

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

LEADERSHIP 21

ADDRESS (number and street) 6849 OLD DOMINION DRIVE  
SUITE 222  
 Check if different than previously reported. (ACC)  
MCLEAN VA 22101

2. **FEC IDENTIFICATION NUMBER** CITY STATE ZIPCODE

C00327239

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

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

(a) Quarterly Reports:

- April 15 Quarterly Report(Q1)
- July 15 Quarterly Report(Q2)
- October 15 Quarterly Report(Q3)
- January 31 Quarterly Report(YE)
- July 31 Mid-Year Report(Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- |                                      |                                      |  |  |
|--------------------------------------|--------------------------------------|--|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8)             | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9)             | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input checked="" type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE)                           |

- (c) 12-Day **PRE-Election** Report for the:
- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P)    | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12G) |                                       |

Election on \_\_\_\_\_ in the State of \_\_\_\_\_

- (d) 30-Day **Post -Election** Report for the:
- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 09 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 Leslie J. Kerman

Signature of Treasurer Electronically Filed by Leslie J. Kerman Date 10 02 2008

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

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
LEADERSHIP 21

Report Covering the Period: From: 

M	M
0	9

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 Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		70695.61
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period .....	88808.30									
(c) Total Receipts (from Line 19) .....	56472.41	127472.41								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	145280.71	198168.02								
7. Total Disbursements (from Line 31) .....	38195.99	91083.30								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	107084.72	107084.72								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
LEADERSHIP 21

Report Covering the Period: From: 

M	M
0	9

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 Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(i) Itemized (use Schedule A) .....	0.00	0.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ▶	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	56472.41	127472.41
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) ▶	56472.41	127472.41
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	56472.41	127472.41
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	56472.41	127472.41

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	16195.99	29583.30
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	16195.99	29583.30
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	22000.00	61500.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	38195.99	91083.30
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	38195.99	91083.30

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	56472.41	127472.41
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	56472.41	127472.41
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	16195.99	29583.30
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	16195.99	29583.30

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

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

FOR LINE NUMBER: PAGE 6 / 15  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

NAME OF COMMITTEE (In Full)  
LEADERSHIP 21

**A.** Full Name (Last, First, Middle Initial)  
AMERICAN RENTAL ASSOCIATION POLITICAL ACTION COMMITTEE (ARAPAC)  
Mailing Address 1900 19TH STREET

City State Zip Code  
MOLINE IL 61265

FEC ID number of contributing federal political committee. **C** C00107615

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1872.41

Date of Receipt  

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

**Transaction ID:** SA11C.5518  
 Amount of Each Receipt this Period  
1872.41  
 In-kind: PAC Event: Food & Facilities

**B.** Full Name (Last, First, Middle Initial)  
AMERICAN RENTAL ASSOCIATION POLITICAL ACTION COMMITTEE (ARAPAC)  
Mailing Address 1900 19TH STREET

City State Zip Code  
MOLINE IL 61265

FEC ID number of contributing federal political committee. **C** C00107615

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4972.41

Date of Receipt  

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

**Transaction ID:** SA11C.5478  
 Amount of Each Receipt this Period  
3100.00  
 Contribution

**C.** Full Name (Last, First, Middle Initial)  
CHRYSLER SERVICE CONTRACTS INC. POLITICAL SUPPORT COMMITTEE (CHRYSLER PAC)  
Mailing Address 1000 CHRYSLER DR. CIMS# 485-10-95  
CIMS # 485-10-95

City State Zip Code  
AUBURN HILLS MI 48326

FEC ID number of contributing federal political committee. **C** C00043687

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3500.00

Date of Receipt  

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

**Transaction ID:** SA11C.5474  
 Amount of Each Receipt this Period  
3500.00  
 Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **8472.41**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 15  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
LEADERSHIP 21

**A.** Full Name (Last, First, Middle Initial)  
DELOITTE & TOUCHE FEDERAL POLITICAL ACTION COMMITTEE

Mailing Address P.O. Box 365

City State Zip Code  
Washington DC 20044

FEC ID number of contributing federal political committee. **C** C00211318

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 04 / 2008

**Transaction ID:** SA11C.5468

Amount of Each Receipt this Period  
5000.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
INDEPENDENT INSURANCE AGENTS OF AMERICA INC POLITICAL ACTION COMMITTEE (INSUR PAC)

Mailing Address 412 FIRST STREET SE  
SUITE 300

City State Zip Code  
WASHINGTON DC 20003

FEC ID number of contributing federal political committee. **C** C00022343

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2008

**Transaction ID:** SA11C.5528

Amount of Each Receipt this Period  
5000.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
INVESTMENT COMPANY INSTITUTE POLITICAL ACTION COMMITTEE (ICI PAC)

Mailing Address 1401 H STREET NW SUITE 1200

City State Zip Code  
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C** C00105981

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3500.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 04 / 2008

**Transaction ID:** SA11C.5472

Amount of Each Receipt this Period  
3500.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **13500.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 15  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
LEADERSHIP 21

<p><b>A.</b> Full Name (Last, First, Middle Initial) MICROSOFT CORPORATION POLITICAL ACTION COMMITTEE</p> <p>Mailing Address 16011 NE 36th Way Box 97017</p> <p>City State Zip Code Redmond WA 98073</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C C00227546</span></p> <p>Name of Employer Occupation</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">3500.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">0 9 / 3 0 / 2 0 0 8</span></p> <p><b>Transaction ID:</b> SA11C.5527</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">3500.00</span></p> <p>Contribution</p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) NATIONAL RURAL LETTER CARRIERS' ASSOCIATION POLITICAL ACTION COMMITTEE</p> <p>Mailing Address 1630 Duke Street 4th floor</p> <p>City State Zip Code Alexandria VA 22314</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C C00072025</span></p> <p>Name of Employer Occupation</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">3500.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">0 9 / 3 0 / 2 0 0 8</span></p> <p><b>Transaction ID:</b> SA11C.5523</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">3500.00</span></p> <p>Contribution</p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) PFIZER INC. PAC</p> <p>Mailing Address 235 East 42nd Street</p> <p>City State Zip Code New York NY 10017</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C C00016683</span></p> <p>Name of Employer Occupation</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">5000.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">0 9 / 3 0 / 2 0 0 8</span></p> <p><b>Transaction ID:</b> SA11C.5529</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">5000.00</span></p> <p>Contribution</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">12000.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 15  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
LEADERSHIP 21

**A.** Full Name (Last, First, Middle Initial)  
SONNENSCHN NATH & ROSENTHAL LLP POLITICAL ACTION COMMITTEE (SONNENSCHN NATH & ROSENTHAL LLP POLITICAL ACTION COMMITTEE)

Mailing Address 1301 K STREET NW  
SUITE 600 EAST TOWER

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00216127

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3500.00

Date of Receipt: 09 / 30 / 2008  
Transaction ID: SA11C.5525  
Amount of Each Receipt this Period: 3500.00  
Contribution

**B.** Full Name (Last, First, Middle Initial)  
UBS AMERICAS FUND FOR BETTER GOVERNMENT

Mailing Address C/O PER DYRVIK  
400 ATLANTIC STREET

City STAMFORD State CT Zip Code 06901

FEC ID number of contributing federal political committee. **C** C00012245

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 09 / 30 / 2008  
Transaction ID: SA11C.5532  
Amount of Each Receipt this Period: 5000.00  
Contribution

**C.** Full Name (Last, First, Middle Initial)  
US ONCOLOGY INC. GOOD GOVERNMENT COMMITTEE

Mailing Address 16825 Northchase Drive  
Suite 1300

City Houston State TX Zip Code 77060

FEC ID number of contributing federal political committee. **C** C00339655

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3500.00

Date of Receipt: 09 / 04 / 2008  
Transaction ID: SA11C.5470  
Amount of Each Receipt this Period: 3500.00  
Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 12000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 / 15
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
LEADERSHIP 21

<b>A.</b>	Full Name (Last, First, Middle Initial) UST EXECUTIVES ADMINISTRATORS AND MANAGERS POLITICAL ACTION CMTE (AKA USTEAM PA	Date of Receipt
	Mailing Address 100 WEST PUTMAN AVENUE	<input type="text" value="09"/> / <input type="text" value="04"/> / <input type="text" value="2008"/>
	City State Zip Code GREENWICH CT 06830	<b>Transaction ID:</b> SA11C.5476
	FEC ID number of contributing federal political committee. <input type="text" value="C00104851"/>	Amount of Each Receipt this Period <input type="text" value="3500.00"/>
	Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution Aggregate Year-to-Date ▼ <input type="text" value="3500.00"/>

<b>B.</b>	Full Name (Last, First, Middle Initial) WACHOVIA CORPORATION EMPLOYEES GOOD GOVERNMENT FEDERAL FUND I	Date of Receipt
	Mailing Address 301 S College St Attention: Brenda Bradley	<input type="text" value="09"/> / <input type="text" value="19"/> / <input type="text" value="2008"/>
	City State Zip Code Charlotte NC 28288	<b>Transaction ID:</b> SA11C.5477
	FEC ID number of contributing federal political committee. <input type="text" value="C00012518"/>	Amount of Each Receipt this Period <input type="text" value="5000.00"/>
	Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution Aggregate Year-to-Date ▼ <input type="text" value="5000.00"/>

<b>C.</b>	Full Name (Last, First, Middle Initial) WENDYS INTERNATIONAL INC. POLITICAL ACTION COMMITTEE	Date of Receipt
	Mailing Address 4288 WEST DUBLIN GRANVILLE ROAD	<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City State Zip Code DUBLIN OH 43017	<b>Transaction ID:</b> SA11C.5530
	FEC ID number of contributing federal political committee. <input type="text" value="C00369090"/>	Amount of Each Receipt this Period <input type="text" value="2000.00"/>
	Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution Aggregate Year-to-Date ▼ <input type="text" value="2000.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="10500.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="56472.41"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 11 / 15

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
LEADERSHIP 21

A.	Full Name (Last, First, Middle Initial) <b>AMERICAN RENTAL ASSOCIATION POLITICAL ACTION COMMITTEE (ARAPAC)</b> Mailing Address 1900 19TH STREET City Moline State IL Zip Code 61265 Purpose of Disbursement In-kind.: PAC Event: Food & Facilities Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID: SB21B.5519</b> Date of Disbursement 09 / 10 / 2008	Amount of Each Disbursement this Period 1872.41
B.	Full Name (Last, First, Middle Initial) <b>Caves Valley Golf Club</b> Mailing Address 2910 Blendon Road City Owings Mill State MD Zip Code 21117 Purpose of Disbursement PAC Fundraiser: Catering & Golf Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID: SB21B.5515</b> Date of Disbursement 09 / 23 / 2008	Amount of Each Disbursement this Period 13048.58
C.	Full Name (Last, First, Middle Initial) <b>The Waverly Group, Inc.</b> Mailing Address 6849 Old Dominion Drive Suite 222 City McLean State VA Zip Code 22101 Purpose of Disbursement PAC Mang't./Compliance: Fees & Expenses Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID: SB21B.5513</b> Date of Disbursement 09 / 05 / 2008	Amount of Each Disbursement this Period 1275.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>16195.99</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	<b>16195.99</b>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
LEADERSHIP 21

**A.** Full Name (Last, First, Middle Initial)  
BRIGHT FOR CONGRESS.COM

Mailing Address P.O.Box 2106

City Montgomery State AL Zip Code 36102

Purpose of Disbursement  
Contribution

Candidate Name  
BOBBY NEAL SR BRIGHT

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: AL District: 02

Transaction ID: SB23.5484

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**B.** Full Name (Last, First, Middle Initial)  
CARMOUCHE FOR CONGRESS INC

Mailing Address 912 KINGS HIGHWAY

City SHREVEPORT State LA Zip Code 71104

Purpose of Disbursement  
Contribution

Candidate Name  
PAUL J. MR. CARMOUCHE

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: LA District: 04

Transaction ID: SB23.5491

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**C.** Full Name (Last, First, Middle Initial)  
CHRISTINE JENNINGS FOR CONGRESS

Mailing Address 8211 241ST STREET EAST

City MYAKKA CITY State FL Zip Code 34251

Purpose of Disbursement  
Contribution

Candidate Name  
CHRISTINE L JENNINGS

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: FL District: 13

Transaction ID: SB23.5480

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional) .....

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
LEADERSHIP 21

<p><b>A.</b> Full Name (Last, First, Middle Initial) <b>COMMITTEE TO ELECT DAVID BOSWELL TO CONGRESS</b></p> <p>Mailing Address 5591 PANTHER CREEK PARK DRIVE</p> <p>City OWENSBORO State KY Zip Code 42301</p> <p>Purpose of Disbursement Contribution <input type="checkbox"/></p> <p>Candidate Name DAVID E BOSWELL</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 02</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.5497</p> <p>Date of Disbursement 09 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) <b>DONALD CRAVINS JR FOR CONGRESS</b></p> <p>Mailing Address PO BOX 2507</p> <p>City OPELOUSAS State LA Zip Code 70570</p> <p>Purpose of Disbursement Contribution <input type="checkbox"/></p> <p>Candidate Name DONALD R JR CRAVINS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 07</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.5510</p> <p>Date of Disbursement 09 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) <b>GRIFFITH FOR CONGRESS</b></p> <p>Mailing Address PO BOX 2619</p> <p>City HUNTSVILLE State AL Zip Code 35804</p> <p>Purpose of Disbursement Contribution <input type="checkbox"/></p> <p>Candidate Name R PARKER GRIFFITH</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 05</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.5488</p> <p>Date of Disbursement 09 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 3000.00</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

6000.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
LEADERSHIP 21

**A.** Full Name (Last, First, Middle Initial)  
IKE SKELTON FOR CONGRESS COMMITTEE

Mailing Address P.O. Box A

City Harrisonville State MO Zip Code 64701

Purpose of Disbursement  
Contribution

Candidate Name  
IKE SKELTON

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: MO District: 04

Transaction ID: SB23.5481

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**B.** Full Name (Last, First, Middle Initial)  
JENNINGS 2008

Mailing Address PO Box 49136

City Sarasota State FL Zip Code 34230

Purpose of Disbursement  
Contribution

Candidate Name  
CHRISTINE L JENNINGS

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: FL District: 13

Transaction ID: SB23.5502

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**C.** Full Name (Last, First, Middle Initial)  
KOSMAS FOR CONGRESS

Mailing Address PO Box 1547

City New Smyrna Beach State FL Zip Code 32170

Purpose of Disbursement  
Contribution

Candidate Name  
SUZANNE KOSMAS

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: FL District: 24

Transaction ID: SB23.5504

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

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

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

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FOR LINE NUMBER:  
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
LEADERSHIP 21

A.	Full Name (Last, First, Middle Initial) KRATOVIŁ FOR CONGRESS	Transaction ID: SB23.5487 Date of Disbursement
	Mailing Address 222 Main Sail Drive PO Box 518	<input type="text" value="09"/> / <input type="text" value="23"/> / <input type="text" value="2008"/>
	City Stevensville State MD Zip Code 21666	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name FRANK M JR KRATOVIŁ	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 01	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) MINNICK FOR CONGRESS	Transaction ID: SB23.5507 Date of Disbursement
	Mailing Address 8150 W EMERALD STREET SUITE 170	<input type="text" value="09"/> / <input type="text" value="23"/> / <input type="text" value="2008"/>
	City Boise State ID Zip Code 83704	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name WALTER CLIFFORD MINNICK	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ID District: 01	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) TINKLENBERG FOR CONGRESS	Transaction ID: SB23.5494 Date of Disbursement
	Mailing Address 9298 CENTRAL AVE NE	<input type="text" value="09"/> / <input type="text" value="23"/> / <input type="text" value="2008"/>
	City BLAINE State MN Zip Code 55434	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name ELWYN GLENN TINKLENBERG	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 06	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="3000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="22000.00"/>