

Name of Employer SUDA, LLC Occupation Real Estate & Energy

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt 07 / 26 / 2008

Transaction ID: 81015.C7498

Amount of Each Receipt this Period 1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 2250.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 44
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Don Payne for Congress

A. Full Name (Last, First, Middle Initial)
Christopher D. Ford

Mailing Address 7069 31st Street, NW

City Washington State DC Zip Code 20015

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

Name of Employer Alston & Bird LLP Occupation Consultant

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 07 / 23 / 2008
Transaction ID: 81015.C7492
 Amount of Each Receipt this Period 500.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Ansley Gill

Mailing Address 10808 Hillbrooke Lae

City Potomac State MD Zip Code 20854

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

Name of Employer A. L. & S Urban Renewal Occupation Partner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3800.00

Date of Receipt 07 / 21 / 2008
Transaction ID: 81015.C7593
 Amount of Each Receipt this Period 2300.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
John Gooding

Mailing Address 6363 Christie Avenue Apt. 2616

City Emeryville State CA Zip Code 94608

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

Name of Employer Quadric Group, Inc. Occupation Consultant

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt 07 / 25 / 2008
Transaction ID: 81015.C7500
 Amount of Each Receipt this Period 1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **3800.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 44
(check only one)

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

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NAME OF COMMITTEE (In Full)
Don Payne for Congress

A.

Full Name (Last, First, Middle Initial)
Herbert A. Houston

Mailing Address 4559 Sequoyah Road

City State Zip Code
Oakland CA 94605

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

Name of Employer Occupation
Herb Houston Enterprises Principal

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
08 / 01 / 2008

Transaction ID: 81015.C7509

Amount of Each Receipt this Period
200.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)
Frederick E. Jordan

Mailing Address 230 Cresta Vista Drive

City State Zip Code
San Francisco CA 94127

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

Name of Employer Occupation
F.E. Jordan Associates Civil Engineer

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
07 / 26 / 2008

Transaction ID: 81015.C7506

Amount of Each Receipt this Period
250.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)
Mabeyin Lakew

Mailing Address 1451 Danville Boulevard, #104

City State Zip Code
Alamo CA 94507

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

Name of Employer Occupation
Allstate Insurance Insurance Agent

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
07 / 25 / 2008

Transaction ID: 81015.C7502

Amount of Each Receipt this Period
500.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **950.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 44
(check only one)

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

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NAME OF COMMITTEE (In Full)
Don Payne for Congress

A.

Full Name (Last, First, Middle Initial)
Hweimei Lin

Mailing Address 425 N. Nicholson Avenue #E

City Monterey Park State CA Zip Code 91755

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

Name of Employer
Employer info requested

Occupation
Information Requested

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt
MM / DD / YYYY
07 / 27 / 2008

Transaction ID: 81015.C7484

Amount of Each Receipt this Period
2300.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)
Basil Maher

Mailing Address 10 Hawthorne Road

City Essex Fells State NJ Zip Code 07021

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

Name of Employer
Retired

Occupation
Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt
MM / DD / YYYY
08 / 15 / 2008

Transaction ID: 81015.C7485

Amount of Each Receipt this Period
1500.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)
Collins A. Mbanugo

Mailing Address 90 Skyway Lane

City Oakland State CA Zip Code 94619

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

Name of Employer
Self

Occupation
Physician

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
07 / 26 / 2008

Transaction ID: 81015.C7507

Amount of Each Receipt this Period
250.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **4050.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 44
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Don Payne for Congress

A. Full Name (Last, First, Middle Initial)
David H. Morrison

Mailing Address 950 Towlston Road

City State Zip Code
Mc Lean VA 22102

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

Name of Employer Podesta Group Occupation Consultant

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 17 / 2008

Transaction ID: 81015.C7495

Amount of Each Receipt this Period
250.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Kathy Nojima

Mailing Address 2170 Century Park, E 411

City State Zip Code
Los Angeles CA 90067

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

Name of Employer Java Equities Occupation Executive Assistant

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 27 / 2008

Transaction ID: 81015.C7518

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Jonathan M. Orloff

Mailing Address 1820 Belmont Road, NW

City State Zip Code
Washington DC 20009

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

Name of Employer Employer info requested Occupation Information Requested

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 18 / 2008

Transaction ID: 81015.C7493

Amount of Each Receipt this Period
500.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **1750.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 44
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Don Payne for Congress

A. Full Name (Last, First, Middle Initial)
Agonafer Shiferaw

Mailing Address 1 Anza Vista

City State Zip Code
Mill Valley CA 94941

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

Name of Employer Occupation
Rasselas Proprietor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 800.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	6	/	2	0	0	8

Transaction ID: 81015.C7503

Amount of Each Receipt this Period
500.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Tessema Doshio Shifferaw

Mailing Address P.O. Box 70625

City State Zip Code
Richmond CA 94807

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

Name of Employer Occupation
Employer info requested Employer info requested

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	9	/	2	0	0	8

Transaction ID: 81015.C7504

Amount of Each Receipt this Period
500.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Tesyfaye W. Tsadik

Mailing Address 1736 Franklin Street, 10th Floor

City State Zip Code
Oakland CA 94612

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

Name of Employer Occupation
Self Employed Attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	6	/	2	0	0	8

Transaction ID: 81015.C7505

Amount of Each Receipt this Period
500.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **1500.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 17 / 44	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Don Payne for Congress

A.

Full Name (Last, First, Middle Initial) Daphna Ziman		Date of Receipt MM / DD / YYYY 08 / 01 / 2008	
Mailing Address 10940 Wilshire Boulevard, Suite 19		Transaction ID: 81015.C7517	
City Los Angeles	State CA	Zip Code 90024	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Information Requested	Occupation Information Requested	Election Cycle-to-Date ▼ 1000.00	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	1000.00
TOTAL This Period (last page this line number only)	22300.00

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

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

FOR LINE NUMBER: (check only one)

PAGE 18 / 44

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

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NAME OF COMMITTEE (In Full)
Don Payne for Congress

A. Full Name (Last, First, Middle Initial)
Andrew B. Crawford Jr. Memorial Scholars

Mailing Address 491 Doloro Dr

City Morrisville State PA Zip Code 19067-6807

Purpose of Disbursement
Scholarship Donation
Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 81015.E5075
Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

SCHOLARSHIP DONATION

B. Full Name (Last, First, Middle Initial)
Men of Essex

Mailing Address P.O. Box 1070

City Newark State NJ Zip Code 07102-2622

Purpose of Disbursement
contribution
Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 81015.E5016
Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
Ms. Claras Restaurant

Mailing Address 745 Clinton Avenue

City Newark State NJ Zip Code 07108-

Purpose of Disbursement
Breakfast Meeting
Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 81015.E5018
Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

BREAKFAST MEETING

SUBTOTAL of Disbursements This Page (optional) ▶

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Don Payne for Congress

A.	Full Name (Last, First, Middle Initial) Ms. Claras Restaurant <hr/> Mailing Address 745 Clinton Avenue <hr/> City Newark State NJ Zip Code 07108- <hr/> Purpose of Disbursement Breakfast Meeting Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 81015.E5026 Date of Disbursement 08 / 06 / 2008 <hr/> Amount of Each Disbursement this Period 115.56 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 BREAKFAST MEETING
B.	Full Name (Last, First, Middle Initial) Irish American Unity Conference <hr/> Mailing Address P.O. Box 78 <hr/> City Selma State IN Zip Code 47383- <hr/> Purpose of Disbursement ad journal advertisement Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 81015.E5005 Date of Disbursement 07 / 21 / 2008 <hr/> Amount of Each Disbursement this Period 100.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 AD JOURNAL ADVERTISEMENT
C.	Full Name (Last, First, Middle Initial) Community Agency Corporation of NJ <hr/> Mailing Address 25 James Street <hr/> City Newark State NJ Zip Code 07102- <hr/> Purpose of Disbursement event tickets Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 81015.E4998 Date of Disbursement 07 / 08 / 2008 <hr/> Amount of Each Disbursement this Period 200.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 EVENT TICKETS

SUBTOTAL of Disbursements This Page (optional) ▶	415.56
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Don Payne for Congress

A.	Full Name (Last, First, Middle Initial) National Council of Negro Women Mailing Address P.O. Box 2515 City Elizabeth State NJ Zip Code 07201- Purpose of Disbursement event tickets 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: 81015.E5066 Date of Disbursement 09 / 30 / 2008 Amount of Each Disbursement this Period 110.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 EVENT TICKETS
B.	Full Name (Last, First, Middle Initial) JMB Enterprise Mailing Address 16 Whitney Street City Newark State NJ Zip Code 07108- Purpose of Disbursement HQ Signs 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: 81015.E5001 Date of Disbursement 07 / 10 / 2008 Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 HQ SIGNS
C.	Full Name (Last, First, Middle Initial) Wilkes University Football Camp Mailing Address 84 W. South Street City Wilkes Barre State PA Zip Code 18766- Purpose of Disbursement Donation to Football Camp 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: 81015.E5017 Date of Disbursement 07 / 29 / 2008 Amount of Each Disbursement this Period 800.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 DONATION TO FOOTBALL CAMP

SUBTOTAL of Disbursements This Page (optional) ▶

1410.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Don Payne for Congress

A.	Full Name (Last, First, Middle Initial) 1 Bright Star Web Development Firm Mailing Address P.O. Box 2824 City Mechanicsville State VA Zip Code 23116- Purpose of Disbursement Website Design 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: 81015.E5022 Date of Disbursement 08 / 06 / 2008 Amount of Each Disbursement this Period 770.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 WEBSITE DESIGN
B.	Full Name (Last, First, Middle Initial) Ward Photography Mailing Address 1200 Clinton Avenue City Irvington State NJ Zip Code 07111- Purpose of Disbursement Photography 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: 81015.E5071 Date of Disbursement 09 / 30 / 2008 Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PHOTOGRAPHY SERVICES
C.	Full Name (Last, First, Middle Initial) St. Patricks Of Assumption all Mailing Address Saints Endowment 491 Doloro Drive City Jersey City State NJ Zip Code 07304- Purpose of Disbursement Donation 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: 81015.E5076 Date of Disbursement 09 / 30 / 2008 Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 DONATION

SUBTOTAL of Disbursements This Page (optional) ▶

1520.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 22 / 44

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

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NAME OF COMMITTEE (In Full)
Don Payne for Congress

A.

Full Name (Last, First, Middle Initial)
New Jersey Democratic State Comm.

Transaction ID: 81015.E5002

Date of Disbursement

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

Mailing Address 90 Woodbridge Center Drive
Suite 380

Amount of Each Disbursement this Period

1000.00

City Woodbridge State NJ Zip Code 07095-

Purpose of Disbursement
Transportation in Denver

Category/ Type

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

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

TRANSPORTATION IN DENVER

State: District:

B.

Full Name (Last, First, Middle Initial)
American Express

Transaction ID: 81015.E5004

Date of Disbursement

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

Mailing Address P.O. Box 114

Amount of Each Disbursement this Period

393.55

City Newark State NJ Zip Code 07101-

Purpose of Disbursement
see below

Category/ Type

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

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

SEE BELOW

State: District:

C.

Full Name (Last, First, Middle Initial)
American Express

Transaction ID: 81015.E5013

Date of Disbursement

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

Mailing Address P.O. Box 114

Amount of Each Disbursement this Period

303.31

City Newark State NJ Zip Code 07101-

Purpose of Disbursement
see below

Category/ Type

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

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

SEE BELOW

State: District:

SUBTOTAL of Disbursements This Page (optional)

1696.86

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Don Payne for Congress

A.

Full Name (Last, First, Middle Initial)
Bistis Press

Mailing Address 1310 Clinton Avenue

City Newark State NJ Zip Code 07111-

Purpose of Disbursement
Printing Services

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 81015.E5038

Date of Disbursement

09 / 19 / 2008

Amount of Each Disbursement this Period

160.00

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

PRINTING SERVICES

B.

Full Name (Last, First, Middle Initial)
Caputo Florist

Mailing Address 51 Bloomfield Avenue

City Newark State NJ Zip Code 07104-

Purpose of Disbursement
Flowers

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 81015.E5068

Date of Disbursement

09 / 30 / 2008

Amount of Each Disbursement this Period

592.60

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

FLOWERS

C.

Full Name (Last, First, Middle Initial)
CBC PAC

Mailing Address P.O. Box 2006

City Washington State DC Zip Code 20013-

Purpose of Disbursement
contribution

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 81015.E5008

Date of Disbursement

08 / 01 / 2008

Amount of Each Disbursement this Period

5000.00

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

CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional)

5752.60

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Don Payne for Congress

<p>A. Full Name (Last, First, Middle Initial) Committee to Elect Robert Bowser</p> <p>Mailing Address 67 Sanford St.</p> <p>City East Orange State NJ Zip Code 07018-</p> <p>Purpose of Disbursement Event ticket</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: 81015.E5009 Date of Disbursement 07 / 21 / 2008</p> <p>Amount of Each Disbursement this Period 300.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>EVENT TICKET</p>
<p>B. Full Name (Last, First, Middle Initial) Congressional Black Caucus Fnd</p> <p>Mailing Address 1004 Pennsylvania Ave., SE</p> <p>City Washington State DC Zip Code 20003-</p> <p>Purpose of Disbursement Tickets</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: 81015.E5031 Date of Disbursement 09 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 750.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>TICKETS</p>
<p>C. Full Name (Last, First, Middle Initial) Congressional Black Caucus Fnd</p> <p>Mailing Address 1004 Pennsylvania Ave., SE</p> <p>City Washington State DC Zip Code 20003-</p> <p>Purpose of Disbursement Tickets</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: 81015.E5030 Date of Disbursement 09 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>TICKETS</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2050.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 25 / 44

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

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NAME OF COMMITTEE (In Full)
Don Payne for Congress

A.

Full Name (Last, First, Middle Initial)
David Andrukitis Inc

Transaction ID: 81015.E5019
Date of Disbursement

Mailing Address 50 E. Street, SE

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

City Washington State DC Zip Code 20515-

Amount of Each Disbursement this Period

295.50

Purpose of Disbursement
Printing Costs-Stationary

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

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

PRINTING COSTS-STATIONARY

State: District:

B.

Full Name (Last, First, Middle Initial)
East Orange Dem Committee

Transaction ID: 81015.E5073
Date of Disbursement

Mailing Address P.O. Box 5304

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	8

City East Orange State NJ Zip Code 07019-

Amount of Each Disbursement this Period

100.00

Purpose of Disbursement
event ticket

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

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

EVENT TICKET

State: District:

C.

Full Name (Last, First, Middle Initial)
Committee to Elect Wayne Smith

Transaction ID: 81015.E5074
Date of Disbursement

Mailing Address 19 Fuller Place

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	8

City Newark State NJ Zip Code 07111-

Amount of Each Disbursement this Period

250.00

Purpose of Disbursement
event ticket

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

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

EVENT TICKET

State: District:

SUBTOTAL of Disbursements This Page (optional)

645.50

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Don Payne for Congress

A.

Full Name (Last, First, Middle Initial)
Essex Democratic Committee

Mailing Address 50 Park Place

City Newark State NJ Zip Code 07102-

Purpose of Disbursement
Rent Party

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 81015.E5020

Date of Disbursement

08 / 05 / 2008

Amount of Each Disbursement this Period

600.00

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

RENT PARTY

B.

Full Name (Last, First, Middle Initial)
Essex Democratic Committee

Mailing Address 50 Park Place

City Newark State NJ Zip Code 07102-

Purpose of Disbursement
Event Tickets

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 81015.E5059

Date of Disbursement

09 / 30 / 2008

Amount of Each Disbursement this Period

4000.00

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

EVENT TICKETS

C.

Full Name (Last, First, Middle Initial)
Essex Democratic Committee

Mailing Address 50 Park Place

City Newark State NJ Zip Code 07102-

Purpose of Disbursement
event tickets

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 81015.E5065

Date of Disbursement

09 / 30 / 2008

Amount of Each Disbursement this Period

2500.00

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

EVENT TICKETS

SUBTOTAL of Disbursements This Page (optional)

7100.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 27 / 44

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

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NAME OF COMMITTEE (In Full)
Don Payne for Congress

A.

Full Name (Last, First, Middle Initial)
Essex Democratic Committee

Mailing Address 50 Park Place

City Newark State NJ Zip Code 07102-

Purpose of Disbursement
Event Tickets
Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: 81015.E5079
Date of Disbursement

09 / 30 / 2008

Amount of Each Disbursement this Period

2500.00

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

EVENT TICKETS

B.

Full Name (Last, First, Middle Initial)
Friends of Viola Richardson

Mailing Address 239 Stegman Street

City Jersey City State NJ Zip Code 07305-

Purpose of Disbursement
event tickets
Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: 81015.E5067
Date of Disbursement

09 / 30 / 2008

Amount of Each Disbursement this Period

200.00

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

EVENT TICKETS

C.

Full Name (Last, First, Middle Initial)
Garden State Dufferettes

Mailing Address c/o Bettye Carson
33 Chancellor Avenue

City Newark State NJ Zip Code 07112-

Purpose of Disbursement
event tickets
Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: 81015.E5034
Date of Disbursement

09 / 11 / 2008

Amount of Each Disbursement this Period

150.00

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

EVENT TICKETS

SUBTOTAL of Disbursements This Page (optional)

2850.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Don Payne for Congress

<p>A. Full Name (Last, First, Middle Initial) Garden State Dufferettes</p> <p>Mailing Address c/o Bettye Carson 33 Chancellor Avenue</p> <p>City Newark State NJ Zip Code 07112-</p> <p>Purpose of Disbursement advertisement journal 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: 81015.E5035 Date of Disbursement 09 / 12 / 2008</p> <p>Amount of Each Disbursement this Period 100.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>ADVERTISEMENT JOURNAL</p>
<p>B. Full Name (Last, First, Middle Initial) Mubarak S. Guy</p> <p>Mailing Address 117 Alexander Avenue</p> <p>City Newark State NJ Zip Code 07106-</p> <p>Purpose of Disbursement Boot Camp 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: 81015.E5023 Date of Disbursement 08 / 14 / 2008</p> <p>Amount of Each Disbursement this Period 297.30</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>BOOT CAMP</p>
<p>C. Full Name (Last, First, Middle Initial) Hudson County Dems</p> <p>Mailing Address 130 Central Ave.</p> <p>City Jersey City State NJ Zip Code 07305-</p> <p>Purpose of Disbursement Event Tickets 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: 81015.E5040 Date of Disbursement 09 / 18 / 2008</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>EVENT TICKETS</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1897.30

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Don Payne for Congress

<p>A.</p> <p>Full Name (Last, First, Middle Initial) MCS Realty Management</p> <p>Mailing Address 277 Mountainview Drive</p> <p>City Monroe State NY Zip Code 10950-</p> <p>Purpose of Disbursement HQ Rent</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: 81015.E4999</p> <p>Date of Disbursement 07 / 08 / 2008</p> <p>Amount of Each Disbursement this Period 900.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>HQ RENT</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) MCS Realty Management</p> <p>Mailing Address 277 Mountainview Drive</p> <p>City Monroe State NY Zip Code 10950-</p> <p>Purpose of Disbursement HQ Rent</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: 81015.E5015</p> <p>Date of Disbursement 08 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 900.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>HQ RENT</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) MCS Realty Management</p> <p>Mailing Address 277 Mountainview Drive</p> <p>City Monroe State NY Zip Code 10950-</p> <p>Purpose of Disbursement HQ Rent</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: 81015.E5025</p> <p>Date of Disbursement 08 / 06 / 2008</p> <p>Amount of Each Disbursement this Period 900.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>HQ RENT</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2700.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Don Payne for Congress

A.

Full Name (Last, First, Middle Initial)
MCS Realty Management

Transaction ID: 81015.E5062
Date of Disbursement

Mailing Address 277 Mountainview Drive

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	8

City State Zip Code
Monroe NY 10950-

Amount of Each Disbursement this Period

900.00

Purpose of Disbursement
HQ Rent

Category/ Type

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

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

HQ RENT

State: District:

B.

Full Name (Last, First, Middle Initial)
NAACP - Irvington Branch

Transaction ID: 81015.E5069
Date of Disbursement

Mailing Address P.O. Box 377

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	8

City State Zip Code
Newark NJ 07111-

Amount of Each Disbursement this Period

200.00

Purpose of Disbursement
event tickets

Category/ Type

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

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

EVENT TICKETS

State: District:

C.

Full Name (Last, First, Middle Initial)
Chapter NAACP - Montclair

Transaction ID: 81015.E5082
Date of Disbursement

Mailing Address 251 North Park Street

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	8

City State Zip Code
Montclair NJ 07042-

Amount of Each Disbursement this Period

125.00

Purpose of Disbursement
advertisement journal

Category/ Type

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

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

ADVERTISEMENT JOURNAL

State: District:

SUBTOTAL of Disbursements This Page (optional)

1225.00

TOTAL This Period (last page this line number only)

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Don Payne for Congress

A.

Full Name (Last, First, Middle Initial)
NAACP - Newark Branch

Mailing Address 9 Lincoln Park

City Newark State NJ Zip Code 07102-

Purpose of Disbursement
event ticket & Advertisement journa
Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: 81015.E5081
Date of Disbursement

09 / 30 / 2008

Amount of Each Disbursement this Period

375.00

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

EVENT TICKET & ADVERTISEM-
ENT JOURNA

B.

Full Name (Last, First, Middle Initial)
National Democratic Club

Mailing Address 30 Ivy Street

City Washington State DC Zip Code 20003-

Purpose of Disbursement
Dues
Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: 81015.E5006
Date of Disbursement

07 / 21 / 2008

Amount of Each Disbursement this Period

67.63

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

DUES

C.

Full Name (Last, First, Middle Initial)
National Democratic Club

Mailing Address 30 Ivy Street

City Washington State DC Zip Code 20003-

Purpose of Disbursement
Dues
Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: 81015.E5032
Date of Disbursement

09 / 10 / 2008

Amount of Each Disbursement this Period

41.25

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

DUES

SUBTOTAL of Disbursements This Page (optional) ▶

483.88

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Don Payne for Congress

A.

Full Name (Last, First, Middle Initial)
NJ State Building & Constr. Trade Council

Mailing Address
AFL-CIO
77 Brant Avenue

City State Zip Code
Clark NJ 07066-

Purpose of Disbursement
Advertisement journal
Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: 81015.E5058
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	3		2	0	0	8

Amount of Each Disbursement this Period

800.00

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

ADVERTISEMENT JOURNAL

B.

Full Name (Last, First, Middle Initial)
Palm Garden Holiness Church

Mailing Address
939 Bergen Street

City State Zip Code
Newark NJ 07108-

Purpose of Disbursement
Breakfast meeting Catering Services
Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: 81015.E5037
Date of Disbursement

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

Amount of Each Disbursement this Period

1000.00

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

BREAKFAST MEETING CATERING SERVICES

C.

Full Name (Last, First, Middle Initial)
Postmaster Newark

Mailing Address
Federal Square

City State Zip Code
Newark NJ 07102-

Purpose of Disbursement
Stamps
Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: 81015.E5027
Date of Disbursement

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

Amount of Each Disbursement this Period

84.00

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

STAMPS

SUBTOTAL of Disbursements This Page (optional)

1884.00

TOTAL This Period (last page this line number only)

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Don Payne for Congress

A.

Full Name (Last, First, Middle Initial)
Postmaster Newark

Transaction ID: 81015.E5036
Date of Disbursement

Mailing Address Federal Square

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

City Newark State NJ Zip Code 07102-

Amount of Each Disbursement this Period

84.00

Purpose of Disbursement

Category/Type

Stamps
Candidate Name

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

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

STAMPS

B.

Full Name (Last, First, Middle Initial)
Postmaster Newark

Transaction ID: 81015.E5064
Date of Disbursement

Mailing Address Federal Square

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	8

City Newark State NJ Zip Code 07102-

Amount of Each Disbursement this Period

420.00

Purpose of Disbursement

Category/Type

Stamps
Candidate Name

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

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

STAMPS

C.

Full Name (Last, First, Middle Initial)
PSE&G

Transaction ID: 80916.E4918
Date of Disbursement

Mailing Address 80 Park Plaza

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	9		2	0	0	8

City Newark State NJ Zip Code 07101-

Amount of Each Disbursement this Period

56.67

Purpose of Disbursement

Category/Type

HQ Utilities
Candidate Name

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

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

HQ UTILITIES

SUBTOTAL of Disbursements This Page (optional)

560.67

TOTAL This Period (last page this line number only)

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Don Payne for Congress

<p>A.</p> <p>Full Name (Last, First, Middle Initial) PSE&G</p> <p>Mailing Address 80 Park Plaza</p> <p>City Newark State NJ Zip Code 07101-</p> <p>Purpose of Disbursement HQ. Utilities</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: 81015.E5000</p> <p>Date of Disbursement 07 / 09 / 2008</p> <p>Amount of Each Disbursement this Period 56.67</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>HQ. UTILITIES</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) PSE&G</p> <p>Mailing Address 80 Park Plaza</p> <p>City Newark State NJ Zip Code 07101-</p> <p>Purpose of Disbursement HQ Utilities</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: 81015.E5003</p> <p>Date of Disbursement 07 / 21 / 2008</p> <p>Amount of Each Disbursement this Period 13.45</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>HQ UTILITIES</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) PSE&G</p> <p>Mailing Address 80 Park Plaza</p> <p>City Newark State NJ Zip Code 07101-</p> <p>Purpose of Disbursement HQ Utilities</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: 81015.E5080</p> <p>Date of Disbursement 09 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 49.60</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>HQ UTILITIES</p>

SUBTOTAL of Disbursements This Page (optional)	119.72
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Don Payne for Congress

A.

Full Name (Last, First, Middle Initial)
St. Patrick High School

Mailing Address 221 Court Street

City Elizabeth State NJ Zip Code 07206-

Purpose of Disbursement
Donation

Candidate Name

Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 81015.E5078
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	8

Amount of Each Disbursement this Period

250.00

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

DONATION

B.

Full Name (Last, First, Middle Initial)
Twenty First Century Group

Mailing Address 434 New Jersey Avenue, SE

City Washington State DC Zip Code 20003-

Purpose of Disbursement
event Planning

Candidate Name

Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 81015.E5021
Date of Disbursement

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

Amount of Each Disbursement this Period

1750.00

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

EVENT PLANNING

C.

Full Name (Last, First, Middle Initial)
Union County Dem Comm.

Mailing Address 65 King Street

City Linden State NJ Zip Code 07036-

Purpose of Disbursement
event ticket

Candidate Name

Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 81015.E5072
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	8

Amount of Each Disbursement this Period

300.00

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

EVENT TICKET

SUBTOTAL of Disbursements This Page (optional)

2300.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Don Payne for Congress

A.	Full Name (Last, First, Middle Initial) Urban Initiatives Mailing Address 111 Mulberry Street City Newark State NJ Zip Code 07102- Purpose of Disbursement Fundraising Consultant 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: 80916.E4919 Date of Disbursement 07 / 11 / 2008 Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 FUNDRAISING CONSULTANT
B.	Full Name (Last, First, Middle Initial) Urban Initiatives Mailing Address 111 Mulberry Street City Newark State NJ Zip Code 07102- Purpose of Disbursement Fundraising Consultant 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: 81015.E5028 Date of Disbursement 09 / 04 / 2008 Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 FUNDRAISING CONSULTANT
C.	Full Name (Last, First, Middle Initial) Urban Initiatives Mailing Address 111 Mulberry Street City Newark State NJ Zip Code 07102- Purpose of Disbursement Fundraising Consultant 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: 81015.E5070 Date of Disbursement 09 / 30 / 2008 Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 FUNDRAISING CONSULTANT

SUBTOTAL of Disbursements This Page (optional) ▶	4000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Don Payne for Congress

A.

Full Name (Last, First, Middle Initial)
Verizon

Transaction ID: 81015.E5007
Date of Disbursement

Mailing Address P.O.Box 4833

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

City State Zip Code
Trenton NJ 08650-

Amount of Each Disbursement this Period

489.39

Purpose of Disbursement
Telephone Services

Category/
Type

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

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

TELEPHONE SERVICES

State: District:

B.

Full Name (Last, First, Middle Initial)
Verizon

Transaction ID: 81015.E5077
Date of Disbursement

Mailing Address P.O.Box 4833

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	8

City State Zip Code
Trenton NJ 08650-

Amount of Each Disbursement this Period

241.88

Purpose of Disbursement
Telephone Services

Category/
Type

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

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

TELEPHONE SERVICES

State: District:

SUBTOTAL of Disbursements This Page (optional)

731.27

TOTAL This Period (last page this line number only)

39836.60

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Don Payne for Congress

<p>A. Full Name (Last, First, Middle Initial) Election Fund of Donald M. Payne, Jr.</p> <p>Mailing Address PO Box 4314</p> <p>City Newark State NJ Zip Code 07112-0314</p> <p>Purpose of Disbursement CONTRIBUTION TO CITY COUNCILMAN</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: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 81015.E5061</p> <p>Date of Disbursement 09 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 7200.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Audrey West Foundation</p> <p>Mailing Address P.O. Box 22378</p> <p>City Newark State NJ Zip Code 07101-</p> <p>Purpose of Disbursement SCHOLARTSHIP</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: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 81015.E5056</p> <p>Date of Disbursement 09 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 300.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Jefferson Committee</p> <p>Mailing Address 1723 Valmont Street</p> <p>City New Orleans State LA Zip Code 70115-</p> <p>Purpose of Disbursement LA 2ND CONGRESSIONAL DISTRICT</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: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 81015.E5011</p> <p>Date of Disbursement 08 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 2300.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional)	9800.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Don Payne for Congress

A.

Full Name (Last, First, Middle Initial)
Dan Seals for Congress

Mailing Address P.O. Box 584

City Wilmette State IL Zip Code 60091-

Purpose of Disbursement
IL 10TH CONGRESSIONAL DISTRICT

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 81015.E5041
Date of Disbursement

09 / 30 / 2008

Amount of Each Disbursement this Period

1000.00

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

B.

Full Name (Last, First, Middle Initial)
Donald Cravings Jr. for Congress

Mailing Address 2044 Lake Hill Parkway

City Baton Rouge State LA Zip Code 70808-

Purpose of Disbursement
LA 7TH CONGRESSIONAL DISTRICT

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 81015.E5043
Date of Disbursement

09 / 30 / 2008

Amount of Each Disbursement this Period

1000.00

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

C.

Full Name (Last, First, Middle Initial)
Tom Allen for US Senate

Mailing Address 550 Forrest Avenue

City Portland State ME Zip Code 04101-

Purpose of Disbursement
UNITED STATES SENATE RACE

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 81015.E5044
Date of Disbursement

09 / 20 / 2008

Amount of Each Disbursement this Period

1000.00

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

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Don Payne for Congress

<p>A. Full Name (Last, First, Middle Initial) Madia for Congress</p> <p>Mailing Address P.O. Box 2459</p> <p>City Osseo State MN Zip Code 55311-</p> <p>Purpose of Disbursement MN 3RD CONGRESSIONALDISTRICT</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: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 81015.E5045</p> <p>Date of Disbursement 09 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Heinrich for Congress</p> <p>Mailing Address 2118 Central Avenue</p> <p>City Albuquerque State NM Zip Code 87106-</p> <p>Purpose of Disbursement NM 1ST CONGRESSIONAL DISTRICT</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: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 81015.E5046</p> <p>Date of Disbursement 09 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Halvorson for Congress</p> <p>Mailing Address 20 E. Cass Street</p> <p>City Joliet State IL Zip Code 60432-</p> <p>Purpose of Disbursement IL 11TH CONGRESSIONAL DISTRICT</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: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 81015.E5047</p> <p>Date of Disbursement 09 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Don Payne for Congress

A.

Full Name (Last, First, Middle Initial)
Kilroy for Congress

Mailing Address 271 E. State Street

City State Zip Code
Columbus OH 43215-

Purpose of Disbursement
IL 15TH CONGRESSIONAL DISTRICT

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 81015.E5048
Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

B.

Full Name (Last, First, Middle Initial)
Burner for Congress

Mailing Address P.O. Box 1090

City State Zip Code
Carnation WA 98014-

Purpose of Disbursement
WA 8TH CONGRESSIONAL DISTRICT

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 81015.E5049
Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

C.

Full Name (Last, First, Middle Initial)
Maffei for Congress

Mailing Address 628 S. Main Street

City State Zip Code
Syracuse NY 13212-

Purpose of Disbursement
NY 25TH CONGRESSIONAL DISTRICT

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 81015.E5050
Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

SUBTOTAL of Disbursements This Page (optional) ►

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 42 / 44

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

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NAME OF COMMITTEE (In Full)
Don Payne for Congress

<p>A. Full Name (Last, First, Middle Initial) Kagen for Congress</p> <p>Mailing Address 100 West College Avenue</p> <p>City Appleton State WI Zip Code 54911-</p> <p>Purpose of Disbursement WI 8TH CONGRESSIONAL DISTRICT</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: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 81015.E5051</p> <p>Date of Disbursement 09 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Pingress for Congress</p> <p>Mailing Address P.O. Box 17613</p> <p>City Portland State ME Zip Code 04112-</p> <p>Purpose of Disbursement ME 1ST CONGRESSIONAL DISTRICT</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: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 81015.E5052</p> <p>Date of Disbursement 09 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Markey for Congress</p> <p>Mailing Address P.O. Box 1333</p> <p>City Fort Collins State CO Zip Code 80522-</p> <p>Purpose of Disbursement CO 4TH CONGRESSIONAL DISTRICT</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: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 81015.E5053</p> <p>Date of Disbursement 09 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Don Payne for Congress

A.	Full Name (Last, First, Middle Initial) Shea-Porter for Congress Mailing Address 379 Elm Street City Manchester State NH Zip Code 03101- Purpose of Disbursement NH 1ST CONGRESSIONAL DISTRICT Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81015.E5054 Date of Disbursement 09 / 30 / 2008 Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Komen for the Race Mailing Address 2 Princess Road Suite D City Trenton State NJ Zip Code 08648- Purpose of Disbursement DONATION TO BREAST CANCER WALK Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81015.E5055 Date of Disbursement 09 / 30 / 2008 Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) DCCC Mailing Address 430 So. Capitol St. City Washington State DC Zip Code 20003- Purpose of Disbursement DUES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81015.E5042 Date of Disbursement 09 / 30 / 2008 Amount of Each Disbursement this Period 25000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	26250.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Don Payne for Congress

A.	Full Name (Last, First, Middle Initial) DCCC Mailing Address 430 So. Capitol St. City Washington State DC Zip Code 20003- Purpose of Disbursement DUES Candidate Name Office Sought: <input 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: District:	Transaction ID: 81015.E5010 Date of Disbursement 08 / 01 / 2008 Amount of Each Disbursement this Period 10000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Smith for Mayor Mailing Address P.O. Box 9 City Roselle State NJ Zip Code 07203- Purpose of Disbursement CONTRIBUTION TO MAYORAL RACE Candidate Name Office Sought: <input 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: District:	Transaction ID: 81015.E5039 Date of Disbursement 09 / 19 / 2008 Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Urban League Guild Mailing Address 508 Central Avenue City Newark State NJ Zip Code 07107- Purpose of Disbursement EVENT TICKET Candidate Name Office Sought: <input 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: District:	Transaction ID: 81015.E5057 Date of Disbursement 09 / 30 / 2008 Amount of Each Disbursement this Period 200.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	10700.00
TOTAL This Period (last page this line number only) ▶	58750.00