

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

2. **FEC IDENTIFICATION NUMBER** C00003558
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 06 01 2008 through 06 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 JAMES E BYRON

Signature of Treasurer Electronically Filed by JAMES E BYRON Date 10 10 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
NATIONAL COMMITTEE FOR AN EFFECTIVE CONGRESS

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 6 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

 To:

| | |
|---|---|
| M | M |
| 0 | 6 |

| | |
|---|---|
| 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 | | 410228.20 |
| Y | Y | Y | Y | | | | | | | |
| 2 | 0 | 0 | 8 | | | | | | | |
| (b) Cash on Hand at Beginning of Reporting Period | 441140.22 | | | | | | | | | |
| (c) Total Receipts (from Line 19) | 72071.20 | 496305.70 | | | | | | | | |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 513211.42 | 906533.90 | | | | | | | | |
| 7. Total Disbursements (from Line 31) | 84145.53 | 477468.01 | | | | | | | | |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 429065.89 | 429065.89 | | | | | | | | |
| 9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | | | | | | | | | |
| 10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | | | | | | | | | |

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
NATIONAL COMMITTEE FOR AN EFFECTIVE CONGRESS

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 6 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

 To:

| | |
|---|---|
| M | M |
| 0 | 6 |

| | |
|---|---|
| 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 | 46168.00 | 242730.80 |
| (i) Itemized (use Schedule A) | | |
| (ii) Unitemized | 25697.59 | 247970.95 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) | 71865.59 | 490701.75 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 |
| (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) | 71865.59 | 490701.75 |
| 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.) | 205.61 | 5603.95 |
| 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)) | 72071.20 | 496305.70 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 72071.20 | 496305.70 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|---------------------------------------|---|
| 21. Operating Expenditures: | | |
| (a) Shared Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share..... | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures..... | -13854.47 | 215468.01 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... | -13854.47 | 215468.01 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 98000.00 | 262000.00 |
| 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)).. | 84145.53 | 477468.01 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 84145.53 | 477468.01 |

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) | 71865.59 | 490701.75 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 71865.59 | 490701.75 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | -13854.47 | 215468.01 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | -13854.47 | 215468.00 |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 149
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
MR RICHARD WARREN

Mailing Address 3878 PIERRON LN

City State Zip Code
PORT WASHINGTON WI 53074

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

Name of Employer Occupation
N/A RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
06 / 02 / 2008

Transaction ID: 20080602B07489002

Amount of Each Receipt this Period
100.00

B.

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

Mailing Address 552 RIVERSIDE DR APT 6K

City State Zip Code
NEW YORK NY 10027

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

Name of Employer Occupation
COLUMBIA UNIVERSITY PUBLIC HEALTH RESEARCH

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
06 / 02 / 2008

Transaction ID: 20080602B07489012

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
MR AND MRS FELIX L DUBREUIL

Mailing Address 8 GAYLORD CT

City State Zip Code
NEWTOWN PA 18940

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

Name of Employer Occupation
N/A RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
06 / 02 / 2008

Transaction ID: 20080602B07489015

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional) ► 1400.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 149
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
MR AND MRS BOYER JARVIS

Mailing Address 2357 BLAINE AVE

City State Zip Code
SALT LAKE CITY UT 84108

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

Name of Employer N/A Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 273.00

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

Transaction ID: 20080602B07489018

Amount of Each Receipt this Period
73.00

B.

Full Name (Last, First, Middle Initial)
DAVID AND BONITA TURNER

Mailing Address 1031 FOREST AVE

City State Zip Code
EVANSTON IL 60202

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

Name of Employer SAINT LUKES HOSPITAL Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: 20080602B07489043

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
MR ALEXANDER SEDGWICK

Mailing Address 1409 RUGBY RD

City State Zip Code
CHARLOTTESVILLE VA 22903

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

Name of Employer N/A Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: 20080602B07489050

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **423.00**

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 / 149
(check only one)

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

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

A.

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

Mailing Address 1 RIVER KNOLL DR

City State Zip Code
TITUSVILLE NJ 08560

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

Name of Employer Occupation
CORNELL UNIVERSITY PRESS PUBLISHING

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 02 / 2008

Transaction ID: 20080602B07489063

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
MR ELIOT BERKLEY

Mailing Address 5747 WINDSOR DR

City State Zip Code
SHAWNEE MISSION KS 66205

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

Name of Employer Occupation
N/A RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 02 / 2008

Transaction ID: 20080602B07490002

Amount of Each Receipt this Period
300.00

C.

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

Mailing Address 128 IRVING AVE

City State Zip Code
PROVIDENCE RI 02906

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

Name of Employer Occupation
BROWN UNIVERSITY PROFESSOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 02 / 2008

Transaction ID: 20080602B07490021

Amount of Each Receipt this Period
100.00

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

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

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

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

FOR LINE NUMBER: PAGE 9 / 149

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
MRS ROBERT WEINSTOCK
Mailing Address 37 KENDAL DR

City State Zip Code
OBERLIN OH 44074

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

Name of Employer Occupation
N/A RETIRED

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

Date of Receipt

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

Transaction ID: 20080602B07490033

Amount of Each Receipt this Period
400.00

B.

Full Name (Last, First, Middle Initial)
MR ALAN M APPLEFORD
Mailing Address 6284 CLIVE AVE

City State Zip Code
OAKLAND CA 94611

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

Name of Employer Occupation
BECHTEL POWER CORP CIVIL ENGINEER

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

Date of Receipt

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

Transaction ID: 20080602B07490036

Amount of Each Receipt this Period
200.00

C.

Full Name (Last, First, Middle Initial)
MR DAVID O SEARS
Mailing Address 405 HILGARD AVE
UCLA PSYCHOLOGY DEPARTMENT

City State Zip Code
LOS ANGELES CA 90095

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

Name of Employer Occupation
UCLA PSYCHOLOGY DEPARTMEN PROFESSOR

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

Date of Receipt

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

Transaction ID: 20080602B07490068

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)

1100.00

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 / 149

(check only one)

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

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

A.

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

Mailing Address 4031KENNETT PIKE APT 24

City State Zip Code
WILMINGTON DE 19807

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

Name of Employer Occupation
N/A RETIRED

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

Date of Receipt

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

Transaction ID: 20080602B07491027

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
MRS CAROL THOMAS

Mailing Address 21442 PASEO PORTOLA

City State Zip Code
MALIBU CA 90265

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

Name of Employer Occupation
N/A HOUSEWIFE

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

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 3 / 2 0 0 8

Transaction ID: 20080603B07533009

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
MR NICOLAS GOODMAN

Mailing Address 286 OLENTANGY ST

City State Zip Code
COLUMBUS OH 43202

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

Name of Employer Occupation
SUNY AT BUFFALO PROFESSOR

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

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 3 / 2 0 0 8

Transaction ID: 20080603B07533020

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional) ►

1300.00

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

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

| | |
|---|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 11 / 149 (check only one) |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

| | |
|--|--|
| <p>A. Full Name (Last, First, Middle Initial) LORRIN M KORAN</p> <p>Mailing Address 710 ALVARADO ROW</p> <hr/> <p>City State Zip Code STANFORD CA 94305</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation STANFORD UNIVERSITY PHYSICIAN</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p> | <p>Date of Receipt 06 / 03 / 2008</p> <p>Transaction ID: 20080603B07533036</p> <p>Amount of Each Receipt this Period 500.00</p> |
|--|--|

| | |
|--|--|
| <p>B. Full Name (Last, First, Middle Initial) MR JOHN H PARKER</p> <p>Mailing Address 13010 SW 116TH ST</p> <hr/> <p>City State Zip Code MIAMI FL 33186</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation FL INTERNATIONAL UNIVERSITY PROFESSOR</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 300.00</p> | <p>Date of Receipt 06 / 03 / 2008</p> <p>Transaction ID: 20080603B07534002</p> <p>Amount of Each Receipt this Period 200.00</p> |
|--|--|

| | |
|---|--|
| <p>C. Full Name (Last, First, Middle Initial) MS MARJORIE N BOYER</p> <p>Mailing Address 711 AMHERST AVE</p> <hr/> <p>City State Zip Code ANN ARBOR MI 48105</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation N/A RETIRED</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 300.00</p> | <p>Date of Receipt 06 / 04 / 2008</p> <p>Transaction ID: 20080604B07576015</p> <p>Amount of Each Receipt this Period 300.00</p> |
|---|--|

| | |
|---|--|
| <p>SUBTOTAL of Receipts This Page (optional)</p> | <p>1000.00</p> |
| <p>TOTAL This Period (last page this line number only)</p> | <p> </p> |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 149
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
DR JAMES SCHEUER

Mailing Address 220 E 73RD ST

City State Zip Code
NEW YORK NY 10021

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

Name of Employer Occupation
SELF-EMPLOYED PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
06 / 04 / 2008

Transaction ID: 20080604B07578001

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
DR RICHARD H HIERS

Mailing Address 506 SW 40TH TER

City State Zip Code
GAINESVILLE FL 32607

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

Name of Employer Occupation
UNIVERSITY OF FLORIDA PROFESSOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 05 / 2008

Transaction ID: 20080605B07603001

Amount of Each Receipt this Period
250.00

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

Mailing Address 2106 48TH AVE SW

City State Zip Code
SEATTLE WA 98116

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

Name of Employer Occupation
SEATTLE UNIVERSITY PROFESSOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
MM / DD / YYYY
06 / 05 / 2008

Transaction ID: 20080605B07603007

Amount of Each Receipt this Period
75.00

SUBTOTAL of Receipts This Page (optional) ► 1325.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 149

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
MR LEE W MILLER

Mailing Address 2066 N JACK TONE RD

City State Zip Code
STOCKTON CA 95215

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

Name of Employer Occupation
N/A RETIRED BIOLOGIST

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

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 5 / 2 0 0 8

Transaction ID: 20080605B07603013

Amount of Each Receipt this Period
150.00

B.

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

Mailing Address 1119 CALLE CATALINA

City State Zip Code
SANTA FE NM 87501

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

Name of Employer Occupation
WEYENBERG SHOE MANUFACTURING EXECUTIVE

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

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 5 / 2 0 0 8

Transaction ID: 20080605B07603019

Amount of Each Receipt this Period
300.00

C.

Full Name (Last, First, Middle Initial)
MR DAVID G THOMAS

Mailing Address 6 HAWTHORNE CT

City State Zip Code
LITCHFIELD CT 06759

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

Name of Employer Occupation
N/A RETIRED

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

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 5 / 2 0 0 8

Transaction ID: 20080605B07603023

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)

550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 149

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
MR RICHARD HENIGHAN

Mailing Address 619 MOUNTAIN VIEW DR
MS LUCY HENIGHAN

City State Zip Code
SEYMOUR TN 37865

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

Name of Employer Occupation
ST IF TN NURSE

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

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 5 / 2 0 0 8

Transaction ID: 20080605B07603030

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)
MR TERRY G LYONS

Mailing Address 63 DEER PATH

City State Zip Code
PRINCETON NJ 08540

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

Name of Employer Occupation
AT&T SOFTWARE DEVELOPER

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

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 5 / 2 0 0 8

Transaction ID: 20080605B07603033

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)
MR EUGENE L BONDY, JR

Mailing Address 771 SOUNDVIEW DR

City State Zip Code
MAMARONECK NY 10543

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

Name of Employer Occupation
ROGERS AND WELLS ATTORNEY

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

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 5 / 2 0 0 8

Transaction ID: 20080605B07603035

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional) ▶

1300.00

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

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

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

FOR LINE NUMBER: PAGE 15 / 149
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MR HENRY C HART

Mailing Address 3102 CROSS ST

City MADISON State WI Zip Code 53711

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

Name of Employer N/A Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt: 06 / 05 / 2008
Transaction ID: 20080605B07603044
 Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
MR ROBERT S BENSON

Mailing Address 1436 SHAVANO CT

City EVERGREEN State CO Zip Code 80439

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

Name of Employer PROFESSIONAL ASST CORP Occupation EXECUTIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 06 / 05 / 2008
Transaction ID: 20080605B07603048
 Amount of Each Receipt this Period: 1000.00

C. Full Name (Last, First, Middle Initial)
MR AND MRS FRED M BERING

Mailing Address 3366 MEADOW RDG

City REDDING State CT Zip Code 06896

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

Name of Employer N/A Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4000.00

Date of Receipt: 06 / 05 / 2008
Transaction ID: 20080605B07603055
 Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ► 2250.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 149
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
MR DAVID N LERNER

Mailing Address 146 W 4TH ST

City State Zip Code
NEW YORK NY 10012

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

Name of Employer Occupation
SELF-EMPLOYED ENGINEER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 05 / 2008

Transaction ID: 20080605B07603057

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
MS KAREN EGBERT

Mailing Address 404 BROKEN FENCE RD

City State Zip Code
BOULDER CO 80302

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

Name of Employer Occupation
N/A RETIRED NURSE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
MM / DD / YYYY
06 / 05 / 2008

Transaction ID: 20080605B07604007

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
MR JONATHAN ARAC

Mailing Address 6101 KENTUCKY AVE

City State Zip Code
PITTSBURGH PA 15206

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

Name of Employer Occupation
UNIVERSITY OF PITTSBURGH PROFESSOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
06 / 05 / 2008

Transaction ID: 20080605B07604010

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► 1600.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 149
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
MR PETER SEIDEL

Mailing Address 5300 HAMILTON AVE APT 1403

City State Zip Code
CINCINNATI OH 45224

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

Name of Employer ARCHITECT Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
06 / 06 / 2008

Transaction ID: 20080606B07642004

Amount of Each Receipt this Period
400.00

B.

Full Name (Last, First, Middle Initial)
MR DAVID E SWIG

Mailing Address 4807 PIN OAK PARK APT 7107

City State Zip Code
HOUSTON TX 77081

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

Name of Employer N/A Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
MM / DD / YYYY
06 / 06 / 2008

Transaction ID: 20080606B07642013

Amount of Each Receipt this Period
75.00

C.

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

Mailing Address PO BOX 345

City State Zip Code
DEER HARBOR WA 98243

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

Name of Employer N/A Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 06 / 2008

Transaction ID: 20080606B07642025

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **725.00**

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 18 / 149
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
MR ALLEN P FISHER

Mailing Address 712 KNOLL ST SE

City State Zip Code
CEDAR RAPIDS IA 52403

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

Name of Employer Occupation
COE COLLEGE PROFESSOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

Transaction ID: 20080606B07642031

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
MS JOAN ROGIN

Mailing Address 5627 OLINDA RD

City State Zip Code
EL SOBRANTE CA 94803

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

Name of Employer Occupation
N/A RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

Transaction ID: 20080606B07642041

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
MR AND MRS GENE L BOCKNEK

Mailing Address 114 ASTER DR

City State Zip Code
ANDERSONVILLE TN 37705

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

Name of Employer Occupation
N/A RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

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

Transaction ID: 20080606B07642048

Amount of Each Receipt this Period
200.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 149
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
MR ROBERT HYMAN

Mailing Address 13098 CAMINITO DEL ROCIO

City State Zip Code
DEL MAR CA 92014

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

Name of Employer Occupation
SALK INSTITUTE RESEARCH BIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
06 / 06 / 2008

Transaction ID: 20080606B07642057

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
MR MICHAEL C ROTHMAN

Mailing Address 2020 N LINCOLN PARK W APT 33A

City State Zip Code
CHICAGO IL 60614

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

Name of Employer Occupation
SELF-EMPLOYED FUTURES TRADER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
06 / 06 / 2008

Transaction ID: 20080606B07642063

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
MR W TODD PARSONS

Mailing Address PO BOX 9

City State Zip Code
STUYVESANT FALLS NY 12174

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

Name of Employer Occupation
N/A RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
06 / 06 / 2008

Transaction ID: 20080606B07643002

Amount of Each Receipt this Period
200.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 149

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
DR ALLEN FAY

Mailing Address 250 E 87TH ST

City State Zip Code
NEW YORK NY 10128

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

Name of Employer Occupation
SELF-EMPLOYED PHYSICIAN

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

Date of Receipt

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

Transaction ID: 20080606B07643005

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
DAN AND LOIS LINDSLEY

Mailing Address 2611 INYAHA LN

City State Zip Code
LA JOLLA CA 92037

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

Name of Employer Occupation
N/A RETIRED

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

Date of Receipt

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

Transaction ID: 20080606B07643010

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)
MR ROBERT O TAYLOR

Mailing Address 1108 RIVIERA DR

City State Zip Code
NORMAN OK 73072

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

Name of Employer Occupation
GEAR CLUTCH AND JOINT INC TX RETIRED BOOKKEEPER

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

Date of Receipt

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

Transaction ID: 20080606B07643013

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) ▶

650.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 149
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
MS ELEANOR MACCOBY

Mailing Address 620 SAND HILL RD APT 101G

City PALO ALTO State CA Zip Code 94304

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

Name of Employer STANFORD UNIVERSITY Occupation PROFESSOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 06 / 09 / 2008
Transaction ID: 20080609B07681003
Amount of Each Receipt this Period: 200.00

B. Full Name (Last, First, Middle Initial)
MS JEANNE W EISENSTADT

Mailing Address 2003 LEILA DR

City LOVELAND State CO Zip Code 80538

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

Name of Employer N/A Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 06 / 09 / 2008
Transaction ID: 20080609B07681013
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
MRS ALEXANDER D MACDONALD

Mailing Address 485 WOODSIDE RD APT 1266

City REDWOOD CITY State CA Zip Code 94061

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

Name of Employer N/A Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt: 06 / 09 / 2008
Transaction ID: 20080609B07681015
Amount of Each Receipt this Period: 60.00

SUBTOTAL of Receipts This Page (optional) ▶ **510.00**

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

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

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

FOR LINE NUMBER: PAGE 22 / 149
(check only one)

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

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

A.

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

Mailing Address 2549 MARDELL WAY

City State Zip Code
MOUNTAIN VIEW CA 94043

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

Name of Employer Occupation
NATL WEATHER SERVICE METEOROLOGIST

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

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | | 0 | 9 | | 2 | 0 | 0 | 8 |

Transaction ID: 20080609B07681022

Amount of Each Receipt this Period

| |
|--------|
| 300.00 |
|--------|

B.

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

Mailing Address 3664 DATE PALM TRL

City State Zip Code
PALM SPRINGS CA 92262

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

Name of Employer Occupation
US DEPARTMENT OF LABOR ATTORNEY

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

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | | 0 | 9 | | 2 | 0 | 0 | 8 |

Transaction ID: 20080609B07681023

Amount of Each Receipt this Period

| |
|--------|
| 500.00 |
|--------|

C.

Full Name (Last, First, Middle Initial)
MR HERBERT D SIMONS

Mailing Address 2211 DRYDEN RD

City State Zip Code
HOUSTON TX 77030

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

Name of Employer Occupation
BUTLER AND BINION ATTORNEY

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

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | | 0 | 9 | | 2 | 0 | 0 | 8 |

Transaction ID: 20080609B07681069

Amount of Each Receipt this Period

| |
|--------|
| 500.00 |
|--------|

SUBTOTAL of Receipts This Page (optional) ▶

| |
|---------|
| 1300.00 |
|---------|

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

| |
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| |
|--|

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 149

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
MR HOWARD R HART, JR

Mailing Address 2159 RANKIN RD

City State Zip Code
SCHENECTADY NY 12309

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

Name of Employer Occupation
GENERAL ELECTRIC R&D CTR RETIRED PHYSICIST

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

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 9 / 2 0 0 8

Transaction ID: 20080609B07681077

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
MR MARVIN HABBINGA

Mailing Address PO BOX 653

City State Zip Code
GEORGE IA 51237

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

Name of Employer Occupation
N/A RETIRED

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

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 9 / 2 0 0 8

Transaction ID: 20080609B07681079

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)
MR AND MRS OSCAR BRADFUTE

Mailing Address 1515 SHASTA DR APT 2404

City State Zip Code
DAVIS CA 95616

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

Name of Employer Occupation
N/A RETIRED

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

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 9 / 2 0 0 8

Transaction ID: 20080609B07682002

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 24 / 149 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

| | | | |
|---|--|--------------------------|--|
| A. | Full Name (Last, First, Middle Initial) MR AND MRS WERNER H KRAMARSKY | | Date of Receipt |
| | Mailing Address 33 E 70TH ST | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 10 / 2008 |
| | City | State | Zip Code |
| | NEW YORK | NY | 10021 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: 20080610B07731004 |
| Name of Employer N/A | | Occupation RETIRED | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | <input type="text"/> 250.00 |

| | | | |
|---|---|---------------------------------|--|
| B. | Full Name (Last, First, Middle Initial) MS MARY C CRICHTON | | Date of Receipt |
| | Mailing Address 1610 WESTMINSTER PL | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 10 / 2008 |
| | City | State | Zip Code |
| | ANN ARBOR | MI | 48104 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: 20080610B07731013 |
| Name of Employer N/A | | Occupation RETIRED PROFESSOR | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | <input type="text"/> 100.00 |
| | | <input type="text"/> 325.00 | |

| | | | |
|---|---|-----------------------------|--|
| C. | Full Name (Last, First, Middle Initial) MR ALAN SALESKI | | Date of Receipt |
| | Mailing Address 2116 HARRISON ST MS CHRISTINE HAUGHT | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 11 / 2008 |
| | City | State | Zip Code |
| | EVANSTON | IL | 60201 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: 20080611B07770003 |
| Name of Employer LOYOLA UNIVERSITY | | Occupation MATHEMATICIAN | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | <input type="text"/> 250.00 |
| | | <input type="text"/> 250.00 | |

| | |
|--|-----------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text"/> 600.00 |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 149

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
JAMES AND LOUISE ARNOLD

Mailing Address 2425 ELLENTOWN RD

City State Zip Code
LA JOLLA CA 92037

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

Name of Employer Occupation
UC SAN DIEGO PROFESSOR/HOMEMAKER

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

Date of Receipt

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

Transaction ID: 20080611B07770010

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)
MR LOUIS LOWENSTEIN

Mailing Address 5 OAK LN

City State Zip Code
LARCHMONT NY 10538

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

Name of Employer Occupation
COLUMBIA UNIVERSITY PROFESSOR OF LAW

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

Date of Receipt

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

Transaction ID: 20080612B07796010

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)
DR JEROME BERNER

Mailing Address 114 KENDAL DR

City State Zip Code
OBERLIN OH 44074

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

Name of Employer Occupation
N/A RETIRED

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

Date of Receipt

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

Transaction ID: 20080612B07796014

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

1450.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 26 / 149

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
MRS EDEN GRUENBERG

Mailing Address 68 MIDLAKE CIR

City State Zip Code
EAST SYRACUSE NY 13057

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

Name of Employer Occupation
N/A RETIRED PROFESSOR

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

Date of Receipt

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

Transaction ID: 20080612B07796016

Amount of Each Receipt this Period
125.00

B.

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

Mailing Address 2006 STONEY CREEK DR

City State Zip Code
FREDERICKSBURG VA 22407

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

Name of Employer Occupation
N/A RETIRED

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

Date of Receipt

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

Transaction ID: 20080612B07796018

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
MR EDWARD HR BLITZER

Mailing Address 75 CENTRAL PARK W

City State Zip Code
NEW YORK NY 10023

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

Name of Employer Occupation
N/A RETIRED

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

Date of Receipt

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

Transaction ID: 20080612B07796025

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional)

525.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 149
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
MS GEORGIA P STEIGER

Mailing Address 2131 LAKEVIEW DR APT 604

City State Zip Code
SEBRING FL 33870

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

Name of Employer N/A Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
06 / 12 / 2008

Transaction ID: 20080612B07796030

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
DR ERIC H DAVIDSON

Mailing Address 2256 BRAMBLING LN

City State Zip Code
PASADENA CA 91107

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

Name of Employer CALTECH Occupation PROFESSOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt
MM / DD / YYYY
06 / 13 / 2008

Transaction ID: 20080613B07852004

Amount of Each Receipt this Period
400.00

C. Full Name (Last, First, Middle Initial)
MR STEVE SCHWARTZ

Mailing Address PO BOX 677549

City State Zip Code
ORLANDO FL 32867

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

Name of Employer SELF-EMPLOYED Occupation SALES

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
06 / 13 / 2008

Transaction ID: 20080613B07852006

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional) ► 1100.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 149

(check only one)

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

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

A.

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

Mailing Address 1 UNIVERSITY PL APT 17A

City State Zip Code
NEW YORK NY 10003

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

Name of Employer Occupation
UNITE LAWYER

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

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 3 / 2 0 0 8

Transaction ID: 20080613B07852018

Amount of Each Receipt this Period
200.00

B.

Full Name (Last, First, Middle Initial)
MRS CORNELIA J STRAWSER

Mailing Address 543 5TH ST SE

City State Zip Code
WASHINGTON DC 20003

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

Name of Employer Occupation
HOUSE BUDGET COMMITTEE ECONOMIST

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

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 3 / 2 0 0 8

Transaction ID: 20080613B07852020

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
LEO AND CYNTHIA HARRIS

Mailing Address 1113 SALAMANCA ST NW

City State Zip Code
ALBUQUERQUE NM 87107

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

Name of Employer Occupation
N/A RETIRED

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

Date of Receipt

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

Transaction ID: 20080616B07858004

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)

2200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 149
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
MR THOMAS A GAINES

Mailing Address 77 EDWARDS RD

City State Zip Code
HAMPTON CT 06247

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

Name of Employer N/A Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
06 / 16 / 2008

Transaction ID: 20080616B07858017

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
MR MORTON GERALD YUTER

Mailing Address 5 DOVER AVE

City State Zip Code
GARDEN CITY NY 11530

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

Name of Employer YUTER CORPORATION Occupation MANAGEMENT CONSULTANT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
MM / DD / YYYY
06 / 16 / 2008

Transaction ID: 20080616B07858018

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
MR AND MRS DAVID L KIRK

Mailing Address 1115 CHESHIRE LN

City State Zip Code
SAINT LOUIS MO 63119

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

Name of Employer WASHINGTON UNIVERSITY Occupation PROF OF BIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
06 / 16 / 2008

Transaction ID: 20080616B07858021

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional) ► **1450.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 149

(check only one)

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

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

A.

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

Mailing Address GLOUCESTER NSW 2422
THE POST OFFICE BOX 169

City State Zip Code
AUSTRALIA ZZ

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

Name of Employer Occupation
UNIVERSITY OF ALASKA PHYSICIST

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

Date of Receipt

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

Transaction ID: 20080616B07858026

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
MR GEORGE A THOMPSON

Mailing Address 421 ADOBE PL

City State Zip Code
PALO ALTO CA 94306

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

Name of Employer Occupation
STANFORD UNIVERSITY GEOPHYSICIST

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 335.00

Date of Receipt

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

Transaction ID: 20080616B07858031

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
MR FLOYD A ZIMMERMAN, JR

Mailing Address 434 KATY LN

City State Zip Code
ENGLEWOOD OH 45322

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

Name of Employer Occupation
USPS LETTER CARRIER

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

Date of Receipt

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

Transaction ID: 20080616B07858033

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ▶

300.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 149
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
RICHARD AND ANGELICA HARTER

Mailing Address 16 ARLINGTON ST

City State Zip Code
CAMBRIDGE MA 02140

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

Name of Employer Occupation
BINGHAM DANA AND GOULD LAWYER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
06 / 16 / 2008

Transaction ID: 20080616B07858038

Amount of Each Receipt this Period
600.00

B. Full Name (Last, First, Middle Initial)
MR RICHARD K WINSLOW

Mailing Address PO BOX 2247

City State Zip Code
DUXBURY MA 02331

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

Name of Employer Occupation
N/A RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
06 / 16 / 2008

Transaction ID: 20080616B07858044

Amount of Each Receipt this Period
200.00

C. Full Name (Last, First, Middle Initial)
MRS CYNTHIA REICH

Mailing Address 3182 DONA MEMA PL

City State Zip Code
STUDIO CITY CA 91604

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

Name of Employer Occupation
REICH ADELL AND CROST ATTORNEY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
06 / 16 / 2008

Transaction ID: 20080616B07859015

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional) ► **1100.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 149
(check only one)

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

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

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

Mailing Address 130 OKLAHOMA AVE

City State Zip Code
OAK RIDGE TN 37830

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

Name of Employer Occupation
LOCKHEED MARTIN RESEARCH STAFF

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
06 / 17 / 2008

Transaction ID: 20080617B07894001

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
ROBERT AND NANCY TERREBONNE

Mailing Address PO BOX 8265

City State Zip Code
FOSTER CITY CA 94404

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

Name of Employer Occupation
SELF-EMPLOYED PHOTOGRAPHER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
06 / 17 / 2008

Transaction ID: 20080617B07894002

Amount of Each Receipt this Period
200.00

C. Full Name (Last, First, Middle Initial)
HERBERT AND DORIE BEHRSTOCK

Mailing Address 360 CHANNING WAY

City State Zip Code
ALAMEDA CA 94502

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

Name of Employer Occupation
N/A RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
06 / 17 / 2008

Transaction ID: 080617A1879509851

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► 2200.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 149

(check only one)

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

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

A.

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

Mailing Address 45 ROBBINS RD

City State Zip Code
NORLAND WA 98358

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

Name of Employer Occupation
SELF-EMPLOYED PHYSICIAN

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

Date of Receipt

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

Transaction ID: 080618A1880692573

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
DR DAVID W KISTLER

Mailing Address 52 MAFFETT ST

City State Zip Code
WILKES BARRE PA 18702

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

Name of Employer Occupation
GEISINGER PHYSICIAN

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

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 9 / 2 0 0 8

Transaction ID: 20080619B07944005

Amount of Each Receipt this Period
125.00

C.

Full Name (Last, First, Middle Initial)
MR EDWARD J DAILEY

Mailing Address 67 MAPLEWOOD AVE

City State Zip Code
NEWTON CENTER MA 02459

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

Name of Employer Occupation
CITY OF BOSTON ATTORNEY

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

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 9 / 2 0 0 8

Transaction ID: 20080619B07944026

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)

1375.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 149
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
MS DEBORAH RAND

Mailing Address 242 E 19TH ST APT 11F

City State Zip Code
NEW YORK NY 10003

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

Name of Employer Occupation
NYC HPD ATTORNEY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
06 / 19 / 2008

Transaction ID: 20080619B07945002

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
MR ALLAN BROTSKY

Mailing Address 405 DAVIS CT APT 2006

City State Zip Code
SAN FRANCISCO CA 94111

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

Name of Employer Occupation
GOLDEN GATE UNIVERSITY LAW PROFESSOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 19 / 2008

Transaction ID: 20080619B07945004

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
MR WAYNE MARTINSON

Mailing Address 549 CORTEZ ST

City State Zip Code
SALT LAKE CITY UT 84103

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

Name of Employer Occupation
UNIVERSITY OF UTAH TEACHING ASSISTANT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
06 / 20 / 2008

Transaction ID: 20080620B07985011

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional) ► 5450.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 149
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
MS DEB SAWYER

Mailing Address 549 CORTEZ ST

City State Zip Code
SALT LAKE CITY UT 84103

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

Name of Employer UNIVERSITY OF UTAH Occupation STUDENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 20 / 2008

Transaction ID: 20080620B07985012

Amount of Each Receipt this Period
5000.00

B. Full Name (Last, First, Middle Initial)
MR ROBERT W LODER

Mailing Address 535 GRADYVILLE RD # G104

City State Zip Code
NEWTOWN SQUARE PA 19073

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

Name of Employer N/A Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 23 / 2008

Transaction ID: 20080623B08011002

Amount of Each Receipt this Period
250.00

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

Mailing Address 661 DOWNING LN

City State Zip Code
WILLIAMSVILLE NY 14221

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

Name of Employer N/A Occupation RETIRED TEACHER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 4500.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 23 / 2008

Transaction ID: 20080623B08011015

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **6250.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 / 149

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
MR CARL E AUVIL

Mailing Address 10500 ROCKVILLE PIKE UNIT 1322

City State Zip Code
ROCKVILLE MD 20852

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

Name of Employer Occupation
N/A RETIRED

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

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 3 / 2 0 0 8

Transaction ID: 20080623B08011019

Amount of Each Receipt this Period
150.00

B.

Full Name (Last, First, Middle Initial)
MR SAMUEL MERRILL, III

Mailing Address 3024 43RD CT NW

City State Zip Code
OLYMPIA WA 98502

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

Name of Employer Occupation
WILLSSEN COLLEGE COLLEGE PROFESSOR

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

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 3 / 2 0 0 8

Transaction ID: 20080623B08011020

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
DR AND MRS ERNST EPSTEIN

Mailing Address 420 EDGEWOOD RD

City State Zip Code
SAN MATEO CA 94402

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

Name of Employer Occupation
ERNST EPSTEIN MD INC PHYSICIAN

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

Date of Receipt

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

Transaction ID: 20080626B08123008

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ▶

900.00

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

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

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

FOR LINE NUMBER: PAGE 37 / 149
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
JOSEPH AND ANNE FRANKEL

Mailing Address 323 KOSER AVE

City State Zip Code
IOWA CITY IA 52246

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

Name of Employer Occupation
UNIVERSITY OF IOWA PROFESSOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
MM / DD / YYYY
06 / 27 / 2008

Transaction ID: 20080627B08164004

Amount of Each Receipt this Period
1500.00

B. Full Name (Last, First, Middle Initial)
MS HELEN DELPAR

Mailing Address PO BOX 865004

City State Zip Code
TUSCALOOSA AL 35486

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

Name of Employer Occupation
UNIVERSITY OF ALABAMA COLLEGE PROFESSOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 27 / 2008

Transaction ID: 20080627B08164010

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
MR AND MRS RICHARD KOSOBUD

Mailing Address 1137 W OAKDALE AVE

City State Zip Code
CHICAGO IL 60657

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

Name of Employer Occupation
UNIVERSITY OF ILLINOIS PROFESSOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
MM / DD / YYYY
06 / 27 / 2008

Transaction ID: 20080627B08164011

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1850.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 149
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MR FRED STOLLNITZ

Mailing Address 224 HILLSBORO DR

City State Zip Code
SILVER SPRING MD 20902

FEC ID number of contributing federal political committee. C

Name of Employer: NATIONAL SCIENCE FOUNDATION Occupation: PSYCHOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 27 / 2008
Transaction ID: 080627A1891150953

Amount of Each Receipt this Period 1000.00

B. Full Name (Last, First, Middle Initial)
MR AND MRS ROGER G HORN

Mailing Address 32 BARBER ST

City State Zip Code
CLARION PA 16214

FEC ID number of contributing federal political committee. C

Name of Employer: N/A Occupation: RETIRED LIBRARIANS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 30 / 2008
Transaction ID: 20080630B08195010

Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
DR AND MRS LEO KELLERMAN

Mailing Address 351 HOLLYWOOD AVE

City State Zip Code
LITTLE NECK NY 11363

FEC ID number of contributing federal political committee. C

Name of Employer: N/A Occupation: RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 30 / 2008
Transaction ID: 20080630B08196004

Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional) 1350.00

TOTAL This Period (last page this line number only)

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

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 39 / 149 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |

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

A.

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) JEFF AND PAM BYERS | | Date of Receipt |
| Mailing Address 180 LIPPARD AVE | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y |
| City State Zip Code SAN FRANCISCO CA 94131 | | <input type="text"/> 06 / <input type="text"/> 30 / <input type="text"/> 2008 |
| FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/> | | Transaction ID: 20080630B08196006 |
| Name of Employer Occupation ASIAN ART MUSEUM FUNDRAISER | | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | <input type="text"/> 85.00 |
| Aggregate Year-to-Date ▼ <input type="text"/> 340.00 | | |

B.

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) MR STANLEY REISMAN | | Date of Receipt |
| Mailing Address 149 KINGSDALE RD | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y |
| City State Zip Code PITTSBURGH PA 15221 | | <input type="text"/> 06 / <input type="text"/> 30 / <input type="text"/> 2008 |
| FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/> | | Transaction ID: 080630A1894565184 |
| Name of Employer Occupation SELF-EMPLOYED ATTORNEY | | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | <input type="text"/> 250.00 |
| Aggregate Year-to-Date ▼ <input type="text"/> 1750.00 | | |

| | |
|--|-------------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text"/> 335.00 |
| TOTAL This Period (last page this line number only) | <input type="text"/> 46168.00 |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 149

(check only one)

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

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

A.

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

Mailing Address 500 BOYLSTON STREET

City State Zip Code
BOSTON MA 02116

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt

M M / D D / Y Y Y Y
06 / 03 / 2008

Transaction ID: 49086Q01

Amount of Each Receipt this Period

33.37

DIVIDEND

B.

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

Mailing Address 500 BOYLSTON STREET

City State Zip Code
BOSTON MA 02116

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt

M M / D D / Y Y Y Y
06 / 03 / 2008

Transaction ID: 49087Q01

Amount of Each Receipt this Period

53.69

INTEREST

C.

Full Name (Last, First, Middle Initial)
EXXONMOBIL

Mailing Address PO BOX 43008

City State Zip Code
PROVIDENCE RI 02940

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt

M M / D D / Y Y Y Y
06 / 11 / 2008

Transaction ID: 49084Q01

Amount of Each Receipt this Period

64.40

DIVIDEND

SUBTOTAL of Receipts This Page (optional)

151.46

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 149

(check only one)

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

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

A.

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

Mailing Address C/O FINANCIAL NETWORK
2780 SKYPARK DR

City State Zip Code
TORRANCE CA 90505

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: 49085Q01

Amount of Each Receipt this Period

0.94

INTEREST

B.

Full Name (Last, First, Middle Initial)
DREYFUS FAMILY OF FUNDS

Mailing Address PO BOX 105

City State Zip Code
NEWARK NJ 07101

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: 49115Q01

Amount of Each Receipt this Period

19.43

DIVIDEND

C.

Full Name (Last, First, Middle Initial)
DREYFUS FAMILY OF FUNDS

Mailing Address PO BOX 105

City State Zip Code
NEWARK NJ 07101

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: 49115Q02

Amount of Each Receipt this Period

17.62

DIVIDEND

SUBTOTAL of Receipts This Page (optional) ▶

37.99

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

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

| | | |
|---|------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 42 / 149 |
| | (check only one) | |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input checked="" type="checkbox"/> 17 |

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

| | | | |
|---|--|-----------------------------------|---|
| A. | Full Name (Last, First, Middle Initial) DREYFUS FAMILY OF FUNDS | | Date of Receipt |
| | Mailing Address PO BOX 105 | | <input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2008"/> |
| | City | State | Zip Code |
| | NEWARK | NJ | 07101 |
| | FEC ID number of contributing federal political committee. | | Transaction ID: 49115Q03 |
| | <input type="text" value="C"/> | | Amount of Each Receipt this Period |
| Name of Employer | | Occupation | <input type="text" value="16.16"/> |
| Receipt For: | | Aggregate Year-to-Date ▼ | DIVIDEND |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | | <input type="text" value="0.00"/> | |
| <input type="checkbox"/> Other (specify) ▼ | | | |

| | |
|--|-------------------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text" value="16.16"/> |
| TOTAL This Period (last page this line number only) | <input type="text" value="205.61"/> |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) CAREFIRST BLUECROSS BLUESHIELD | Transaction ID: 48741Q01 |
| | Mailing Address PO BOX 79749 | Date of Disbursement MM / DD / YYYY 06 / 01 / 2008 |
| | City BALTIMORE State MD Zip Code 21279 | Amount of Each Disbursement this Period 1036.00 |
| | Purpose of Disbursement INSURANCE | Category/Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | State: District: | |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) CAREFIRST BLUECROSS BLUESHIELD | Transaction ID: 48741Q02 |
| | Mailing Address PO BOX 79749 | Date of Disbursement MM / DD / YYYY 06 / 01 / 2008 |
| | City BALTIMORE State MD Zip Code 21279 | Amount of Each Disbursement this Period 2879.08 |
| | Purpose of Disbursement INSURANCE | Category/Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | State: District: | |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) CAPITOL HILL 122 C STREET LLC | Transaction ID: 48744Q01 |
| | Mailing Address TWO WISCONSIN CIRCLE SUITE 1050 | Date of Disbursement MM / DD / YYYY 06 / 01 / 2008 |
| | City CHEVY CHASE State MD Zip Code 20815 | Amount of Each Disbursement this Period 4627.29 |
| | Purpose of Disbursement RENT | Category/Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | State: District: | |

| | | |
|--|---|---------|
| SUBTOTAL of Disbursements This Page (optional) | ▶ | 8542.37 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 44 / 149

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

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

| | |
|---|--|
| A. Full Name (Last, First, Middle Initial) CAPITOL HILL DELIVERY SERVICE <hr/> Mailing Address 810 L STREET SE <hr/> City WASHINGTON State DC Zip Code 20003 <hr/> Purpose of Disbursement DELIVERY Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 48745Q01 Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2008 |
| | Amount of Each Disbursement this Period 109.35 |
| | Category/ Type |
| | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| B. Full Name (Last, First, Middle Initial) NCEC <hr/> Mailing Address 122 C ST NW <hr/> City WASHINGTON State DC Zip Code 20001 <hr/> Purpose of Disbursement LESS INKIND (PRODUCED IN-HOUSE/LINE 23) Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 48749Q06 Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2008 |
| | Amount of Each Disbursement this Period -10500.00 |
| | Category/ Type |
| | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| C. Full Name (Last, First, Middle Initial) BARGOLD STORAGE SYSTEMS LLC <hr/> Mailing Address 216 EAST 45TH STREET <hr/> City NEW YORK State NY Zip Code 10017 <hr/> Purpose of Disbursement OFFICE CLEANING Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 49059Q01 Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2008 |
| | Amount of Each Disbursement this Period 58.00 |
| | Category/ Type |
| | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

SUBTOTAL of Disbursements This Page (optional) ▶

-10332.65

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 45 / 149

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

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

| | | |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial) NATIONAL CAPITAL BANK <hr/> Mailing Address 316 PENNSYLVANIA AVE SE <hr/> City WASHINGTON State DC Zip Code 20003 <hr/> Purpose of Disbursement BANK SERVICE CHARGE Candidate Name Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | Transaction ID: 49078Q01 Date of Disbursement 06 / 02 / 2008 <hr/> Amount of Each Disbursement this Period 197.00 |
| B. | Full Name (Last, First, Middle Initial) ARAMARK REFRESHMENT SERVICES <hr/> Mailing Address 8240 STAYTON DRIVE STE N <hr/> City JESSUP State MD Zip Code 20794 <hr/> Purpose of Disbursement OFFICE SUPPLIES Candidate Name Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | Transaction ID: 48752Q01 Date of Disbursement 06 / 03 / 2008 <hr/> Amount of Each Disbursement this Period 38.77 |
| C. | Full Name (Last, First, Middle Initial) THE ENVIRONMENTAL MAGAZINE <hr/> Mailing Address SUBSCRIP DEPT PO BOX 2047 <hr/> City MARION State OH Zip Code 43306 <hr/> Purpose of Disbursement SUBSCRIPTION Candidate Name Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | Transaction ID: 48753Q01 Date of Disbursement 06 / 03 / 2008 <hr/> Amount of Each Disbursement this Period 24.95 |

| | |
|--|--------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 260.72 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A. Full Name (Last, First, Middle Initial)
FEDERAL EXPRESS CORPORATION

Mailing Address PO BOX 371461

City PITTSBURGH State PA Zip Code 15250

Purpose of Disbursement
DELIVERY

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 48754Q01

Date of Disbursement

06 / 03 / 2008

Amount of Each Disbursement this Period

22.50

B. Full Name (Last, First, Middle Initial)
AARP

Mailing Address PO BOX 93130

City LONG BEACH State CA Zip Code 90809

Purpose of Disbursement
SUBSCRIPTION

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 48755Q01

Date of Disbursement

06 / 03 / 2008

Amount of Each Disbursement this Period

29.50

C. Full Name (Last, First, Middle Initial)
CAPITOL HILL DELIVERY SERVICE

Mailing Address 810 L STREET SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
DELIVERY

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 48756Q01

Date of Disbursement

06 / 03 / 2008

Amount of Each Disbursement this Period

109.35

SUBTOTAL of Disbursements This Page (optional) ▶

161.35

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
CIMA

Mailing Address 1800 N BEAUREGARD ST STE 100

City ALEXANDRIA State VA Zip Code 22311

Purpose of Disbursement
INSURANCE

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 48757Q01

Date of Disbursement

06 / 03 / 2008

Amount of Each Disbursement this Period

4264.33

B.

Full Name (Last, First, Middle Initial)
QUILL CORPORATION

Mailing Address PO BOX 94081

City PALATINE State IL Zip Code 60094

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 48758Q01

Date of Disbursement

06 / 03 / 2008

Amount of Each Disbursement this Period

39.27

C.

Full Name (Last, First, Middle Initial)
AUTHORIZENET

Mailing Address 915 SOUTH 500 EAST

City AMERICAN FORK State UT Zip Code 84003

Purpose of Disbursement
BANK SERVICE CHARGE

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 49019Q01

Date of Disbursement

06 / 03 / 2008

Amount of Each Disbursement this Period

20.00

SUBTOTAL of Disbursements This Page (optional) ▶

4323.60

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) AUTHORIZENET | Transaction ID: 49020Q01 Date of Disbursement |
| | Mailing Address 915 SOUTH 500 EAST | <input type="text" value="06"/> / <input type="text" value="03"/> / <input type="text" value="2008"/> |
| | City AMERICAN FORK State UT Zip Code 84003 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement BANK SERVICE CHARGE | <input type="text" value="22.90"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) NATIONAL CAPITAL BANK | Transaction ID: 49021Q01 Date of Disbursement |
| | Mailing Address 316 PENNSYLVANIA AVE SE | <input type="text" value="06"/> / <input type="text" value="03"/> / <input type="text" value="2008"/> |
| | City WASHINGTON State DC Zip Code 20003 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement BANK SERVICE CHARGE | <input type="text" value="28.02"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) NATIONAL CAPITAL BANK | Transaction ID: 49022Q01 Date of Disbursement |
| | Mailing Address 316 PENNSYLVANIA AVE SE | <input type="text" value="06"/> / <input type="text" value="03"/> / <input type="text" value="2008"/> |
| | City WASHINGTON State DC Zip Code 20003 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement BANK SERVICE CHARGE | <input type="text" value="367.10"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|-------------------------------------|
| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="418.02"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) SPEAKEASY | Transaction ID: 48782Q01 |
| | Mailing Address PO BOX 34938 | Date of Disbursement 06 / 05 / 2008 |
| | City SEATTLE State WA Zip Code 98124 | Amount of Each Disbursement this Period 44.44 |
| | Purpose of Disbursement COMPUTER | Category/ Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | State: District: | |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) GUARDIAN THE | Transaction ID: 48783Q01 |
| | Mailing Address PO BOX 95101 | Date of Disbursement 06 / 05 / 2008 |
| | City CHICAGO State IL Zip Code 60694 | Amount of Each Disbursement this Period 144.03 |
| | Purpose of Disbursement INSURANCE | Category/ Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | State: District: | |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) GUARDIAN THE | Transaction ID: 48783Q02 |
| | Mailing Address PO BOX 95101 | Date of Disbursement 06 / 05 / 2008 |
| | City CHICAGO State IL Zip Code 60694 | Amount of Each Disbursement this Period 354.76 |
| | Purpose of Disbursement INSURANCE | Category/ Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | State: District: | |

SUBTOTAL of Disbursements This Page (optional) ▶

543.23

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

| | | |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial) PROOFREADNOWCOM | Transaction ID: 48784Q01 Date of Disbursement |
| | Mailing Address 447 BOSTON STREET | <input type="text" value="06"/> / <input type="text" value="05"/> / <input type="text" value="2008"/> |
| | City TOPSFIELD State MA Zip Code 01983 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement DIRECT MAIL EXPENSE (PAC) | <input type="text" value="69.00"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General |
| | State: District: | <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial) WELLS FARGO FINANCIAL LEASING | Transaction ID: 48785Q01 Date of Disbursement |
| | Mailing Address PO BOX 6434 | <input type="text" value="06"/> / <input type="text" value="05"/> / <input type="text" value="2008"/> |
| | City CAROL STREAM State IL Zip Code 60197 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement OFFICE EQUIPMENT | <input type="text" value="119.50"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General |
| | State: District: | <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial) ARAMARK REFRESHMENT SERVICES | Transaction ID: 48786Q01 Date of Disbursement |
| | Mailing Address 8240 STAYTON DRIVE STE N | <input type="text" value="06"/> / <input type="text" value="05"/> / <input type="text" value="2008"/> |
| | City JESSUP State MD Zip Code 20794 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement OFFICE SUPPLIES | <input type="text" value="19.37"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General |
| | State: District: | <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|-------------------------------------|
| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="207.87"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

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

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

FOR LINE NUMBER:
(check only one)

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

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

| | |
|---|---|
| <p>A. Full Name (Last, First, Middle Initial) ARAMARK REFRESHMENT SERVICES</p> <p>Mailing Address 8240 STAYTON DRIVE STE N</p> <p>City JESSUP State MD Zip Code 20794</p> <p>Purpose of Disbursement OFFICE SUPPLIES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 48786Q02</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="124.10"/></p> |
| <p>B. Full Name (Last, First, Middle Initial) MITCHELL'S</p> <p>Mailing Address PO BOX 2431</p> <p>City NEW YORK State NY Zip Code 10116</p> <p>Purpose of Disbursement OFFICE SUPPLIES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 48788Q01</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="36.40"/></p> |
| <p>C. Full Name (Last, First, Middle Initial) NCEC</p> <p>Mailing Address 122 C ST NW</p> <p>City WASHINGTON State DC Zip Code 20001</p> <p>Purpose of Disbursement LESS INKIND (PRODUCED IN-HOUSE/LINE 23)</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</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: 48887Q02</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="-2500.00"/></p> |

| | |
|---|--|
| <p>SUBTOTAL of Disbursements This Page (optional)</p> | <p><input type="text" value="-2339.50"/></p> |
| <p>TOTAL This Period (last page this line number only)</p> | <p><input type="text"/></p> |

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

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

FOR LINE NUMBER:
(check only one)

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

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

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) AARP HEALTH CARE OPTIONS | Transaction ID: 49061Q01 Date of Disbursement |
| | Mailing Address PO BOX 8220 | <input type="text" value="06"/> / <input type="text" value="05"/> / <input type="text" value="2008"/> |
| | City PHILADELPHIA State PA Zip Code 19101 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement INSURANCE | <input type="text" value="241.00"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) DABKOWSKI DARIUSZ | Transaction ID: 48815Q01 Date of Disbursement |
| | Mailing Address 6072 67TH AVE | <input type="text" value="06"/> / <input type="text" value="06"/> / <input type="text" value="2008"/> |
| | City FLUSHING State NY Zip Code 11385 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement OFFICE CLEANING | <input type="text" value="40.00"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) BADUEL BETH | Transaction ID: 48816Q01 Date of Disbursement |
| | Mailing Address 83-32 BRITTON AVE | <input type="text" value="06"/> / <input type="text" value="06"/> / <input type="text" value="2008"/> |
| | City ELMHURST State NY Zip Code 11373 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement OFFICE CLEANING | <input type="text" value="40.00"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|-------------------------------------|
| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="321.00"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

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

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

FOR LINE NUMBER:
(check only one)

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

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

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) EARTHLINK INTERNET SERVICE | Transaction ID: 48879Q01 Date of Disbursement |
| | Mailing Address 430 10TH ST NW | <input type="text" value="06"/> / <input type="text" value="06"/> / <input type="text" value="2008"/> |
| | City ATLANTA State GA Zip Code 30318 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement COMPUTER | <input type="text" value="26.90"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) NATIONAL CAPITAL BANK | Transaction ID: 49063Q01 Date of Disbursement |
| | Mailing Address 316 PENNSYLVANIA AVE SE | <input type="text" value="06"/> / <input type="text" value="06"/> / <input type="text" value="2008"/> |
| | City WASHINGTON State DC Zip Code 20003 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement BANK SERVICE CHARGE | <input type="text" value="490.85"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) NCEC | Transaction ID: 48809Q01 Date of Disbursement |
| | Mailing Address 122 C ST NW | <input type="text" value="06"/> / <input type="text" value="09"/> / <input type="text" value="2008"/> |
| | City WASHINGTON State DC Zip Code 20001 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement SALARY | <input type="text" value="0.01"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|-------------------------------------|
| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="517.76"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

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

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

FOR LINE NUMBER:
(check only one)

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

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

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) NCEC | Transaction ID: 48809Q02 Date of Disbursement 06 / 09 / 2008 |
| | Mailing Address 122 C ST NW | Amount of Each Disbursement this Period -0.01 |
| | City WASHINGTON State DC Zip Code 20001 | |
| | Purpose of Disbursement SALARY | |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | State: District: | |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) NCEC | Transaction ID: 48809Q03 Date of Disbursement 06 / 09 / 2008 |
| | Mailing Address 122 C ST NW | Amount of Each Disbursement this Period -0.01 |
| | City WASHINGTON State DC Zip Code 20001 | |
| | Purpose of Disbursement SALARY | |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | State: District: | |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) NCEC | Transaction ID: 48809Q04 Date of Disbursement 06 / 09 / 2008 |
| | Mailing Address 122 C ST NW | Amount of Each Disbursement this Period -0.01 |
| | City WASHINGTON State DC Zip Code 20001 | |
| | Purpose of Disbursement SALARY | |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | State: District: | |

| | |
|--|-------|
| SUBTOTAL of Disbursements This Page (optional) | -0.03 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER:
(check only one)

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

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

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) NATIONAL CAPITAL BANK | Transaction ID: 49065Q01 Date of Disbursement 06 / 09 / 2008 |
| | Mailing Address 316 PENNSYLVANIA AVE SE | Amount of Each Disbursement this Period 390.00 |
| | City WASHINGTON State DC Zip Code 20003 | |
| | Purpose of Disbursement BANK SERVICE CHARGE | |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) QUICKBOOKS PAYROLL SERVICE | Transaction ID: 48810Q01 Date of Disbursement 06 / 10 / 2008 |
| | Mailing Address 5745 WALL STREET | Amount of Each Disbursement this Period 51.50 |
| | City RENO State NV Zip Code 89502 | |
| | Purpose of Disbursement SALARY | |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) QUICKBOOKS PAYROLL SERVICE | Transaction ID: 48810Q02 Date of Disbursement 06 / 10 / 2008 |
| | Mailing Address 5745 WALL STREET | Amount of Each Disbursement this Period 10.00 |
| | City RENO State NV Zip Code 89502 | |
| | Purpose of Disbursement SALARY | |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|--------|
| SUBTOTAL of Disbursements This Page (optional) | 451.50 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER: (check only one)

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

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

| | | |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial) QUICKBOOKS PAYROLL SERVICE | Transaction ID: 48810Q03 Date of Disbursement |
| | Mailing Address 5745 WALL STREET | <input type="text" value="06"/> / <input type="text" value="10"/> / <input type="text" value="2008"/> |
| | City RENO State NV Zip Code 89502 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement SALARY | <input type="text" value="10.00"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General |
| | State: District: | <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial) QUICKBOOKS PAYROLL SERVICE | Transaction ID: 48810Q04 Date of Disbursement |
| | Mailing Address 5745 WALL STREET | <input type="text" value="06"/> / <input type="text" value="10"/> / <input type="text" value="2008"/> |
| | City RENO State NV Zip Code 89502 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement SALARY | <input type="text" value="10.00"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General |
| | State: District: | <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial) QUICKBOOKS PAYROLL SERVICE | Transaction ID: 48810Q05 Date of Disbursement |
| | Mailing Address 5745 WALL STREET | <input type="text" value="06"/> / <input type="text" value="10"/> / <input type="text" value="2008"/> |
| | City RENO State NV Zip Code 89502 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement SALARY | <input type="text" value="25.00"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General |
| | State: District: | <input type="checkbox"/> Other (specify) ▼ |

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 57 / 149

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

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

| | |
|---|--|
| A. Full Name (Last, First, Middle Initial) QUICKBOOKS PAYROLL SERVICE Mailing Address 5745 WALL STREET City RENO State NV Zip Code 89502 Purpose of Disbursement SALARY Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 48810Q06 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 0 / 2 0 0 8 |
| | Amount of Each Disbursement this Period 30.00 |
| | Category/ Type |
| | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| B. Full Name (Last, First, Middle Initial) QUICKBOOKS PAYROLL SERVICE Mailing Address 5745 WALL STREET City RENO State NV Zip Code 89502 Purpose of Disbursement SALARY Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 48810Q07 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 0 / 2 0 0 8 |
| | Amount of Each Disbursement this Period 7.85 |
| | Category/ Type |
| | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| C. Full Name (Last, First, Middle Initial) LAWRYCZENKO ALEX Mailing Address 14 LAMKER COURT City LITTLE FERRY State NJ Zip Code 07643 Purpose of Disbursement DIRECT MAIL EXPENSE (PAC) 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: 48811Q01 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 0 / 2 0 0 8 |
| | Amount of Each Disbursement this Period 650.00 |
| | Category/ Type |
| | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

SUBTOTAL of Disbursements This Page (optional) ▶

687.85

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
NATIONAL CAPITAL BANK

Transaction ID: 49066Q01
Date of Disbursement

Mailing Address 316 PENNSYLVANIA AVE SE

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

City WASHINGTON State DC Zip Code 20003

Amount of Each Disbursement this Period

Purpose of Disbursement
BANK SERVICE CHARGE

| |
|------|
| 4.50 |
|------|

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
BLUM-PASTOR HEATHER M

Transaction ID: 48789Q01
Date of Disbursement

Mailing Address 4429 ROSEDALE AVENUE

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

City BETHESDA State MD Zip Code 20814

Amount of Each Disbursement this Period

Purpose of Disbursement
SALARY

| |
|--------|
| 769.23 |
|--------|

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
BLUM-PASTOR HEATHER M

Transaction ID: 48789Q02
Date of Disbursement

Mailing Address 4429 ROSEDALE AVENUE

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

City BETHESDA State MD Zip Code 20814

Amount of Each Disbursement this Period

Purpose of Disbursement
SALARY

| |
|------|
| 1.08 |
|------|

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

| |
|--------|
| 774.81 |
|--------|

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

| |
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| |
|--|

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

| | | | |
|-----------|--|---|--|
| A. | Full Name (Last, First, Middle Initial) BLUM-PASTOR HEATHER M Mailing Address 4429 ROSEDALE AVENUE City BETHESDA State MD Zip Code 20814 Purpose of Disbursement SALARY Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 48789Q03 Date of Disbursement 06 / 11 / 2008 | Amount of Each Disbursement this Period 47.70 |
| B. | Full Name (Last, First, Middle Initial) BLUM-PASTOR HEATHER M Mailing Address 4429 ROSEDALE AVENUE City BETHESDA State MD Zip Code 20814 Purpose of Disbursement SALARY Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 48789Q04 Date of Disbursement 06 / 11 / 2008 | Amount of Each Disbursement this Period 11.16 |
| C. | Full Name (Last, First, Middle Initial) BLUM-PASTOR HEATHER M Mailing Address 4429 ROSEDALE AVENUE City BETHESDA State MD Zip Code 20814 Purpose of Disbursement SALARY Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 48789Q05 Date of Disbursement 06 / 11 / 2008 | Amount of Each Disbursement this Period 7.00 |

| | |
|--|-------|
| SUBTOTAL of Disbursements This Page (optional) | 65.86 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 60 / 149

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

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

A.

Full Name (Last, First, Middle Initial)

BLYTHE BRETT W

Mailing Address 700 A STREET SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
SALARY

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 48790Q01

Date of Disbursement

06 / 11 / 2008

Amount of Each Disbursement this Period

691.76

B.

Full Name (Last, First, Middle Initial)

BLYTHE BRETT W

Mailing Address 700 A STREET SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
SALARY

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 48790Q02

Date of Disbursement

06 / 11 / 2008

Amount of Each Disbursement this Period

1.39

C.

Full Name (Last, First, Middle Initial)

BLYTHE BRETT W

Mailing Address 700 A STREET SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
SALARY

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 48790Q03

Date of Disbursement

06 / 11 / 2008

Amount of Each Disbursement this Period

42.89

SUBTOTAL of Disbursements This Page (optional) ▶

736.04

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) BLYTHE BRETT W | Transaction ID: 48790Q04 Date of Disbursement 06 / 11 / 2008 |
| | Mailing Address 700 A STREET SE | Amount of Each Disbursement this Period 10.03 |
| | City WASHINGTON State DC Zip Code 20003 | |
| | Purpose of Disbursement SALARY Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| B. | Full Name (Last, First, Middle Initial) BLYTHE BRETT W | Transaction ID: 48790Q05 Date of Disbursement 06 / 11 / 2008 |
| | Mailing Address 700 A STREET SE | Amount of Each Disbursement this Period 1.75 |
| | City WASHINGTON State DC Zip Code 20003 | |
| | Purpose of Disbursement SALARY Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| C. | Full Name (Last, First, Middle Initial) BLYTHE BRETT W | Transaction ID: 48790Q06 Date of Disbursement 06 / 11 / 2008 |
| | Mailing Address 700 A STREET SE | Amount of Each Disbursement this Period 8.99 |
| | City WASHINGTON State DC Zip Code 20003 | |
| | Purpose of Disbursement SALARY Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|-------|
| SUBTOTAL of Disbursements This Page (optional) | 20.77 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER: (check only one)

PAGE 62 / 149

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

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

| | | |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial) BONIER THOMAS T | Transaction ID: 48791Q01 Date of Disbursement |
| | Mailing Address 1803 EVEREST STREET | <input type="text" value="06"/> / <input type="text" value="11"/> / <input type="text" value="2008"/> |
| | City SILVER SPRING State MD Zip Code 20902 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement SALARY | <input type="text" value="634.62"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General |
| | State: District: | <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial) BONIER THOMAS T | Transaction ID: 48791Q02 Date of Disbursement |
| | Mailing Address 1803 EVEREST STREET | <input type="text" value="06"/> / <input type="text" value="11"/> / <input type="text" value="2008"/> |
| | City SILVER SPRING State MD Zip Code 20902 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement SALARY | <input type="text" value="1.27"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General |
| | State: District: | <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial) BONIER THOMAS T | Transaction ID: 48791Q03 Date of Disbursement |
| | Mailing Address 1803 EVEREST STREET | <input type="text" value="06"/> / <input type="text" value="11"/> / <input type="text" value="2008"/> |
| | City SILVER SPRING State MD Zip Code 20902 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement SALARY | <input type="text" value="39.35"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General |
| | State: District: | <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|-------------------------------------|
| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="675.24"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

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

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

FOR LINE NUMBER:
(check only one)

PAGE 63 / 149

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

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

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) BONIER THOMAS T | Transaction ID: 48791Q04 Date of Disbursement 06 / 11 / 2008 |
| | Mailing Address 1803 EVEREST STREET | Amount of Each Disbursement this Period 9.20 |
| | City SILVER SPRING State MD Zip Code 20902 | |
| | Purpose of Disbursement SALARY | Category/ Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) BONIER THOMAS T | Transaction ID: 48791Q05 Date of Disbursement 06 / 11 / 2008 |
| | Mailing Address 1803 EVEREST STREET | Amount of Each Disbursement this Period 0.15 |
| | City SILVER SPRING State MD Zip Code 20902 | |
| | Purpose of Disbursement SALARY | Category/ Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) BONIER THOMAS T | Transaction ID: 48791Q06 Date of Disbursement 06 / 11 / 2008 |
| | Mailing Address 1803 EVEREST STREET | Amount of Each Disbursement this Period 8.25 |
| | City SILVER SPRING State MD Zip Code 20902 | |
| | Purpose of Disbursement SALARY | Category/ Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|-------|
| SUBTOTAL of Disbursements This Page (optional) | 17.60 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER:
(check only one)

PAGE 64 / 149

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

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

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) BYRON JAMES E | Transaction ID: 48792Q01 Date of Disbursement 06 / 11 / 2008 |
| | Mailing Address 1647 FRANCIS HAMMOND PKY | Amount of Each Disbursement this Period 1238.46 |
| | City ALEXANDRIA State VA Zip Code 22302 | |
| | Purpose of Disbursement SALARY | Category/ Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) BYRON JAMES E | Transaction ID: 48792Q02 Date of Disbursement 06 / 11 / 2008 |
| | Mailing Address 1647 FRANCIS HAMMOND PKY | Amount of Each Disbursement this Period 76.78 |
| | City ALEXANDRIA State VA Zip Code 22302 | |
| | Purpose of Disbursement SALARY | Category/ Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) BYRON JAMES E | Transaction ID: 48792Q03 Date of Disbursement 06 / 11 / 2008 |
| | Mailing Address 1647 FRANCIS HAMMOND PKY | Amount of Each Disbursement this Period 17.96 |
| | City ALEXANDRIA State VA Zip Code 22302 | |
| | Purpose of Disbursement SALARY | Category/ Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

SUBTOTAL of Disbursements This Page (optional) ▶

1333.20

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

| | |
|---|---|
| <p>A.</p> <p>Full Name (Last, First, Middle Initial) CARPER MELISA M</p> <p>Mailing Address 11252 CHESTNUT GROVE SQUARE</p> <p>City RESTON State VA Zip Code 20190</p> <p>Purpose of Disbursement SALARY</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 48793Q01</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> <input type="text" value="11"/> / <input type="text" value="2008"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="468.00"/></p> |
| <p>B.</p> <p>Full Name (Last, First, Middle Initial) CARPER MELISA M</p> <p>Mailing Address 11252 CHESTNUT GROVE SQUARE</p> <p>City RESTON State VA Zip Code 20190</p> <p>Purpose of Disbursement SALARY</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 48793Q02</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> <input type="text" value="11"/> / <input type="text" value="2008"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="21.25"/></p> |
| <p>C.</p> <p>Full Name (Last, First, Middle Initial) CARPER MELISA M</p> <p>Mailing Address 11252 CHESTNUT GROVE SQUARE</p> <p>City RESTON State VA Zip Code 20190</p> <p>Purpose of Disbursement SALARY</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 48793Q03</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> <input type="text" value="11"/> / <input type="text" value="2008"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="0.98"/></p> |

SUBTOTAL of Disbursements This Page (optional) ▶

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) CARPER MELISA M | Transaction ID: 48793Q04 Date of Disbursement |
| | Mailing Address 11252 CHESTNUT GROVE SQUARE | <input type="text" value="06"/> / <input type="text" value="11"/> / <input type="text" value="2008"/> |
| | City RESTON State VA Zip Code 20190 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement SALARY | <input type="text" value="30.34"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) CARPER MELISA M | Transaction ID: 48793Q05 Date of Disbursement |
| | Mailing Address 11252 CHESTNUT GROVE SQUARE | <input type="text" value="06"/> / <input type="text" value="11"/> / <input type="text" value="2008"/> |
| | City RESTON State VA Zip Code 20190 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement SALARY | <input type="text" value="7.09"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) CARPER MELISA M | Transaction ID: 48793Q06 Date of Disbursement |
| | Mailing Address 11252 CHESTNUT GROVE SQUARE | <input type="text" value="06"/> / <input type="text" value="11"/> / <input type="text" value="2008"/> |
| | City RESTON State VA Zip Code 20190 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement SALARY | <input type="text" value="3.91"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|------------------------------------|
| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="41.34"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 67 / 149

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

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

A.

Full Name (Last, First, Middle Initial)
CARPER MELISA M

Transaction ID: 48793Q07
Date of Disbursement

Mailing Address 11252 CHESTNUT GROVE SQUARE

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

City RESTON State VA Zip Code 20190

Amount of Each Disbursement this Period

| |
|------|
| 6.36 |
|------|

Purpose of Disbursement
SALARY

| |
|--|
| |
|--|

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
ENGEL ROBERT B

Transaction ID: 48794Q01
Date of Disbursement

Mailing Address 1404 N MONROE STREET

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

City ARLINGTON State VA Zip Code 22201

Amount of Each Disbursement this Period

| |
|--------|
| 923.08 |
|--------|

Purpose of Disbursement
SALARY

| |
|--|
| |
|--|

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
ENGEL ROBERT B

Transaction ID: 48794Q02
Date of Disbursement

Mailing Address 1404 N MONROE STREET

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

City ARLINGTON State VA Zip Code 22201

Amount of Each Disbursement this Period

| |
|-------|
| 57.23 |
|-------|

Purpose of Disbursement
SALARY

| |
|--|
| |
|--|

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

| |
|--------|
| 986.67 |
|--------|

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
ENGEL ROBERT B

Transaction ID: 48794Q03
Date of Disbursement

Mailing Address 1404 N MONROE STREET

/ /

City ARLINGTON State VA Zip Code 22201

Amount of Each Disbursement this Period

Purpose of Disbursement
SALARY

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
ESTEPHANOS BILEN K

Transaction ID: 48795Q01
Date of Disbursement

Mailing Address 2514 13TH STREET NW #4

/ /

City WASHINGTON State DC Zip Code 20009

Amount of Each Disbursement this Period

Purpose of Disbursement
SALARY

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
ESTEPHANOS BILEN K

Transaction ID: 48795Q02
Date of Disbursement

Mailing Address 2514 13TH STREET NW #4

/ /

City WASHINGTON State DC Zip Code 20009

Amount of Each Disbursement this Period

Purpose of Disbursement
SALARY

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) ESTEPHANOS BILEN K | Transaction ID: 48795Q03 Date of Disbursement 06 / 11 / 2008 |
| | Mailing Address 2514 13TH STREET NW #4 | Amount of Each Disbursement this Period 46.64 |
| | City WASHINGTON State DC Zip Code 20009 | |
| | Purpose of Disbursement SALARY | |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | State: District: | |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) ESTEPHANOS BILEN K | Transaction ID: 48795Q04 Date of Disbursement 06 / 11 / 2008 |
| | Mailing Address 2514 13TH STREET NW #4 | Amount of Each Disbursement this Period 10.91 |
| | City WASHINGTON State DC Zip Code 20009 | |
| | Purpose of Disbursement SALARY | |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | State: District: | |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) ESTEPHANOS BILEN K | Transaction ID: 48795Q05 Date of Disbursement 06 / 11 / 2008 |
| | Mailing Address 2514 13TH STREET NW #4 | Amount of Each Disbursement this Period 9.78 |
| | City WASHINGTON State DC Zip Code 20009 | |
| | Purpose of Disbursement SALARY | |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | State: District: | |

| | |
|--|-------|
| SUBTOTAL of Disbursements This Page (optional) | 67.33 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER: (check only one)

PAGE 70 / 149

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

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

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) FLEMING ERIC S | Transaction ID: 48796Q01 |
| | Mailing Address 516 M ST NE | Date of Disbursement MM / DD / YYYY 06 / 11 / 2008 |
| | City WASHINGTON State DC Zip Code 20002 | Amount of Each Disbursement this Period 520.00 |
| | Purpose of Disbursement SALARY | Category/Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | State: District: | |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) FLEMING ERIC S | Transaction ID: 48796Q02 |
| | Mailing Address 516 M ST NE | Date of Disbursement MM / DD / YYYY 06 / 11 / 2008 |
| | City WASHINGTON State DC Zip Code 20002 | Amount of Each Disbursement this Period 51.19 |
| | Purpose of Disbursement SALARY | Category/Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | State: District: | |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) FLEMING ERIC S | Transaction ID: 48796Q03 |
| | Mailing Address 516 M ST NE | Date of Disbursement MM / DD / YYYY 06 / 11 / 2008 |
| | City WASHINGTON State DC Zip Code 20002 | Amount of Each Disbursement this Period 1.15 |
| | Purpose of Disbursement SALARY | Category/Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | State: District: | |

| | |
|--|--------|
| SUBTOTAL of Disbursements This Page (optional) | 572.34 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) FLEMING ERIC S | Transaction ID: 48796Q04 Date of Disbursement |
| | Mailing Address 516 M ST NE | <input type="text" value="06"/> <input type="text" value="11"/> / <input type="text" value="2008"/> |
| | City WASHINGTON State DC Zip Code 20002 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement SALARY | <input type="text" value="35.41"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) FLEMING ERIC S | Transaction ID: 48796Q05 Date of Disbursement |
| | Mailing Address 516 M ST NE | <input type="text" value="06"/> <input type="text" value="11"/> / <input type="text" value="2008"/> |
| | City WASHINGTON State DC Zip Code 20002 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement SALARY | <input type="text" value="8.29"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) FLEMING ERIC S | Transaction ID: 48796Q06 Date of Disbursement |
| | Mailing Address 516 M ST NE | <input type="text" value="06"/> <input type="text" value="11"/> / <input type="text" value="2008"/> |
| | City WASHINGTON State DC Zip Code 20002 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement SALARY | <input type="text" value="4.57"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|------------------------------------|
| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="48.27"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

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

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

FOR LINE NUMBER:
(check only one)

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

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

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) FLEMING ERIC S | Transaction ID: 48796Q07 Date of Disbursement 06 / 11 / 2008 |
| | Mailing Address 516 M ST NE | Amount of Each Disbursement this Period 7.43 |
| | City WASHINGTON State DC Zip Code 20002 | |
| | Purpose of Disbursement SALARY Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) FRAHER BRIAN J | Transaction ID: 48797Q01 Date of Disbursement 06 / 11 / 2008 |
| | Mailing Address 1117 D STREET NE #3 | Amount of Each Disbursement this Period 775.79 |
| | City WASHINGTON State DC Zip Code 20002 | |
| | Purpose of Disbursement SALARY Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) FRAHER BRIAN J | Transaction ID: 48797Q02 Date of Disbursement 06 / 11 / 2008 |
| | Mailing Address 1117 D STREET NE #3 | Amount of Each Disbursement this Period 1.55 |
| | City WASHINGTON State DC Zip Code 20002 | |
| | Purpose of Disbursement SALARY Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|--------|
| SUBTOTAL of Disbursements This Page (optional) | 784.77 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

| | |
|---|--|
| <p>A. Full Name (Last, First, Middle Initial) FRAHER BRIAN J</p> <p>Mailing Address 1117 D STREET NE #3</p> <p>City WASHINGTON State DC Zip Code 20002</p> <p>Purpose of Disbursement SALARY</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p> | <p>Transaction ID: 48797Q03</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> / <input type="text" value="11"/> / <input type="text" value="2008"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="48.10"/></p> |
| <p>B. Full Name (Last, First, Middle Initial) FRAHER BRIAN J</p> <p>Mailing Address 1117 D STREET NE #3</p> <p>City WASHINGTON State DC Zip Code 20002</p> <p>Purpose of Disbursement SALARY</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p> | <p>Transaction ID: 48797Q04</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> / <input type="text" value="11"/> / <input type="text" value="2008"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="11.24"/></p> |
| <p>C. Full Name (Last, First, Middle Initial) FRAHER BRIAN J</p> <p>Mailing Address 1117 D STREET NE #3</p> <p>City WASHINGTON State DC Zip Code 20002</p> <p>Purpose of Disbursement SALARY</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p> | <p>Transaction ID: 48797Q05</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> / <input type="text" value="11"/> / <input type="text" value="2008"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="10.09"/></p> |

| | |
|--|------------------------------------|
| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="69.43"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) GERSH MARK H | Transaction ID: 48798Q01 |
| | Mailing Address 2561 N UPLAND STREET | Date of Disbursement 06 / 11 / 2008 |
| | City ARLINGTON State VA Zip Code 22207 | Amount of Each Disbursement this Period 2307.69 |
| | Purpose of Disbursement SALARY Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) GERSH MARK H | Transaction ID: 48798Q02 |
| | Mailing Address 2561 N UPLAND STREET | Date of Disbursement 06 / 11 / 2008 |
| | City ARLINGTON State VA Zip Code 22207 | Amount of Each Disbursement this Period 143.08 |
| | Purpose of Disbursement SALARY Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) GERSH MARK H | Transaction ID: 48798Q03 |
| | Mailing Address 2561 N UPLAND STREET | Date of Disbursement 06 / 11 / 2008 |
| | City ARLINGTON State VA Zip Code 22207 | Amount of Each Disbursement this Period 33.46 |
| | Purpose of Disbursement SALARY Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

SUBTOTAL of Disbursements This Page (optional)

2484.23

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
HEMENWAY ANNE

Mailing Address 346 E 49TH ST

City NEW YORK State NY Zip Code 10017

Purpose of Disbursement
SALARY

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 48799Q01
Date of Disbursement

06 / 11 / 2008

Amount of Each Disbursement this Period

1250.00

B.

Full Name (Last, First, Middle Initial)
HEMENWAY ANNE

Mailing Address 346 E 49TH ST

City NEW YORK State NY Zip Code 10017

Purpose of Disbursement
SALARY

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 48799Q02
Date of Disbursement

06 / 11 / 2008

Amount of Each Disbursement this Period

77.50

C.

Full Name (Last, First, Middle Initial)
HEMENWAY ANNE

Mailing Address 346 E 49TH ST

City NEW YORK State NY Zip Code 10017

Purpose of Disbursement
SALARY

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 48799Q03
Date of Disbursement

06 / 11 / 2008

Amount of Each Disbursement this Period

18.12

SUBTOTAL of Disbursements This Page (optional) ▶

1345.62

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

| | | |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial) HEMENWAY RUSSELL D | Transaction ID: 48800Q01 Date of Disbursement |
| | Mailing Address 160 E 89TH ST PENTHOUSE B | <input type="text" value="06"/> / <input type="text" value="11"/> / <input type="text" value="2008"/> |
| | City NEW YORK State NY Zip Code 10128 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement SALARY | <input type="text" value="2807.70"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General |
| | State: District: | <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial) HEMENWAY RUSSELL D | Transaction ID: 48800Q02 Date of Disbursement |
| | Mailing Address 160 E 89TH ST PENTHOUSE B | <input type="text" value="06"/> / <input type="text" value="11"/> / <input type="text" value="2008"/> |
| | City NEW YORK State NY Zip Code 10128 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement SALARY | <input type="text" value="174.08"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General |
| | State: District: | <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial) HEMENWAY RUSSELL D | Transaction ID: 48800Q03 Date of Disbursement |
| | Mailing Address 160 E 89TH ST PENTHOUSE B | <input type="text" value="06"/> / <input type="text" value="11"/> / <input type="text" value="2008"/> |
| | City NEW YORK State NY Zip Code 10128 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement SALARY | <input type="text" value="40.71"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General |
| | State: District: | <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|--------------------------------------|
| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="3022.49"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

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

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

FOR LINE NUMBER: (check only one)

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

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

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) JONES KATHLINE W | Transaction ID: 48801Q01 Date of Disbursement 06 / 11 / 2008 |
| | Mailing Address 7505 GLADE DRIVE | Amount of Each Disbursement this Period 940.17 |
| | City FORT WASHINGTON State MD Zip Code 20744 | |
| | Purpose of Disbursement SALARY | Category/Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | State: District: | |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) JONES KATHLINE W | Transaction ID: 48801Q02 Date of Disbursement 06 / 11 / 2008 |
| | Mailing Address 7505 GLADE DRIVE | Amount of Each Disbursement this Period 58.29 |
| | City FORT WASHINGTON State MD Zip Code 20744 | |
| | Purpose of Disbursement SALARY | Category/Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | State: District: | |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) JONES KATHLINE W | Transaction ID: 48801Q03 Date of Disbursement 06 / 11 / 2008 |
| | Mailing Address 7505 GLADE DRIVE | Amount of Each Disbursement this Period 13.63 |
| | City FORT WASHINGTON State MD Zip Code 20744 | |
| | Purpose of Disbursement SALARY | Category/Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | State: District: | |

| | | |
|--|---|---------|
| SUBTOTAL of Disbursements This Page (optional) | ▶ | 1012.09 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) LONG MARTIN A | Transaction ID: 48802Q01 |
| | Mailing Address 3412 AUSTIN COURT | Date of Disbursement 06 / 11 / 2008 |
| | City ALEXANDRIA State VA Zip Code 22310 | Amount of Each Disbursement this Period 655.77 |
| | Purpose of Disbursement SALARY | Category/Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | State: District: | |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) LONG MARTIN A | Transaction ID: 48802Q02 |
| | Mailing Address 3412 AUSTIN COURT | Date of Disbursement 06 / 11 / 2008 |
| | City ALEXANDRIA State VA Zip Code 22310 | Amount of Each Disbursement this Period 1.31 |
| | Purpose of Disbursement SALARY | Category/Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | State: District: | |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) LONG MARTIN A | Transaction ID: 48802Q03 |
| | Mailing Address 3412 AUSTIN COURT | Date of Disbursement 06 / 11 / 2008 |
| | City ALEXANDRIA State VA Zip Code 22310 | Amount of Each Disbursement this Period 40.65 |
| | Purpose of Disbursement SALARY | Category/Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | State: District: | |

| | |
|--|--------|
| SUBTOTAL of Disbursements This Page (optional) | 697.73 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER: (check only one)

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

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

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) LONG MARTIN A | Transaction ID: 48802Q04 Date of Disbursement 06 / 11 / 2008 |
| | Mailing Address 3412 AUSTIN COURT | Amount of Each Disbursement this Period 9.50 |
| | City ALEXANDRIA State VA Zip Code 22310 | |
| | Purpose of Disbursement SALARY Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) LONG MARTIN A | Transaction ID: 48802Q05 Date of Disbursement 06 / 11 / 2008 |
| | Mailing Address 3412 AUSTIN COURT | Amount of Each Disbursement this Period 8.52 |
| | City ALEXANDRIA State VA Zip Code 22310 | |
| | Purpose of Disbursement SALARY Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) MANNING PATRICK D | Transaction ID: 48803Q01 Date of Disbursement 06 / 11 / 2008 |
| | Mailing Address 661 MORRIS PLACE NE APT #4 | Amount of Each Disbursement this Period 531.14 |
| | City WASHINGTON State DC Zip Code 20002 | |
| | Purpose of Disbursement SALARY Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|--------|
| SUBTOTAL of Disbursements This Page (optional) | 549.16 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER:
(check only one)

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

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

| | |
|--|--|
| <p>A. Full Name (Last, First, Middle Initial) MANNING PATRICK D</p> <p>Mailing Address 661 MORRIS PLACE NE APT #4</p> <p>City WASHINGTON State DC Zip Code 20002</p> <p>Purpose of Disbursement SALARY</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 48803Q02 Date of Disbursement 06 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 1.06</p> |
| <p>B. Full Name (Last, First, Middle Initial) MANNING PATRICK D</p> <p>Mailing Address 661 MORRIS PLACE NE APT #4</p> <p>City WASHINGTON State DC Zip Code 20002</p> <p>Purpose of Disbursement SALARY</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 48803Q03 Date of Disbursement 06 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 32.93</p> |
| <p>C. Full Name (Last, First, Middle Initial) MANNING PATRICK D</p> <p>Mailing Address 661 MORRIS PLACE NE APT #4</p> <p>City WASHINGTON State DC Zip Code 20002</p> <p>Purpose of Disbursement SALARY</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 48803Q04 Date of Disbursement 06 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 7.70</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

41.69

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

| | | | | | | | | | | | | | | | | | | | | | |
|------|--|--|------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| A. | Full Name (Last, First, Middle Initial) MANNING PATRICK D | Transaction ID: 48803Q05 Date of Disbursement | | | | | | | | | | | | | | | | | | | |
| | Mailing Address 661 MORRIS PLACE NE APT #4 | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>6</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 6 | | 1 | 1 | | 2 | 0 | 0 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 6 | | 1 | 1 | | 2 | 0 | 0 | 8 | | | | | | | | | | | | |
| | City WASHINGTON State DC Zip Code 20002 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | |
| | Purpose of Disbursement SALARY | <table border="1"><tr><td>4.25</td></tr></table> | 4.25 | | | | | | | | | | | | | | | | | | |
| 4.25 | | | | | | | | | | | | | | | | | | | | | |
| | Candidate Name | Category/Type | | | | | | | | | | | | | | | | | | | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General | | | | | | | | | | | | | | | | | | | |
| | State: District: | <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | |
|------|--|--|------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| B. | Full Name (Last, First, Middle Initial) MANNING PATRICK D | Transaction ID: 48803Q06 Date of Disbursement | | | | | | | | | | | | | | | | | | | |
| | Mailing Address 661 MORRIS PLACE NE APT #4 | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>6</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 6 | | 1 | 1 | | 2 | 0 | 0 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 6 | | 1 | 1 | | 2 | 0 | 0 | 8 | | | | | | | | | | | | |
| | City WASHINGTON State DC Zip Code 20002 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | |
| | Purpose of Disbursement SALARY | <table border="1"><tr><td>6.91</td></tr></table> | 6.91 | | | | | | | | | | | | | | | | | | |
| 6.91 | | | | | | | | | | | | | | | | | | | | | |
| | Candidate Name | Category/Type | | | | | | | | | | | | | | | | | | | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General | | | | | | | | | | | | | | | | | | | |
| | State: District: | <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | |
|--------|--|--|--------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| C. | Full Name (Last, First, Middle Initial) PIEL MICHAEL T | Transaction ID: 48804Q01 Date of Disbursement | | | | | | | | | | | | | | | | | | | |
| | Mailing Address 1200E NORTH WAYNE | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>6</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 6 | | 1 | 1 | | 2 | 0 | 0 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 6 | | 1 | 1 | | 2 | 0 | 0 | 8 | | | | | | | | | | | | |
| | City ARLINGTON State VA Zip Code 22201 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | |
| | Purpose of Disbursement SALARY | <table border="1"><tr><td>468.00</td></tr></table> | 468.00 | | | | | | | | | | | | | | | | | | |
| 468.00 | | | | | | | | | | | | | | | | | | | | | |
| | Candidate Name | Category/Type | | | | | | | | | | | | | | | | | | | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General | | | | | | | | | | | | | | | | | | | |
| | State: District: | <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | |

| | | |
|--|--|--------|
| SUBTOTAL of Disbursements This Page (optional) | <table border="1"><tr><td>479.16</td></tr></table> | 479.16 |
| 479.16 | | |
| TOTAL This Period (last page this line number only) | <table border="1"><tr><td></td></tr></table> | |
| | | |

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

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

FOR LINE NUMBER:
(check only one)

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

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

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) PIEL MICHAEL T | Transaction ID: 48804Q02 Date of Disbursement 06 / 11 / 2008 |
| | Mailing Address 1200E NORTH WAYNE | Amount of Each Disbursement this Period 32.93 |
| | City ARLINGTON State VA Zip Code 22201 | |
| | Purpose of Disbursement SALARY Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) PIEL MICHAEL T | Transaction ID: 48804Q03 Date of Disbursement 06 / 11 / 2008 |
| | Mailing Address 1200E NORTH WAYNE | Amount of Each Disbursement this Period 1.00 |
| | City ARLINGTON State VA Zip Code 22201 | |
| | Purpose of Disbursement SALARY Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) PIEL MICHAEL T | Transaction ID: 48804Q04 Date of Disbursement 06 / 11 / 2008 |
| | Mailing Address 1200E NORTH WAYNE | Amount of Each Disbursement this Period 31.06 |
| | City ARLINGTON State VA Zip Code 22201 | |
| | Purpose of Disbursement SALARY Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|-------|
| SUBTOTAL of Disbursements This Page (optional) | 64.99 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) PIEL MICHAEL T | Transaction ID: 48804Q05 Date of Disbursement MM / DD / YYYY 06 / 11 / 2008 |
| | Mailing Address 1200E NORTH WAYNE | Amount of Each Disbursement this Period 7.26 |
| | City ARLINGTON State VA Zip Code 22201 | |
| | Purpose of Disbursement SALARY Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) PIEL MICHAEL T | Transaction ID: 48804Q06 Date of Disbursement MM / DD / YYYY 06 / 11 / 2008 |
| | Mailing Address 1200E NORTH WAYNE | Amount of Each Disbursement this Period 4.01 |
| | City ARLINGTON State VA Zip Code 22201 | |
| | Purpose of Disbursement SALARY Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) PIEL MICHAEL T | Transaction ID: 48804Q07 Date of Disbursement MM / DD / YYYY 06 / 11 / 2008 |
| | Mailing Address 1200E NORTH WAYNE | Amount of Each Disbursement this Period 6.51 |
| | City ARLINGTON State VA Zip Code 22201 | |
| | Purpose of Disbursement SALARY Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|--|---|-------|
| SUBTOTAL of Disbursements This Page (optional) | ▶ | 17.78 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) PINNICK MICHEL S | Transaction ID: 48805Q01 Date of Disbursement |
| | Mailing Address 4236 SUITLAND RD APT 304 | <input type="text" value="06"/> / <input type="text" value="11"/> / <input type="text" value="2008"/> |
| | City SUITLAND State MD Zip Code 20746 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement SALARY | <input type="text" value="820.51"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) PINNICK MICHEL S | Transaction ID: 48805Q02 Date of Disbursement |
| | Mailing Address 4236 SUITLAND RD APT 304 | <input type="text" value="06"/> / <input type="text" value="11"/> / <input type="text" value="2008"/> |
| | City SUITLAND State MD Zip Code 20746 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement SALARY | <input type="text" value="50.87"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) PINNICK MICHEL S | Transaction ID: 48805Q03 Date of Disbursement |
| | Mailing Address 4236 SUITLAND RD APT 304 | <input type="text" value="06"/> / <input type="text" value="11"/> / <input type="text" value="2008"/> |
| | City SUITLAND State MD Zip Code 20746 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement SALARY | <input type="text" value="11.90"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|-------------------------------------|
| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="883.28"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

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

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

FOR LINE NUMBER: (check only one)

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

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

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) STALLER EMMA K | Transaction ID: 48806Q01 Date of Disbursement |
| | Mailing Address 3503 S 13TH ROAD | <input type="text" value="06"/> / <input type="text" value="11"/> / <input type="text" value="2008"/> |
| | City ARLINGTON State VA Zip Code 22204 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement SALARY | <input type="text" value="480.00"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) STALLER EMMA K | Transaction ID: 48806Q02 Date of Disbursement |
| | Mailing Address 3503 S 13TH ROAD | <input type="text" value="06"/> / <input type="text" value="11"/> / <input type="text" value="2008"/> |
| | City ARLINGTON State VA Zip Code 22204 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement SALARY | <input type="text" value="0.96"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) STALLER EMMA K | Transaction ID: 48806Q03 Date of Disbursement |
| | Mailing Address 3503 S 13TH ROAD | <input type="text" value="06"/> / <input type="text" value="11"/> / <input type="text" value="2008"/> |
| | City ARLINGTON State VA Zip Code 22204 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement SALARY | <input type="text" value="29.76"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|-------------------------------------|
| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="510.72"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

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

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

FOR LINE NUMBER:
(check only one)

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

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

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) STALLER EMMA K | Transaction ID: 48806Q04 Date of Disbursement 06 / 11 / 2008 |
| | Mailing Address 3503 S 13TH ROAD | Amount of Each Disbursement this Period 6.96 |
| | City ARLINGTON State VA Zip Code 22204 | |
| | Purpose of Disbursement SALARY | Category/Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) STALLER EMMA K | Transaction ID: 48806Q05 Date of Disbursement 06 / 11 / 2008 |
| | Mailing Address 3503 S 13TH ROAD | Amount of Each Disbursement this Period 3.84 |
| | City ARLINGTON State VA Zip Code 22204 | |
| | Purpose of Disbursement SALARY | Category/Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) STALLER EMMA K | Transaction ID: 48806Q06 Date of Disbursement 06 / 11 / 2008 |
| | Mailing Address 3503 S 13TH ROAD | Amount of Each Disbursement this Period 6.24 |
| | City ARLINGTON State VA Zip Code 22204 | |
| | Purpose of Disbursement SALARY | Category/Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|-------|
| SUBTOTAL of Disbursements This Page (optional) | 17.04 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

| | |
|---|---|
| <p>A. Full Name (Last, First, Middle Initial) WALKER QIANA U</p> <p>Mailing Address 6409 ENTWOOD COURT</p> <p>City FORT WASHINGTON State MD Zip Code 20744</p> <p>Purpose of Disbursement SALARY</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 48807Q01</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> / <input type="text" value="11"/> / <input type="text" value="2008"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="809.06"/></p> |
| <p>B. Full Name (Last, First, Middle Initial) WALKER QIANA U</p> <p>Mailing Address 6409 ENTWOOD COURT</p> <p>City FORT WASHINGTON State MD Zip Code 20744</p> <p>Purpose of Disbursement SALARY</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 48807Q02</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> / <input type="text" value="11"/> / <input type="text" value="2008"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1.62"/></p> |
| <p>C. Full Name (Last, First, Middle Initial) WALKER QIANA U</p> <p>Mailing Address 6409 ENTWOOD COURT</p> <p>City FORT WASHINGTON State MD Zip Code 20744</p> <p>Purpose of Disbursement SALARY</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 48807Q03</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> / <input type="text" value="11"/> / <input type="text" value="2008"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="50.16"/></p> |

| | |
|--|-------------------------------------|
| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="860.84"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

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

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

FOR LINE NUMBER:
(check only one)

PAGE 88 / 149

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

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

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) WALKER QIANA U | Transaction ID: 48807Q04 Date of Disbursement |
| | Mailing Address 6409 ENTWOOD COURT | <input type="text" value="06"/> / <input type="text" value="11"/> / <input type="text" value="2008"/> |
| | City FORT WASHINGTON State MD Zip Code 20744 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement SALARY | <input type="text" value="11.74"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) WALKER QIANA U | Transaction ID: 48807Q05 Date of Disbursement |
| | Mailing Address 6409 ENTWOOD COURT | <input type="text" value="06"/> / <input type="text" value="11"/> / <input type="text" value="2008"/> |
| | City FORT WASHINGTON State MD Zip Code 20744 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement SALARY | <input type="text" value="10.52"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) WARREN CHRISTOPHER L | Transaction ID: 48808Q01 Date of Disbursement |
| | Mailing Address 412 U STREET NW | <input type="text" value="06"/> / <input type="text" value="11"/> / <input type="text" value="2008"/> |
| | City WASHINGTON State DC Zip Code 20001 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement SALARY | <input type="text" value="956.62"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

SUBTOTAL of Disbursements This Page (optional) ▶

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) WARREN CHRISTOPHER L | Transaction ID: 48808Q02 Date of Disbursement 06 / 11 / 2008 |
| | Mailing Address 412 U STREET NW | Amount of Each Disbursement this Period 59.32 |
| | City WASHINGTON State DC Zip Code 20001 | |
| | Purpose of Disbursement SALARY | Category/Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) WARREN CHRISTOPHER L | Transaction ID: 48808Q03 Date of Disbursement 06 / 11 / 2008 |
| | Mailing Address 412 U STREET NW | Amount of Each Disbursement this Period 13.87 |
| | City WASHINGTON State DC Zip Code 20001 | |
| | Purpose of Disbursement SALARY | Category/Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) NCEC | Transaction ID: 48886Q03 Date of Disbursement 06 / 11 / 2008 |
| | Mailing Address 122 C ST NW | Amount of Each Disbursement this Period -5000.00 |
| | City WASHINGTON State DC Zip Code 20001 | |
| | Purpose of Disbursement LESS INKIND (PRODUCED IN-HOUSE/LINE 23) | Category/Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|-----------------|
| SUBTOTAL of Disbursements This Page (optional) | -4926.81 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
NCEC

Mailing Address 122 C ST NW

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement
LESS INKIND (PRODUCED IN-HOUSE/LINE 23)

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 48885Q06
Date of Disbursement

06 / 12 / 2008

Amount of Each Disbursement this Period

-8500.00

B.

Full Name (Last, First, Middle Initial)
NATIONAL CAPITAL BANK

Mailing Address 316 PENNSYLVANIA AVE SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
BANK SERVICE CHARGE

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 49023Q01
Date of Disbursement

06 / 12 / 2008

Amount of Each Disbursement this Period

9.95

C.

Full Name (Last, First, Middle Initial)
DABKOWSKI DARIUSZ

Mailing Address 6072 67TH AVE

City FLUSHING State NY Zip Code 11385

Purpose of Disbursement
OFFICE CLEANING

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 48817Q01
Date of Disbursement

06 / 13 / 2008

Amount of Each Disbursement this Period

40.00

SUBTOTAL of Disbursements This Page (optional) ▶

-8450.05

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

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

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

FOR LINE NUMBER: (check only one)

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

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

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) VERIZON | Transaction ID: 49069Q01 |
| | Mailing Address PO BOX 660720 | Date of Disbursement 06 / 13 / 2008 |
| | City DALLAS State TX Zip Code 75266 | Amount of Each Disbursement this Period 237.19 |
| | Purpose of Disbursement TELEPHONE | Category/Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | State: District: | |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) NEOPOST | Transaction ID: 49070Q01 |
| | Mailing Address PO BOX 45800 | Date of Disbursement 06 / 13 / 2008 |
| | City SAN FRANCISCO State CA Zip Code 94145 | Amount of Each Disbursement this Period 800.00 |
| | Purpose of Disbursement OFFICE EQUIPMENT | Category/Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | State: District: | |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) MAIL BAG THE | Transaction ID: 48824Q01 |
| | Mailing Address 201 COMMERCE DRIVE | Date of Disbursement 06 / 16 / 2008 |
| | City UPPER MARLBORO State MD Zip Code 20774 | Amount of Each Disbursement this Period -1477.56 |
| | Purpose of Disbursement POSTAGE | Category/Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | State: District: | |

| | |
|--|----------------|
| SUBTOTAL of Disbursements This Page (optional) | -440.37 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER:
(check only one)

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

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

| | | | | | | | | | | | | | | | | | | | | | |
|-------|--|--|-------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| A. | Full Name (Last, First, Middle Initial) NATIONAL CAPITAL BANK | Transaction ID: 49067Q01 Date of Disbursement | | | | | | | | | | | | | | | | | | | |
| | Mailing Address 316 PENNSYLVANIA AVE SE | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>6</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 6 | | 1 | 6 | | 2 | 0 | 0 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 6 | | 1 | 6 | | 2 | 0 | 0 | 8 | | | | | | | | | | | | |
| | City WASHINGTON State DC Zip Code 20003 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | |
| | Purpose of Disbursement BANK SERVICE CHARGE | <table border="1"><tr><td>71.77</td></tr></table> | 71.77 | | | | | | | | | | | | | | | | | | |
| 71.77 | | | | | | | | | | | | | | | | | | | | | |
| | Candidate Name | Category/Type | | | | | | | | | | | | | | | | | | | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | |
| | State: District: | | | | | | | | | | | | | | | | | | | | |

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|----------|--|--|----------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| B. | Full Name (Last, First, Middle Initial) NCEC | Transaction ID: 48884Q02 Date of Disbursement | | | | | | | | | | | | | | | | | | | |
| | Mailing Address 122 C ST NW | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>6</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 6 | | 1 | 7 | | 2 | 0 | 0 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 6 | | 1 | 7 | | 2 | 0 | 0 | 8 | | | | | | | | | | | | |
| | City WASHINGTON State DC Zip Code 20001 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | |
| | Purpose of Disbursement LESS INKIND (PRODUCED IN-HOUSE/LINE 23) | <table border="1"><tr><td>-2500.00</td></tr></table> | -2500.00 | | | | | | | | | | | | | | | | | | |
| -2500.00 | | | | | | | | | | | | | | | | | | | | | |
| | Candidate Name | Category/Type | | | | | | | | | | | | | | | | | | | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | |
| | State: District: | | | | | | | | | | | | | | | | | | | | |

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|--------|--|--|--------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| C. | Full Name (Last, First, Middle Initial) WMATA | Transaction ID: 49071Q01 Date of Disbursement | | | | | | | | | | | | | | | | | | | |
| | Mailing Address 3301 EISENHOWER AVENUE | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>6</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 6 | | 1 | 9 | | 2 | 0 | 0 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 6 | | 1 | 9 | | 2 | 0 | 0 | 8 | | | | | | | | | | | | |
| | City ALEXANDRIA State VA Zip Code 22314 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | |
| | Purpose of Disbursement PARKING/METRO | <table border="1"><tr><td>184.00</td></tr></table> | 184.00 | | | | | | | | | | | | | | | | | | |
| 184.00 | | | | | | | | | | | | | | | | | | | | | |
| | Candidate Name | Category/Type | | | | | | | | | | | | | | | | | | | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | |
| | State: District: | | | | | | | | | | | | | | | | | | | | |

| | | |
|--|--|----------|
| SUBTOTAL of Disbursements This Page (optional) | <table border="1"><tr><td>-2244.23</td></tr></table> | -2244.23 |
| -2244.23 | | |
| TOTAL This Period (last page this line number only) | <table border="1"><tr><td></td></tr></table> | |
| | | |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
INTUIT INC

Mailing Address PO BOX 28866

City TUCSON State AZ Zip Code 85775

Purpose of Disbursement
COMPUTER SERVICES

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 49082Q01

Date of Disbursement

06 / 19 / 2008

Amount of Each Disbursement this Period

26.44

B.

Full Name (Last, First, Middle Initial)
DABKOWSKI DARIUSZ

Mailing Address 6072 67TH AVE

City FLUSHING State NY Zip Code 11385

Purpose of Disbursement
OFFICE CLEANING

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 48960Q01

Date of Disbursement

06 / 20 / 2008

Amount of Each Disbursement this Period

30.00

C.

Full Name (Last, First, Middle Initial)
BADUEL BETH

Mailing Address 83-32 BRITTON AVE

City ELMHURST State NY Zip Code 11373

Purpose of Disbursement
OFFICE CLEANING

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 48961Q01

Date of Disbursement

06 / 20 / 2008

Amount of Each Disbursement this Period

40.00

SUBTOTAL of Disbursements This Page (optional) ▶

96.44

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

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

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

FOR LINE NUMBER: (check only one)

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

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

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) NCEC | Transaction ID: 48991Q03 Date of Disbursement 06 / 20 / 2008 |
| | Mailing Address 122 C ST NW | Amount of Each Disbursement this Period -7500.00 |
| | City WASHINGTON State DC Zip Code 20001 | |
| | Purpose of Disbursement LESS INKIND (PRODUCED IN-HOUSE/LINE 23) | |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) NCEC | Transaction ID: 48908Q01 Date of Disbursement 06 / 23 / 2008 |
| | Mailing Address 122 C ST NW | Amount of Each Disbursement this Period -0.02 |
| | City WASHINGTON State DC Zip Code 20001 | |
| | Purpose of Disbursement SALARY | |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) NCEC | Transaction ID: 48908Q02 Date of Disbursement 06 / 23 / 2008 |
| | Mailing Address 122 C ST NW | Amount of Each Disbursement this Period 0.01 |
| | City WASHINGTON State DC Zip Code 20001 | |
| | Purpose of Disbursement SALARY | |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

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|--|----------|
| SUBTOTAL of Disbursements This Page (optional) | -7500.01 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER:
(check only one)

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

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

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) NCEC | Transaction ID: 48908Q03 Date of Disbursement 06 / 23 / 2008 |
| | Mailing Address 122 C ST NW | Amount of Each Disbursement this Period -0.01 |
| | City WASHINGTON State DC Zip Code 20001 | |
| | Purpose of Disbursement SALARY | |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | State: District: | |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) NCEC | Transaction ID: 48908Q04 Date of Disbursement 06 / 23 / 2008 |
| | Mailing Address 122 C ST NW | Amount of Each Disbursement this Period -0.01 |
| | City WASHINGTON State DC Zip Code 20001 | |
| | Purpose of Disbursement SALARY | |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | State: District: | |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) NCEC | Transaction ID: 48908Q05 Date of Disbursement 06 / 23 / 2008 |
| | Mailing Address 122 C ST NW | Amount of Each Disbursement this Period -0.01 |
| | City WASHINGTON State DC Zip Code 20001 | |
| | Purpose of Disbursement SALARY | |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | State: District: | |

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|--|-------|
| SUBTOTAL of Disbursements This Page (optional) | -0.03 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

| | | | |
|----|--|--|---|
| A. | Full Name (Last, First, Middle Initial) NCEC Mailing Address 122 C ST NW City WASHINGTON State DC Zip Code 20001 Purpose of Disbursement SALARY Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 48908Q06 Date of Disbursement 06 / 23 / 2008 | Amount of Each Disbursement this Period 0.01 |
| B. | Full Name (Last, First, Middle Initial) NCEC Mailing Address 122 C ST NW City WASHINGTON State DC Zip Code 20001 Purpose of Disbursement LESS INKIND (PRODUCED IN-HOUSE/LINE 23) 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: 48990Q05 Date of Disbursement 06 / 23 / 2008 | Amount of Each Disbursement this Period -8000.00 |
| C. | Full Name (Last, First, Middle Initial) QUICKBOOKS PAYROLL SERVICE Mailing Address 5745 WALL STREET City RENO State NV Zip Code 89502 Purpose of Disbursement SALARY Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 48909Q01 Date of Disbursement 06 / 24 / 2008 | Amount of Each Disbursement this Period 25.00 |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | -7974.99 |
| TOTAL This Period (last page this line number only) ▶ | |

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

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

FOR LINE NUMBER: (check only one)

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

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

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) QUICKBOOKS PAYROLL SERVICE | Transaction ID: 48909Q02 |
| | Mailing Address 5745 WALL STREET | Date of Disbursement 06 / 24 / 2008 |
| | City RENO State NV Zip Code 89502 | Amount of Each Disbursement this Period 30.00 |
| | Purpose of Disbursement SALARY | Category/Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | State: District: | |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) QUICKBOOKS PAYROLL SERVICE | Transaction ID: 48909Q03 |
| | Mailing Address 5745 WALL STREET | Date of Disbursement 06 / 24 / 2008 |
| | City RENO State NV Zip Code 89502 | Amount of Each Disbursement this Period 3.16 |
| | Purpose of Disbursement SALARY | Category/Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | State: District: | |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) POSTMASTER DC | Transaction ID: 48911Q01 |
| | Mailing Address PO BOX 92200 | Date of Disbursement 06 / 24 / 2008 |
| | City WASHINGTON State DC Zip Code 20090 | Amount of Each Disbursement this Period 2500.00 |
| | Purpose of Disbursement POSTAGE | Category/Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | State: District: | |

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| SUBTOTAL of Disbursements This Page (optional) | 2533.16 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

| | | | |
|-----------|--|---|--|
| A. | Full Name (Last, First, Middle Initial) AURORA CITY IL <hr/> Mailing Address 77 SOUTH STOLP AVE <hr/> City AURORA State IL Zip Code 60506 <hr/> Purpose of Disbursement ELECTION DATA Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 48912Q01 Date of Disbursement 06 / 24 / 2008 | Amount of Each Disbursement this Period 1.30 |
| B. | Full Name (Last, First, Middle Initial) KELLY PRESS INC <hr/> Mailing Address 1701 CABIN BRANCH RD <hr/> City CHEVERLY State MD Zip Code 20785 <hr/> Purpose of Disbursement DIRECT MAIL EXPENSE (PAC) Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 48914Q01 Date of Disbursement 06 / 24 / 2008 | Amount of Each Disbursement this Period 1336.68 |
| C. | Full Name (Last, First, Middle Initial) KELLY PRESS INC <hr/> Mailing Address 1701 CABIN BRANCH RD <hr/> City CHEVERLY State MD Zip Code 20785 <hr/> Purpose of Disbursement DIRECT MAIL EXPENSE (PAC) Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 48914Q02 Date of Disbursement 06 / 24 / 2008 | Amount of Each Disbursement this Period 3204.23 |

SUBTOTAL of Disbursements This Page (optional) ▶

4542.21

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

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

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

FOR LINE NUMBER: (check only one)

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

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

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) KELLY PRESS INC | Transaction ID: 48914Q03 |
| | Mailing Address 1701 CABIN BRANCH RD | Date of Disbursement 06 / 24 / 2008 |
| | City CHEVERLY State MD Zip Code 20785 | Amount of Each Disbursement this Period 3558.49 |
| | Purpose of Disbursement DIRECT MAIL EXPENSE (PAC) | Category/ Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | State: District: | |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) KELLY PRESS INC | Transaction ID: 48914Q04 |
| | Mailing Address 1701 CABIN BRANCH RD | Date of Disbursement 06 / 24 / 2008 |
| | City CHEVERLY State MD Zip Code 20785 | Amount of Each Disbursement this Period 3155.58 |
| | Purpose of Disbursement DIRECT MAIL EXPENSE (PAC) | Category/ Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | State: District: | |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) COLONIAL PARKING | Transaction ID: 48915Q01 |
| | Mailing Address 1050 THOMAS JEFFERSON STREET NW | Date of Disbursement 06 / 24 / 2008 |
| | City WASHINGTON State DC Zip Code 20007 | Amount of Each Disbursement this Period 399.60 |
| | Purpose of Disbursement PARKING/METRO | Category/ Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | State: District: | |

| | |
|--|----------------|
| SUBTOTAL of Disbursements This Page (optional) | 7113.67 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER:
(check only one)

PAGE 100 / 149

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

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

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) COLONIAL PARKING | Transaction ID: 48915Q02 Date of Disbursement |
| | Mailing Address 1050 THOMAS JEFFERSON STREET NW | <input type="text" value="06"/> / <input type="text" value="24"/> / <input type="text" value="2008"/> |
| | City WASHINGTON State DC Zip Code 20007 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement PARKING/METRO | <input type="text" value="214.02"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) COLONIAL PARKING | Transaction ID: 48915Q03 Date of Disbursement |
| | Mailing Address 1050 THOMAS JEFFERSON STREET NW | <input type="text" value="06"/> / <input type="text" value="24"/> / <input type="text" value="2008"/> |
| | City WASHINGTON State DC Zip Code 20007 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement PARKING/METRO | <input type="text" value="76.59"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) COLONIAL PARKING | Transaction ID: 48915Q04 Date of Disbursement |
| | Mailing Address 1050 THOMAS JEFFERSON STREET NW | <input type="text" value="06"/> / <input type="text" value="24"/> / <input type="text" value="2008"/> |
| | City WASHINGTON State DC Zip Code 20007 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement PARKING/METRO | <input type="text" value="76.59"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|-------------------------------------|
| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="367.20"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

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

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

FOR LINE NUMBER: (check only one)

PAGE 101 / 149

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

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

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) NCIA INSURANCE AGENCY | Transaction ID: 48917Q01 Date of Disbursement |
| | Mailing Address PO BOX 79725 | <input type="text" value="06"/> / <input type="text" value="24"/> / <input type="text" value="2008"/> |
| | City BALTIMORE State MD Zip Code 21279 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement INSURANCE | <input type="text" value="6.00"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) NCIA INSURANCE AGENCY | Transaction ID: 48917Q02 Date of Disbursement |
| | Mailing Address PO BOX 79725 | <input type="text" value="06"/> / <input type="text" value="24"/> / <input type="text" value="2008"/> |
| | City BALTIMORE State MD Zip Code 21279 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement INSURANCE | <input type="text" value="33.96"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) CAPITOL HILL DELIVERY SERVICE | Transaction ID: 48918Q01 Date of Disbursement |
| | Mailing Address 810 L STREET SE | <input type="text" value="06"/> / <input type="text" value="24"/> / <input type="text" value="2008"/> |
| | City WASHINGTON State DC Zip Code 20003 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement DELIVERY | <input type="text" value="124.18"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|-------------------------------------|
| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="164.14"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

| | |
|---|---|
| <p>A.</p> <p>Full Name (Last, First, Middle Initial) QUILL CORPORATION</p> <p>Mailing Address PO BOX 94081</p> <p>City PALATINE State IL Zip Code 60094</p> <p>Purpose of Disbursement OFFICE SUPPLIES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 48919Q01</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> / <input type="text" value="24"/> / <input type="text" value="2008"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="88.02"/></p> |
| <p>B.</p> <p>Full Name (Last, First, Middle Initial) QUILL CORPORATION</p> <p>Mailing Address PO BOX 94081</p> <p>City PALATINE State IL Zip Code 60094</p> <p>Purpose of Disbursement OFFICE SUPPLIES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 48919Q02</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> / <input type="text" value="24"/> / <input type="text" value="2008"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="16.53"/></p> |
| <p>C.</p> <p>Full Name (Last, First, Middle Initial) LAWRYCZENKO ALEX</p> <p>Mailing Address 14 LAMKER COURT</p> <p>City LITTLE FERRY State NJ Zip Code 07643</p> <p>Purpose of Disbursement DIRECT MAIL EXPENSE (PAC)</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 48920Q01</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> / <input type="text" value="24"/> / <input type="text" value="2008"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="550.00"/></p> |

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| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="654.55"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

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

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

FOR LINE NUMBER: (check only one)

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

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

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) TRANSAMERICA FINANCIAL LIFE INSURANCE CO | Transaction ID: 48921Q01 Date of Disbursement |
| | Mailing Address 4333 EDGEWOOD RD NE | <input type="text" value="06"/> / <input type="text" value="24"/> / <input type="text" value="2008"/> |
| | City CEDAR RAPIDS State IA Zip Code 52499 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement INSURANCE | <input type="text" value="33.34"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) PROOFREADNOWCOM | Transaction ID: 48924Q01 Date of Disbursement |
| | Mailing Address 447 BOSTON STREET | <input type="text" value="06"/> / <input type="text" value="24"/> / <input type="text" value="2008"/> |
| | City TOPSFIELD State MA Zip Code 01983 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement DIRECT MAIL EXPENSE (PAC) | <input type="text" value="44.00"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) VERIZON | Transaction ID: 48925Q01 Date of Disbursement |
| | Mailing Address PO BOX 660720 | <input type="text" value="06"/> / <input type="text" value="24"/> / <input type="text" value="2008"/> |
| | City DALLAS State TX Zip Code 75266 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement TELEPHONE | <input type="text" value="8.72"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

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|--|------------------------------------|
| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="86.06"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

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

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

FOR LINE NUMBER:
(check only one)

PAGE 104 / 149

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

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

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) SAFEGUARD BUSINESS SYSTEMS | Transaction ID: 48926Q01 |
| | Mailing Address PO BOX 88043 | Date of Disbursement 06 / 24 / 2008 |
| | City CHICAGO State IL Zip Code 60680 | Amount of Each Disbursement this Period 78.84 |
| | Purpose of Disbursement OFFICE SUPPLIES | Category/ Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | State: District: | |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) US MONITOR SERVICE | Transaction ID: 48927Q01 |
| | Mailing Address 86 MAPLE AVE | Date of Disbursement 06 / 24 / 2008 |
| | City NEW CITY State NY Zip Code 10956 | Amount of Each Disbursement this Period 33.60 |
| | Purpose of Disbursement DIRECT MAIL EXPENSE (PAC) | Category/ Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | State: District: | |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) ATX COMMUNICATIONS | Transaction ID: 48928Q01 |
| | Mailing Address PO BOX 9257 | Date of Disbursement 06 / 24 / 2008 |
| | City UNIONDALE State NY Zip Code 11555 | Amount of Each Disbursement this Period 608.53 |
| | Purpose of Disbursement TELEPHONE | Category/ Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | State: District: | |

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|--|--------|
| SUBTOTAL of Disbursements This Page (optional) | 720.97 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER:
(check only one)

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

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

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) MAIL BAG THE | Transaction ID: 48936Q01 Date of Disbursement |
| | Mailing Address 201 COMMERCE DRIVE | <input type="text" value="06"/> / <input type="text" value="24"/> / <input type="text" value="2008"/> |
| | City UPPER MARLBORO State MD Zip Code 20774 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement POSTAGE | <input type="text" value="8195.74"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) MAIL BAG THE | Transaction ID: 48936Q02 Date of Disbursement |
| | Mailing Address 201 COMMERCE DRIVE | <input type="text" value="06"/> / <input type="text" value="24"/> / <input type="text" value="2008"/> |
| | City UPPER MARLBORO State MD Zip Code 20774 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement DIRECT MAIL EXPENSE (PAC) | <input type="text" value="1504.26"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) NCEC | Transaction ID: 48989Q02 Date of Disbursement |
| | Mailing Address 122 C ST NW | <input type="text" value="06"/> / <input type="text" value="24"/> / <input type="text" value="2008"/> |
| | City WASHINGTON State DC Zip Code 20001 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement LESS INKIND (PRODUCED IN-HOUSE/LINE 23) | <input type="text" value="-5000.00"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|--------------------------------------|
| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="4700.00"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

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

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

FOR LINE NUMBER: (check only one)

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

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

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) DIRECTV | Transaction ID: 49077Q01 |
| | Mailing Address PO BOX 830032 | Date of Disbursement 06 / 24 / 2008 |
| | City BALTIMORE State MD Zip Code 21283 | Amount of Each Disbursement this Period 63.45 |
| | Purpose of Disbursement SUBSCRIPTION Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) BLUM-PASTOR HEATHER M | Transaction ID: 48888Q01 |
| | Mailing Address 4429 ROSEDALE AVENUE | Date of Disbursement 06 / 25 / 2008 |
| | City BETHESDA State MD Zip Code 20814 | Amount of Each Disbursement this Period 769.23 |
| | Purpose of Disbursement SALARY Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) BLUM-PASTOR HEATHER M | Transaction ID: 48888Q02 |
| | Mailing Address 4429 ROSEDALE AVENUE | Date of Disbursement 06 / 25 / 2008 |
| | City BETHESDA State MD Zip Code 20814 | Amount of Each Disbursement this Period 47.69 |
| | Purpose of Disbursement SALARY Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

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| SUBTOTAL of Disbursements This Page (optional) | 880.37 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER: (check only one)

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

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

| | | | |
|-----------|--|---|---|
| A. | Full Name (Last, First, Middle Initial) BLUM-PASTOR HEATHER M Mailing Address 4429 ROSEDALE AVENUE City BETHESDA State MD Zip Code 20814 Purpose of Disbursement SALARY Candidate Name _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 48888Q03 Date of Disbursement 06 / 25 / 2008 | Amount of Each Disbursement this Period 11.15 |
| B. | Full Name (Last, First, Middle Initial) BLYTHE BRETT W Mailing Address 700 A STREET SE City WASHINGTON State DC Zip Code 20003 Purpose of Disbursement SALARY Candidate Name _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 48889Q01 Date of Disbursement 06 / 25 / 2008 | Amount of Each Disbursement this Period 691.76 |
| C. | Full Name (Last, First, Middle Initial) BLYTHE BRETT W Mailing Address 700 A STREET SE City WASHINGTON State DC Zip Code 20003 Purpose of Disbursement SALARY Candidate Name _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 48889Q02 Date of Disbursement 06 / 25 / 2008 | Amount of Each Disbursement this Period 1.38 |

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|--|---------------|
| SUBTOTAL of Disbursements This Page (optional) | 704.29 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 108 / 149

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

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

| | |
|---|--|
| <p>A. Full Name (Last, First, Middle Initial) BLYTHE BRETT W</p> <p>Mailing Address 700 A STREET SE</p> <p>City WASHINGTON State DC Zip Code 20003</p> <p>Purpose of Disbursement SALARY</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 48889Q03</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> <input type="text" value="25"/> / <input type="text" value="20"/> <input type="text" value="08"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="42.89"/></p> |
| <p>B. Full Name (Last, First, Middle Initial) BLYTHE BRETT W</p> <p>Mailing Address 700 A STREET SE</p> <p>City WASHINGTON State DC Zip Code 20003</p> <p>Purpose of Disbursement SALARY</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 48889Q04</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> <input type="text" value="25"/> / <input type="text" value="20"/> <input type="text" value="08"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="10.03"/></p> |
| <p>C. Full Name (Last, First, Middle Initial) BLYTHE BRETT W</p> <p>Mailing Address 700 A STREET SE</p> <p>City WASHINGTON State DC Zip Code 20003</p> <p>Purpose of Disbursement SALARY</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 48889Q05</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> <input type="text" value="25"/> / <input type="text" value="20"/> <input type="text" value="08"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="9.00"/></p> |

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|--|------------------------------------|
| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="61.92"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

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

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

FOR LINE NUMBER: (check only one)

PAGE 109 / 149

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

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

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) BONIER THOMAS T | Transaction ID: 48890Q01 |
| | Mailing Address 1803 EVEREST STREET | Date of Disbursement 06 / 25 / 2008 |
| | City SILVER SPRING State MD Zip Code 20902 | Amount of Each Disbursement this Period 634.62 |
| | Purpose of Disbursement SALARY Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) BONIER THOMAS T | Transaction ID: 48890Q02 |
| | Mailing Address 1803 EVEREST STREET | Date of Disbursement 06 / 25 / 2008 |
| | City SILVER SPRING State MD Zip Code 20902 | Amount of Each Disbursement this Period 1.27 |
| | Purpose of Disbursement SALARY Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) BONIER THOMAS T | Transaction ID: 48890Q03 |
| | Mailing Address 1803 EVEREST STREET | Date of Disbursement 06 / 25 / 2008 |
| | City SILVER SPRING State MD Zip Code 20902 | Amount of Each Disbursement this Period 39.34 |
| | Purpose of Disbursement SALARY Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

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| SUBTOTAL of Disbursements This Page (optional) | 675.23 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
BONIER THOMAS T

Transaction ID: 48890Q04
Date of Disbursement

Mailing Address 1803 EVEREST STREET

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | | 2 | 5 | | 2 | 0 | 0 | 8 |

City SILVER SPRING State MD Zip Code 20902

Amount of Each Disbursement this Period

Purpose of Disbursement
SALARY

| |
|--|
| |
|--|

| |
|------|
| 9.21 |
|------|

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
BONIER THOMAS T

Transaction ID: 48890Q05
Date of Disbursement

Mailing Address 1803 EVEREST STREET

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | | 2 | 5 | | 2 | 0 | 0 | 8 |

City SILVER SPRING State MD Zip Code 20902

Amount of Each Disbursement this Period

Purpose of Disbursement
SALARY

| |
|--|
| |
|--|

| |
|------|
| 8.25 |
|------|

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
BYRON JAMES E

Transaction ID: 48891Q01
Date of Disbursement

Mailing Address 1647 FRANCIS HAMMOND PKY

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | | 2 | 5 | | 2 | 0 | 0 | 8 |

City ALEXANDRIA State VA Zip Code 22302

Amount of Each Disbursement this Period

Purpose of Disbursement
SALARY

| |
|--|
| |
|--|

| |
|---------|
| 1238.46 |
|---------|

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

| |
|---------|
| 1255.92 |
|---------|

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

| | |
|--|---|
| <p>A. Full Name (Last, First, Middle Initial) BYRON JAMES E</p> <p>Mailing Address 1647 FRANCIS HAMMOND PKY</p> <p>City ALEXANDRIA State VA Zip Code 22302</p> <p>Purpose of Disbursement SALARY</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 48891Q02</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> <input type="text" value="25"/> / <input type="text" value="20"/> <input type="text" value="08"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="76.79"/></p> |
| <p>B. Full Name (Last, First, Middle Initial) BYRON JAMES E</p> <p>Mailing Address 1647 FRANCIS HAMMOND PKY</p> <p>City ALEXANDRIA State VA Zip Code 22302</p> <p>Purpose of Disbursement SALARY</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 48891Q03</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> <input type="text" value="25"/> / <input type="text" value="20"/> <input type="text" value="08"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="17.96"/></p> |
| <p>C. Full Name (Last, First, Middle Initial) CARPER MELISA M</p> <p>Mailing Address 11252 CHESTNUT GROVE SQUARE</p> <p>City RESTON State VA Zip Code 20190</p> <p>Purpose of Disbursement SALARY</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 48892Q01</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> <input type="text" value="25"/> / <input type="text" value="20"/> <input type="text" value="08"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="468.00"/></p> |

SUBTOTAL of Disbursements This Page (optional) ▶

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

| | | | |
|-----------|--|---|-------|
| A. | Full Name (Last, First, Middle Initial) CARPER MELISA M | Transaction ID: 48892Q02 Date of Disbursement 06 / 25 / 2008 | |
| | Mailing Address 11252 CHESTNUT GROVE SQUARE | | |
| | City RESTON State VA Zip Code 20190 | Amount of Each Disbursement this Period | 12.47 |
| | Purpose of Disbursement SALARY Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | Category/Type | |
| B. | Full Name (Last, First, Middle Initial) CARPER MELISA M | Transaction ID: 48892Q03 Date of Disbursement 06 / 25 / 2008 | |
| | Mailing Address 11252 CHESTNUT GROVE SQUARE | | |
| | City RESTON State VA Zip Code 20190 | Amount of Each Disbursement this Period | 0.96 |
| | Purpose of Disbursement SALARY Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | Category/Type | |
| C. | Full Name (Last, First, Middle Initial) CARPER MELISA M | Transaction ID: 48892Q04 Date of Disbursement 06 / 25 / 2008 | |
| | Mailing Address 11252 CHESTNUT GROVE SQUARE | | |
| | City RESTON State VA Zip Code 20190 | Amount of Each Disbursement this Period | 29.79 |
| | Purpose of Disbursement SALARY Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | Category/Type | |

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|--|--------------|
| SUBTOTAL of Disbursements This Page (optional) | 43.22 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

| | |
|--|--|
| A. Full Name (Last, First, Middle Initial) CARPER MELISA M <hr/> Mailing Address 11252 CHESTNUT GROVE SQUARE <hr/> City RESTON State VA Zip Code 20190 <hr/> Purpose of Disbursement SALARY 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: 48892Q05 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 5 / 2 0 0 8 |
| | Amount of Each Disbursement this Period 6.97 |
| | Category/ Type |
| | Category/ Type |
| B. Full Name (Last, First, Middle Initial) CARPER MELISA M <hr/> Mailing Address 11252 CHESTNUT GROVE SQUARE <hr/> City RESTON State VA Zip Code 20190 <hr/> Purpose of Disbursement SALARY 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: 48892Q06 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 5 / 2 0 0 8 |
| | Amount of Each Disbursement this Period 3.84 |
| | Category/ Type |
| | Category/ Type |
| C. Full Name (Last, First, Middle Initial) CARPER MELISA M <hr/> Mailing Address 11252 CHESTNUT GROVE SQUARE <hr/> City RESTON State VA Zip Code 20190 <hr/> Purpose of Disbursement SALARY 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: 48892Q07 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 5 / 2 0 0 8 |
| | Amount of Each Disbursement this Period 6.25 |
| | Category/ Type |
| | Category/ Type |

| | |
|--|-------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 17.06 |
| TOTAL This Period (last page this line number only) ▶ | 17.06 |

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 114 / 149

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

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

| | |
|---|--|
| <p>A. Full Name (Last, First, Middle Initial) ENGEL ROBERT B</p> <p>Mailing Address 1404 N MONROE STREET</p> <p>City ARLINGTON State VA Zip Code 22201</p> <p>Purpose of Disbursement SALARY</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 48893Q01</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="923.08"/></p> |
| <p>B. Full Name (Last, First, Middle Initial) ENGEL ROBERT B</p> <p>Mailing Address 1404 N MONROE STREET</p> <p>City ARLINGTON State VA Zip Code 22201</p> <p>Purpose of Disbursement SALARY</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 48893Q02</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="57.23"/></p> |
| <p>C. Full Name (Last, First, Middle Initial) ENGEL ROBERT B</p> <p>Mailing Address 1404 N MONROE STREET</p> <p>City ARLINGTON State VA Zip Code 22201</p> <p>Purpose of Disbursement SALARY</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 48893Q03</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="13.38"/></p> |

| | |
|--|-------------------------------------|
| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="993.69"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

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

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

FOR LINE NUMBER:
(check only one)

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

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

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) ESTEPHANOS BILEN K | Transaction ID: 48894Q01 Date of Disbursement 06 / 25 / 2008 |
| | Mailing Address 2514 13TH STREET NW #4 | Amount of Each Disbursement this Period 752.29 |
| | City WASHINGTON State DC Zip Code 20009 | |
| | Purpose of Disbursement SALARY | |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | State: District: | |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) ESTEPHANOS BILEN K | Transaction ID: 48894Q02 Date of Disbursement 06 / 25 / 2008 |
| | Mailing Address 2514 13TH STREET NW #4 | Amount of Each Disbursement this Period 0.58 |
| | City WASHINGTON State DC Zip Code 20009 | |
| | Purpose of Disbursement SALARY | |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | State: District: | |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) ESTEPHANOS BILEN K | Transaction ID: 48894Q03 Date of Disbursement 06 / 25 / 2008 |
| | Mailing Address 2514 13TH STREET NW #4 | Amount of Each Disbursement this Period 46.65 |
| | City WASHINGTON State DC Zip Code 20009 | |
| | Purpose of Disbursement SALARY | |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | State: District: | |

| | |
|--|---------------|
| SUBTOTAL of Disbursements This Page (optional) | 799.52 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER:
(check only one)

PAGE 116 / 149

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

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

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) ESTEPHANOS BILEN K | Transaction ID: 48894Q04 Date of Disbursement 06 / 25 / 2008 |
| | Mailing Address 2514 13TH STREET NW #4 | Amount of Each Disbursement this Period 10.91 |
| | City WASHINGTON State DC Zip Code 20009 | |
| | Purpose of Disbursement SALARY | |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | State: District: | |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) ESTEPHANOS BILEN K | Transaction ID: 48894Q05 Date of Disbursement 06 / 25 / 2008 |
| | Mailing Address 2514 13TH STREET NW #4 | Amount of Each Disbursement this Period 3.74 |
| | City WASHINGTON State DC Zip Code 20009 | |
| | Purpose of Disbursement SALARY | |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | State: District: | |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) FLEMING ERIC S | Transaction ID: 48895Q01 Date of Disbursement 06 / 25 / 2008 |
| | Mailing Address 516 M ST NE | Amount of Each Disbursement this Period 520.00 |
| | City WASHINGTON State DC Zip Code 20002 | |
| | Purpose of Disbursement SALARY | |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | State: District: | |

| | |
|--|---------------|
| SUBTOTAL of Disbursements This Page (optional) | 534.65 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER:
(check only one)

PAGE 117 / 149

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

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

| | | |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial) FLEMING ERIC S | Transaction ID: 48895Q02 |
| | Mailing Address 516 M ST NE | Date of Disbursement 06 / 25 / 2008 |
| | City WASHINGTON State DC Zip Code 20002 | Amount of Each Disbursement this Period 70.69 |
| | Purpose of Disbursement SALARY | Category/ Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General |
| | State: District: | <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial) FLEMING ERIC S | Transaction ID: 48895Q03 |
| | Mailing Address 516 M ST NE | Date of Disbursement 06 / 25 / 2008 |
| | City WASHINGTON State DC Zip Code 20002 | Amount of Each Disbursement this Period 1.18 |
| | Purpose of Disbursement SALARY | Category/ Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General |
| | State: District: | <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial) FLEMING ERIC S | Transaction ID: 48895Q04 |
| | Mailing Address 516 M ST NE | Date of Disbursement 06 / 25 / 2008 |
| | City WASHINGTON State DC Zip Code 20002 | Amount of Each Disbursement this Period 36.62 |
| | Purpose of Disbursement SALARY | Category/ Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General |
| | State: District: | <input type="checkbox"/> Other (specify) ▼ |

| | | |
|--|---|--------|
| SUBTOTAL of Disbursements This Page (optional) | ▶ | 108.49 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

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

FOR LINE NUMBER:
(check only one)

PAGE 118 / 149

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

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

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) FLEMING ERIC S | Transaction ID: 48895Q05 Date of Disbursement 06 / 25 / 2008 |
| | Mailing Address 516 M ST NE | Amount of Each Disbursement this Period 8.56 |
| | City WASHINGTON State DC Zip Code 20002 | |
| | Purpose of Disbursement SALARY | Category/Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) FLEMING ERIC S | Transaction ID: 48895Q06 Date of Disbursement 06 / 25 / 2008 |
| | Mailing Address 516 M ST NE | Amount of Each Disbursement this Period 4.69 |
| | City WASHINGTON State DC Zip Code 20002 | |
| | Purpose of Disbursement SALARY | Category/Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) FLEMING ERIC S | Transaction ID: 48895Q07 Date of Disbursement 06 / 25 / 2008 |
| | Mailing Address 516 M ST NE | Amount of Each Disbursement this Period 7.68 |
| | City WASHINGTON State DC Zip Code 20002 | |
| | Purpose of Disbursement SALARY | Category/Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|-------|
| SUBTOTAL of Disbursements This Page (optional) | 20.93 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) FRAHER BRIAN J | Transaction ID: 48896Q01 Date of Disbursement |
| | Mailing Address 1117 D STREET NE #3 | <input type="text" value="06"/> / <input type="text" value="25"/> / <input type="text" value="2008"/> |
| | City WASHINGTON State DC Zip Code 20002 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement SALARY | <input type="text" value="775.79"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) FRAHER BRIAN J | Transaction ID: 48896Q02 Date of Disbursement |
| | Mailing Address 1117 D STREET NE #3 | <input type="text" value="06"/> / <input type="text" value="25"/> / <input type="text" value="2008"/> |
| | City WASHINGTON State DC Zip Code 20002 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement SALARY | <input type="text" value="1.55"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) FRAHER BRIAN J | Transaction ID: 48896Q03 Date of Disbursement |
| | Mailing Address 1117 D STREET NE #3 | <input type="text" value="06"/> / <input type="text" value="25"/> / <input type="text" value="2008"/> |
| | City WASHINGTON State DC Zip Code 20002 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement SALARY | <input type="text" value="48.10"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|-------------------------------------|
| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="825.44"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

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

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

FOR LINE NUMBER: (check only one)

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

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

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) FRAHER BRIAN J | Transaction ID: 48896Q04 Date of Disbursement 06 / 25 / 2008 |
| | Mailing Address 1117 D STREET NE #3 | Amount of Each Disbursement this Period 11.25 |
| | City WASHINGTON State DC Zip Code 20002 | |
| | Purpose of Disbursement SALARY | Category/Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | State: District: | |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) FRAHER BRIAN J | Transaction ID: 48896Q05 Date of Disbursement 06 / 25 / 2008 |
| | Mailing Address 1117 D STREET NE #3 | Amount of Each Disbursement this Period 10.09 |
| | City WASHINGTON State DC Zip Code 20002 | |
| | Purpose of Disbursement SALARY | Category/Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | State: District: | |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) GERSH MARK H | Transaction ID: 48897Q01 Date of Disbursement 06 / 25 / 2008 |
| | Mailing Address 2561 N UPLAND STREET | Amount of Each Disbursement this Period 2307.69 |
| | City ARLINGTON State VA Zip Code 22207 | |
| | Purpose of Disbursement SALARY | Category/Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | State: District: | |

| | | |
|--|---|---------|
| SUBTOTAL of Disbursements This Page (optional) | ▶ | 2329.03 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) GERSH MARK H <hr/> Mailing Address 2561 N UPLAND STREET <hr/> City ARLINGTON State VA Zip Code 22207 <hr/> Purpose of Disbursement SALARY Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 48897Q02 Date of Disbursement 06 / 25 / 2008 <hr/> Amount of Each Disbursement this Period 143.08 |
| B. | Full Name (Last, First, Middle Initial) GERSH MARK H <hr/> Mailing Address 2561 N UPLAND STREET <hr/> City ARLINGTON State VA Zip Code 22207 <hr/> Purpose of Disbursement SALARY Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 48897Q03 Date of Disbursement 06 / 25 / 2008 <hr/> Amount of Each Disbursement this Period 33.46 |
| C. | Full Name (Last, First, Middle Initial) HEMENWAY ANNE <hr/> Mailing Address 346 E 49TH ST <hr/> City NEW YORK State NY Zip Code 10017 <hr/> Purpose of Disbursement SALARY Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 48898Q01 Date of Disbursement 06 / 25 / 2008 <hr/> Amount of Each Disbursement this Period 1250.00 |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 1426.54 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
HEMENWAY ANNE

Mailing Address 346 E 49TH ST

City NEW YORK State NY Zip Code 10017

Purpose of Disbursement
SALARY

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 48898Q02
Date of Disbursement

06 / 25 / 2008

Amount of Each Disbursement this Period

77.50

B.

Full Name (Last, First, Middle Initial)
HEMENWAY ANNE

Mailing Address 346 E 49TH ST

City NEW YORK State NY Zip Code 10017

Purpose of Disbursement
SALARY

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 48898Q03
Date of Disbursement

06 / 25 / 2008

Amount of Each Disbursement this Period

18.13

C.

Full Name (Last, First, Middle Initial)
HEMENWAY RUSSELL D

Mailing Address 160 E 89TH ST PENTHOUSE B

City NEW YORK State NY Zip Code 10128

Purpose of Disbursement
SALARY

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 48899Q01
Date of Disbursement

06 / 25 / 2008

Amount of Each Disbursement this Period

2807.70

SUBTOTAL of Disbursements This Page (optional)

2903.33

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: (check only one)

PAGE 123 / 149

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

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

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) HEMENWAY RUSSELL D | Transaction ID: 48899Q02 |
| | Mailing Address 160 E 89TH ST PENTHOUSE B | Date of Disbursement 06 / 25 / 2008 |
| | City NEW YORK State NY Zip Code 10128 | Amount of Each Disbursement this Period 174.08 |
| | Purpose of Disbursement SALARY | Category/Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | State: District: | |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) HEMENWAY RUSSELL D | Transaction ID: 48899Q03 |
| | Mailing Address 160 E 89TH ST PENTHOUSE B | Date of Disbursement 06 / 25 / 2008 |
| | City NEW YORK State NY Zip Code 10128 | Amount of Each Disbursement this Period 40.71 |
| | Purpose of Disbursement SALARY | Category/Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | State: District: | |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) JONES KATHLINE W | Transaction ID: 48900Q01 |
| | Mailing Address 7505 GLADE DRIVE | Date of Disbursement 06 / 25 / 2008 |
| | City FORT WASHINGTON State MD Zip Code 20744 | Amount of Each Disbursement this Period 940.17 |
| | Purpose of Disbursement SALARY | Category/Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | State: District: | |

| | | |
|--|---|---------|
| SUBTOTAL of Disbursements This Page (optional) | ▶ | 1154.96 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

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

FOR LINE NUMBER: (check only one)

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

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

| | | |
|-----------|---|---|
| A. | Full Name (Last, First, Middle Initial) JONES KATHLINE W <hr/> Mailing Address 7505 GLADE DRIVE <hr/> City FORT WASHINGTON State MD Zip Code 20744 <hr/> Purpose of Disbursement SALARY Candidate Name Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | Transaction ID: 48900Q02 Date of Disbursement 06 / 25 / 2008 <hr/> Amount of Each Disbursement this Period 58.29 |
| B. | Full Name (Last, First, Middle Initial) JONES KATHLINE W <hr/> Mailing Address 7505 GLADE DRIVE <hr/> City FORT WASHINGTON State MD Zip Code 20744 <hr/> Purpose of Disbursement SALARY Candidate Name Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | Transaction ID: 48900Q03 Date of Disbursement 06 / 25 / 2008 <hr/> Amount of Each Disbursement this Period 13.63 |
| C. | Full Name (Last, First, Middle Initial) LONG MARTIN A <hr/> Mailing Address 3412 AUSTIN COURT <hr/> City ALEXANDRIA State VA Zip Code 22310 <hr/> Purpose of Disbursement SALARY Candidate Name Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | Transaction ID: 48901Q01 Date of Disbursement 06 / 25 / 2008 <hr/> Amount of Each Disbursement this Period 655.77 |

SUBTOTAL of Disbursements This Page (optional) ▶

727.69

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

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

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

FOR LINE NUMBER: (check only one)

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

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

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) LONG MARTIN A | Transaction ID: 48901Q02 Date of Disbursement 06 / 25 / 2008 |
| | Mailing Address 3412 AUSTIN COURT | Amount of Each Disbursement this Period 1.31 |
| | City ALEXANDRIA State VA Zip Code 22310 | |
| | Purpose of Disbursement SALARY | Category/Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | State: District: | |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) LONG MARTIN A | Transaction ID: 48901Q03 Date of Disbursement 06 / 25 / 2008 |
| | Mailing Address 3412 AUSTIN COURT | Amount of Each Disbursement this Period 40.66 |
| | City ALEXANDRIA State VA Zip Code 22310 | |
| | Purpose of Disbursement SALARY | Category/Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | State: District: | |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) LONG MARTIN A | Transaction ID: 48901Q04 Date of Disbursement 06 / 25 / 2008 |
| | Mailing Address 3412 AUSTIN COURT | Amount of Each Disbursement this Period 9.51 |
| | City ALEXANDRIA State VA Zip Code 22310 | |
| | Purpose of Disbursement SALARY | Category/Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | State: District: | |

| | |
|--|-------|
| SUBTOTAL of Disbursements This Page (optional) | 51.48 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER:
(check only one)

PAGE 126 / 149

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

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

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) LONG MARTIN A | Transaction ID: 48901Q05 Date of Disbursement 06 / 25 / 2008 |
| | Mailing Address 3412 AUSTIN COURT | Amount of Each Disbursement this Period 8.53 |
| | City ALEXANDRIA State VA Zip Code 22310 | |
| | Purpose of Disbursement SALARY Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) MANNING PATRICK D | Transaction ID: 48902Q01 Date of Disbursement 06 / 25 / 2008 |
| | Mailing Address 661 MORRIS PLACE NE APT #4 | Amount of Each Disbursement this Period 531.14 |
| | City WASHINGTON State DC Zip Code 20002 | |
| | Purpose of Disbursement SALARY Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) MANNING PATRICK D | Transaction ID: 48902Q02 Date of Disbursement 06 / 25 / 2008 |
| | Mailing Address 661 MORRIS PLACE NE APT #4 | Amount of Each Disbursement this Period 1.06 |
| | City WASHINGTON State DC Zip Code 20002 | |
| | Purpose of Disbursement SALARY Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|---------------|
| SUBTOTAL of Disbursements This Page (optional) | 540.73 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) MANNING PATRICK D | Transaction ID: 48902Q03 Date of Disbursement |
| | Mailing Address 661 MORRIS PLACE NE APT #4 | <input type="text" value="06"/> / <input type="text" value="25"/> / <input type="text" value="2008"/> |
| | City WASHINGTON State DC Zip Code 20002 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement SALARY | <input type="text" value="32.93"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) MANNING PATRICK D | Transaction ID: 48902Q04 Date of Disbursement |
| | Mailing Address 661 MORRIS PLACE NE APT #4 | <input type="text" value="06"/> / <input type="text" value="25"/> / <input type="text" value="2008"/> |
| | City WASHINGTON State DC Zip Code 20002 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement SALARY | <input type="text" value="7.70"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) MANNING PATRICK D | Transaction ID: 48902Q05 Date of Disbursement |
| | Mailing Address 661 MORRIS PLACE NE APT #4 | <input type="text" value="06"/> / <input type="text" value="25"/> / <input type="text" value="2008"/> |
| | City WASHINGTON State DC Zip Code 20002 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement SALARY | <input type="text" value="4.25"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|------------------------------------|
| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="44.88"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

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

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

FOR LINE NUMBER:
(check only one)

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

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

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) MANNING PATRICK D | Transaction ID: 48902Q06 Date of Disbursement |
| | Mailing Address 661 MORRIS PLACE NE APT #4 | <input type="text" value="06"/> / <input type="text" value="25"/> / <input type="text" value="2008"/> |
| | City WASHINGTON State DC Zip Code 20002 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement SALARY | <input type="text" value="6.90"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) PIEL MICHAEL T | Transaction ID: 48903Q01 Date of Disbursement |
| | Mailing Address 1200E NORTH WAYNE | <input type="text" value="06"/> / <input type="text" value="25"/> / <input type="text" value="2008"/> |
| | City ARLINGTON State VA Zip Code 22201 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement SALARY | <input type="text" value="468.00"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) PIEL MICHAEL T | Transaction ID: 48903Q02 Date of Disbursement |
| | Mailing Address 1200E NORTH WAYNE | <input type="text" value="06"/> / <input type="text" value="25"/> / <input type="text" value="2008"/> |
| | City ARLINGTON State VA Zip Code 22201 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement SALARY | <input type="text" value="46.10"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|-------------------------------------|
| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="521.00"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 129 / 149

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

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

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) PIEL MICHAEL T | Transaction ID: 48903Q03 Date of Disbursement 06 / 25 / 2008 |
| | Mailing Address 1200E NORTH WAYNE | Amount of Each Disbursement this Period 1.03 |
| | City ARLINGTON State VA Zip Code 22201 | |
| | Purpose of Disbursement SALARY Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) PIEL MICHAEL T | Transaction ID: 48903Q04 Date of Disbursement 06 / 25 / 2008 |
| | Mailing Address 1200E NORTH WAYNE | Amount of Each Disbursement this Period 31.87 |
| | City ARLINGTON State VA Zip Code 22201 | |
| | Purpose of Disbursement SALARY Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) PIEL MICHAEL T | Transaction ID: 48903Q05 Date of Disbursement 06 / 25 / 2008 |
| | Mailing Address 1200E NORTH WAYNE | Amount of Each Disbursement this Period 7.46 |
| | City ARLINGTON State VA Zip Code 22201 | |
| | Purpose of Disbursement SALARY Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|--|---|-------|
| SUBTOTAL of Disbursements This Page (optional) | ▶ | 40.36 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

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

FOR LINE NUMBER: (check only one)

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

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

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) PIEL MICHAEL T | Transaction ID: 48903Q06 Date of Disbursement 06 / 25 / 2008 |
| | Mailing Address 1200E NORTH WAYNE | Amount of Each Disbursement this Period 4.11 |
| | City ARLINGTON State VA Zip Code 22201 | |
| | Purpose of Disbursement SALARY Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) PIEL MICHAEL T | Transaction ID: 48903Q07 Date of Disbursement 06 / 25 / 2008 |
| | Mailing Address 1200E NORTH WAYNE | Amount of Each Disbursement this Period 6.68 |
| | City ARLINGTON State VA Zip Code 22201 | |
| | Purpose of Disbursement SALARY Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) PINNICK MICHEL S | Transaction ID: 48904Q01 Date of Disbursement 06 / 25 / 2008 |
| | Mailing Address 4236 SUITLAND RD APT 304 | Amount of Each Disbursement this Period 820.51 |
| | City SUITLAND State MD Zip Code 20746 | |
| | Purpose of Disbursement SALARY Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|---------------|
| SUBTOTAL of Disbursements This Page (optional) | 831.30 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER:
(check only one)

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

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

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) PINNICK MICHEL S | Transaction ID: 48904Q02 Date of Disbursement 06 / 25 / 2008 |
| | Mailing Address 4236 SUITLAND RD APT 304 | Amount of Each Disbursement this Period 50.87 |
| | City SUITLAND State MD Zip Code 20746 | |
| | Purpose of Disbursement SALARY Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) PINNICK MICHEL S | Transaction ID: 48904Q03 Date of Disbursement 06 / 25 / 2008 |
| | Mailing Address 4236 SUITLAND RD APT 304 | Amount of Each Disbursement this Period 11.90 |
| | City SUITLAND State MD Zip Code 20746 | |
| | Purpose of Disbursement SALARY Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) STALLER EMMA K | Transaction ID: 48905Q01 Date of Disbursement 06 / 25 / 2008 |
| | Mailing Address 3503 S 13TH ROAD | Amount of Each Disbursement this Period 474.00 |
| | City ARLINGTON State VA Zip Code 22204 | |
| | Purpose of Disbursement SALARY Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|--------|
| SUBTOTAL of Disbursements This Page (optional) | 536.77 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 132 / 149

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

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

| | |
|---|--|
| <p>A. Full Name (Last, First, Middle Initial) STALLER EMMA K</p> <p>Mailing Address 3503 S 13TH ROAD</p> <p>City ARLINGTON State VA Zip Code 22204</p> <p>Purpose of Disbursement SALARY</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 48905Q02</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> / <input type="text" value="25"/> / <input type="text" value="2008"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="0.95"/></p> |
| <p>B. Full Name (Last, First, Middle Initial) STALLER EMMA K</p> <p>Mailing Address 3503 S 13TH ROAD</p> <p>City ARLINGTON State VA Zip Code 22204</p> <p>Purpose of Disbursement SALARY</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 48905Q03</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> / <input type="text" value="25"/> / <input type="text" value="2008"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="29.39"/></p> |
| <p>C. Full Name (Last, First, Middle Initial) STALLER EMMA K</p> <p>Mailing Address 3503 S 13TH ROAD</p> <p>City ARLINGTON State VA Zip Code 22204</p> <p>Purpose of Disbursement SALARY</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 48905Q04</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> / <input type="text" value="25"/> / <input type="text" value="2008"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="6.87"/></p> |

SUBTOTAL of Disbursements This Page (optional) ▶

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

| | |
|---|---|
| <p>A. Full Name (Last, First, Middle Initial) STALLER EMMA K</p> <p>Mailing Address 3503 S 13TH ROAD</p> <p>City ARLINGTON State VA Zip Code 22204</p> <p>Purpose of Disbursement SALARY</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 48905Q05</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> / <input type="text" value="25"/> / <input type="text" value="2008"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="3.79"/></p> |
| <p>B. Full Name (Last, First, Middle Initial) STALLER EMMA K</p> <p>Mailing Address 3503 S 13TH ROAD</p> <p>City ARLINGTON State VA Zip Code 22204</p> <p>Purpose of Disbursement SALARY</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 48905Q06</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> / <input type="text" value="25"/> / <input type="text" value="2008"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="6.16"/></p> |
| <p>C. Full Name (Last, First, Middle Initial) WALKER QIANA U</p> <p>Mailing Address 6409 ENTWOOD COURT</p> <p>City FORT WASHINGTON State MD Zip Code 20744</p> <p>Purpose of Disbursement SALARY</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 48906Q01</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> / <input type="text" value="25"/> / <input type="text" value="2008"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="809.06"/></p> |

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| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="819.01"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 134 / 149

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

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

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

| | | | |
|-----------|--|---|--|
| A. | Full Name (Last, First, Middle Initial) WALKER QIANA U <hr/> Mailing Address 6409 ENTWOOD COURT <hr/> City FORT WASHINGTON State MD Zip Code 20744 <hr/> Purpose of Disbursement SALARY Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 48906Q02 Date of Disbursement 06 / 25 / 2008 | Amount of Each Disbursement this Period 1.09 |
| B. | Full Name (Last, First, Middle Initial) WALKER QIANA U <hr/> Mailing Address 6409 ENTWOOD COURT <hr/> City FORT WASHINGTON State MD Zip Code 20744 <hr/> Purpose of Disbursement SALARY Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 48906Q03 Date of Disbursement 06 / 25 / 2008 | Amount of Each Disbursement this Period 50.16 |
| C. | Full Name (Last, First, Middle Initial) WALKER QIANA U <hr/> Mailing Address 6409 ENTWOOD COURT <hr/> City FORT WASHINGTON State MD Zip Code 20744 <hr/> Purpose of Disbursement SALARY Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 48906Q04 Date of Disbursement 06 / 25 / 2008 | Amount of Each Disbursement this Period 11.73 |

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|--|-------|
| SUBTOTAL of Disbursements This Page (optional) | 62.98 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER: (check only one)

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

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

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) WALKER QIANA U | Transaction ID: 48906Q05 Date of Disbursement 06 / 25 / 2008 |
| | Mailing Address 6409 ENTWOOD COURT | Amount of Each Disbursement this Period 7.08 |
| | City FORT WASHINGTON State MD Zip Code 20744 | |
| | Purpose of Disbursement SALARY | Category/Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | State: District: | |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) WARREN CHRISTOPHER L | Transaction ID: 48907Q01 Date of Disbursement 06 / 25 / 2008 |
| | Mailing Address 412 U STREET NW | Amount of Each Disbursement this Period 956.62 |
| | City WASHINGTON State DC Zip Code 20001 | |
| | Purpose of Disbursement SALARY | Category/Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | State: District: | |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) WARREN CHRISTOPHER L | Transaction ID: 48907Q02 Date of Disbursement 06 / 25 / 2008 |
| | Mailing Address 412 U STREET NW | Amount of Each Disbursement this Period 59.31 |
| | City WASHINGTON State DC Zip Code 20001 | |
| | Purpose of Disbursement SALARY | Category/Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | State: District: | |

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| SUBTOTAL of Disbursements This Page (optional) | 1023.01 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
WARREN CHRISTOPHER L

Transaction ID: 48907Q03
Date of Disbursement

Mailing Address 412 U STREET NW

/ /

City WASHINGTON State DC Zip Code 20001

Amount of Each Disbursement this Period

Purpose of Disbursement
SALARY

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
DABKOWSKI DARIUSZ

Transaction ID: 48962Q01
Date of Disbursement

Mailing Address 6072 67TH AVE

/ /

City FLUSHING State NY Zip Code 11385

Amount of Each Disbursement this Period

Purpose of Disbursement
OFFICE CLEANING

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
NCEC

Transaction ID: 48988Q10
Date of Disbursement

Mailing Address 122 C ST NW

/ /

City WASHINGTON State DC Zip Code 20001

Amount of Each Disbursement this Period

Purpose of Disbursement
LESS INKIND (PRODUCED IN-HOUSE/LINE 23)

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 137 / 149

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

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

A.

Full Name (Last, First, Middle Initial)
CAMERON RUN REGIONAL PARK

Mailing Address 4001 EISENHOWER AVENUE

City ALEXANDRIA State VA Zip Code 22304

Purpose of Disbursement
MEALS

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 48959Q01

Date of Disbursement

06 / 29 / 2008

Amount of Each Disbursement this Period

401.12

B.

Full Name (Last, First, Middle Initial)
NCEC

Mailing Address 122 C ST NW

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement
LESS INKIND (PRODUCED IN-HOUSE/LINE 23)

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 48987Q06

Date of Disbursement

06 / 30 / 2008

Amount of Each Disbursement this Period

-8500.00

SUBTOTAL of Disbursements This Page (optional)

-8098.88

TOTAL This Period (last page this line number only)

-13854.47

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

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

FOR LINE NUMBER:
(check only one)

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

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

| | | |
|----|---|--|
| A. | Full Name (Last, First, Middle Initial) CARNEY CHRIS (PA-10) | Transaction ID: 48749Q01 |
| | Mailing Address PO BOX 38 | Date of Disbursement 06 / 01 / 2008 |
| | City DIMOCK State PA Zip Code 18816 | Amount of Each Disbursement this Period 2500.00 |
| | Purpose of Disbursement INKIND/IN-HOUSE CANDIDATE CONTRIBUTION | Category/ Type |
| | Candidate Name Chris Carney | |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 10 | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|---|--|
| B. | Full Name (Last, First, Middle Initial) FULLINGIM DWIGHT (TX-19) | Transaction ID: 48749Q02 |
| | Mailing Address PO BOX 93314 | Date of Disbursement 06 / 01 / 2008 |
| | City LUBBOCK State TX Zip Code 79493 | Amount of Each Disbursement this Period 2500.00 |
| | Purpose of Disbursement INKIND/IN-HOUSE CANDIDATE CONTRIBUTION | Category/ Type |
| | Candidate Name Dwight Fullingim | |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 19 | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|---|--|
| C. | Full Name (Last, First, Middle Initial) FULLINGIM DWIGHT (TX-19) | Transaction ID: 48749Q03 |
| | Mailing Address PO BOX 93314 | Date of Disbursement 06 / 01 / 2008 |
| | City LUBBOCK State TX Zip Code 79493 | Amount of Each Disbursement this Period 500.00 |
| | Purpose of Disbursement INKIND/IN-HOUSE CANDIDATE CONTRIBUTION | Category/ Type |
| | Candidate Name Dwight Fullingim | |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 19 | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 139 / 149

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

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

| | |
|--|--|
| <p>A. Full Name (Last, First, Middle Initial) DRIEHAUS STEVE (OH-01)</p> <p>Mailing Address 1018 BENZ AVE</p> <p>City CINCINNATI State OH Zip Code 45238</p> <p>Purpose of Disbursement INKIND/IN-HOUSE CANDIDATE CONTRIBUTION</p> <p>Candidate Name Steve Driehaus</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 01</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 48749Q04 Date of Disbursement 06 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p> |
| <p>B. Full Name (Last, First, Middle Initial) KILROY MARY JO (OH-15)</p> <p>Mailing Address 929 HARRISON AVE</p> <p>City COLUMBUS State OH Zip Code 43215</p> <p>Purpose of Disbursement INKIND/IN-HOUSE CANDIDATE CONTRIBUTION</p> <p>Candidate Name Mary Kilroy</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 48749Q05 Date of Disbursement 06 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p> |
| <p>C. Full Name (Last, First, Middle Initial) ARCURI MICHAEL (NY-24)</p> <p>Mailing Address PO BOX 8508</p> <p>City UTICA State NY Zip Code 13505</p> <p>Purpose of Disbursement INKIND/IN-HOUSE CANDIDATE CONTRIBUTION</p> <p>Candidate Name Michael Arcuri</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 24</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 48887Q01 Date of Disbursement 06 / 05 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

7500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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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)
NATIONAL COMMITTEE FOR AN EFFECTIVE CONGRESS

| | |
|---|--|
| A. Full Name (Last, First, Middle Initial) CALLAHAN COLLEEN (IL-18) <hr/> Mailing Address PO BOX 9458 <hr/> City PEORIA State IL Zip Code 61612 <hr/> Purpose of Disbursement INKIND/IN-HOUSE CANDIDATE CONTRIBUTION <hr/> Candidate Name Colleen Callahan <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District: 18 | Transaction ID: 48886Q01 Date of Disbursement 06 / 11 / 2008 |
| | Amount of Each Disbursement this Period 2500.00 |
| | Category/ Type |
| | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| B. Full Name (Last, First, Middle Initial) NEUHARDT SHAREN (OH-07) <hr/> Mailing Address PO BOX 2430 <hr/> City SPRINGFIELD State OH Zip Code 45501 <hr/> Purpose of Disbursement INKIND/IN-HOUSE CANDIDATE CONTRIBUTION <hr/> Candidate Name Sharen Neuhardt <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District: 07 | Transaction ID: 48886Q02 Date of Disbursement 06 / 11 / 2008 |
| | Amount of Each Disbursement this Period 2500.00 |
| | Category/ Type |
| | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| C. Full Name (Last, First, Middle Initial) CONCANNON ANDREW (MI-04) <hr/> Mailing Address PO BOX 6958 <hr/> City SAGINAW State MI Zip Code 48608 <hr/> Purpose of Disbursement INKIND/IN-HOUSE CANDIDATE CONTRIBUTION <hr/> Candidate Name Andrew Concannon <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MI District: 04 | Transaction ID: 48885Q01 Date of Disbursement 06 / 12 / 2008 |
| | Amount of Each Disbursement this Period 2500.00 |
| | Category/ Type |
| | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

SUBTOTAL of Disbursements This Page (optional) ▶

7500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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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)
NATIONAL COMMITTEE FOR AN EFFECTIVE CONGRESS

| | |
|---|--|
| <p>A. Full Name (Last, First, Middle Initial) CONCANNON ANDREW (MI-04)</p> <p>Mailing Address PO BOX 6958</p> <p>City SAGINAW State MI Zip Code 48608</p> <p>Purpose of Disbursement INKIND/IN-HOUSE CANDIDATE CONTRIBUTION</p> <p>Candidate Name Andrew Concannon</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 04</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 48885Q02</p> <p>Date of Disbursement 06 / 12 / 2008</p> <p>Amount of Each Disbursement this Period 500.00</p> |
| <p>B. Full Name (Last, First, Middle Initial) O'NEILL BILL (OH-14)</p> <p>Mailing Address PO BOX 601</p> <p>City CHAGRIN FALLS State OH Zip Code 44022</p> <p>Purpose of Disbursement INKIND/IN-HOUSE CANDIDATE CONTRIBUTION</p> <p>Candidate Name Bill O'Neill</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 14</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 48885Q03</p> <p>Date of Disbursement 06 / 12 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p> |
| <p>C. Full Name (Last, First, Middle Initial) CONNOLLY GERRY (VA-11)</p> <p>Mailing Address PO BOX 563</p> <p>City MERRIFIELD State VA Zip Code 22116</p> <p>Purpose of Disbursement INKIND/IN-HOUSE CANDIDATE CONTRIBUTION</p> <p>Candidate Name Gerry Connolly</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 11</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 48885Q04</p> <p>Date of Disbursement 06 / 12 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p> |

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 142 / 149

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

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

| | |
|--|--|
| <p>A. Full Name (Last, First, Middle Initial) CONNOLLY GERRY (VA-11)</p> <p>Mailing Address PO BOX 563</p> <p>City MERRIFIELD State VA Zip Code 22116</p> <p>Purpose of Disbursement INKIND/IN-HOUSE CANDIDATE CONTRIBUTION</p> <p>Candidate Name Gerry Connolly</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: VA District: 11</p> | <p>Transaction ID: 48885Q05</p> <p>Date of Disbursement 06 / 12 / 2008</p> <p>Amount of Each Disbursement this Period 500.00</p> |
| <p>B. Full Name (Last, First, Middle Initial) HARE PHIL (IL-17)</p> <p>Mailing Address PO BOX 4183</p> <p>City ROCK ISLAND State IL Zip Code 61204</p> <p>Purpose of Disbursement INKIND/IN-HOUSE CANDIDATE CONTRIBUTION</p> <p>Candidate Name Phil Hare</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IL District: 17</p> | <p>Transaction ID: 48884Q01</p> <p>Date of Disbursement 06 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p> |
| <p>C. Full Name (Last, First, Middle Initial) MONTAGANO MIKE (IN-03)</p> <p>Mailing Address PO BOX 615</p> <p>City GOSHEN State IN Zip Code 46527</p> <p>Purpose of Disbursement INKIND/IN-HOUSE CANDIDATE CONTRIBUTION</p> <p>Candidate Name Mike Montagano</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IN District: 03</p> | <p>Transaction ID: 48991Q01</p> <p>Date of Disbursement 06 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p> |

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 143 / 149

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

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

| | |
|--|--|
| <p>A. Full Name (Last, First, Middle Initial) LEVIN CARL (MI-SEN)</p> <p>Mailing Address 10 G ST NE</p> <p>City WASHINGTON State DC Zip Code 20002</p> <p>Purpose of Disbursement INKIND/IN-HOUSE CANDIDATE CONTRIBUTION</p> <p>Candidate Name Carl Levin</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MI District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 48991Q02 Date of Disbursement 06 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p> |
| <p>B. Full Name (Last, First, Middle Initial) KANJORSKI PAUL (PA-11)</p> <p>Mailing Address 103 S HANOVER ST</p> <p>City NANTICOKE State PA Zip Code 18634</p> <p>Purpose of Disbursement INKIND/IN-HOUSE CANDIDATE CONTRIBUTION</p> <p>Candidate Name Paul Kanjorski</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 11</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 48990Q01 Date of Disbursement 06 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p> |
| <p>C. Full Name (Last, First, Middle Initial) HIMES JIM (CT-04)</p> <p>Mailing Address PO BOX 456</p> <p>City STAMFORD State CT Zip Code 06904</p> <p>Purpose of Disbursement INKIND/IN-HOUSE CANDIDATE CONTRIBUTION</p> <p>Candidate Name Jim Himes</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 04</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 48990Q02 Date of Disbursement 06 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p> |

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| SUBTOTAL of Disbursements This Page (optional) | 10000.00 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER:
(check only one)

PAGE 144 / 149

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

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

| | |
|--|--|
| <p>A. Full Name (Last, First, Middle Initial) HIMES JIM (CT-04)</p> <p>Mailing Address PO BOX 456</p> <p>City STAMFORD State CT Zip Code 06904</p> <p>Purpose of Disbursement INKIND/IN-HOUSE CANDIDATE CONTRIBUTION</p> <p>Candidate Name Jim Himes</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 04</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 48990Q03 Date of Disbursement 06 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 500.00</p> |
| <p>B. Full Name (Last, First, Middle Initial) MILKOVICH JOHN (LA-04)</p> <p>Mailing Address 656 JORDAN ST</p> <p>City SHREVEPORT State LA Zip Code 71101</p> <p>Purpose of Disbursement INKIND/IN-HOUSE CANDIDATE CONTRIBUTION</p> <p>Candidate Name John Milkovich</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 04</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 48990Q04 Date of Disbursement 06 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p> |
| <p>C. Full Name (Last, First, Middle Initial) MERKLEY JEFF (OR-SEN)</p> <p>Mailing Address PO BOX 29136</p> <p>City PORTLAND State OR Zip Code 97296</p> <p>Purpose of Disbursement INKIND/IN-HOUSE CANDIDATE CONTRIBUTION</p> <p>Candidate Name Jeff Merkley</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OR District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 48989Q01 Date of Disbursement 06 / 24 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

8000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

| | | | |
|-----------|---|--|--|
| A. | Full Name (Last, First, Middle Initial) LEIBHAM NICK (CA-50) | Transaction ID: 48988Q01 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 8 | |
| | Mailing Address 425 W 5TH AVE | | |
| | City ESCONDIDO State CA Zip Code 92025 | Amount of Each Disbursement this Period 2500.00 | |
| | Purpose of Disbursement INKIND/IN-HOUSE CANDIDATE CONTRIBUTION | <input type="checkbox"/> Category/ Type | |
| | Candidate Name Nick Leibham | | |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 50 | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| B. | Full Name (Last, First, Middle Initial) CONLEY BOB (NC-SEN) | Transaction ID: 48988Q02 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 8 | |
| | Mailing Address PO BOX 2366 | | |
| | City NORTH MYRTLE BEACH State SC Zip Code 29598 | Amount of Each Disbursement this Period 5000.00 | |
| | Purpose of Disbursement INKIND/IN-HOUSE CANDIDATE CONTRIBUTION | <input type="checkbox"/> Category/ Type | |
| | Candidate Name Bob Conley | | |
| | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| C. | Full Name (Last, First, Middle Initial) HARKIN TOM (IA-SEN) | Transaction ID: 48988Q03 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 8 | |
| | Mailing Address PO BOX 811 | | |
| | City DES MOINES State IA Zip Code 50304 | Amount of Each Disbursement this Period 5000.00 | |
| | Purpose of Disbursement INKIND/IN-HOUSE CANDIDATE CONTRIBUTION | <input type="checkbox"/> Category/ Type | |
| | Candidate Name Tom Harkin | | |
| | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| SUBTOTAL of Disbursements This Page (optional) | 12500.00 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER:
(check only one)

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

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

| | |
|--|--|
| A. Full Name (Last, First, Middle Initial) CARMOUCHE PAUL (LA-04) <hr/> Mailing Address 912 KINGS HWY <hr/> City SHREVEPORT State LA Zip Code 71104 <hr/> Purpose of Disbursement INKIND/IN-HOUSE CANDIDATE CONTRIBUTION <hr/> Candidate Name Paul Carmouche <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: LA District: 04 | Transaction ID: 48988Q04 Date of Disbursement 06 / 27 / 2008 |
| | Amount of Each Disbursement this Period 2500.00 |
| | Category/ Type |
| | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| B. Full Name (Last, First, Middle Initial) FRANKEN AL (MN-SEN) <hr/> Mailing Address PO BOX 583144 <hr/> City MINNEAPOLIS State MN Zip Code 55458 <hr/> Purpose of Disbursement INKIND/IN-HOUSE CANDIDATE CONTRIBUTION <hr/> Candidate Name Al Franken <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MN District: | Transaction ID: 48988Q05 Date of Disbursement 06 / 27 / 2008 |
| | Amount of Each Disbursement this Period 5000.00 |
| | Category/ Type |
| | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| C. Full Name (Last, First, Middle Initial) KERRY JOHN (MA-SEN) <hr/> Mailing Address 10 G ST NE <hr/> City WASHINGTON State DC Zip Code 20002 <hr/> Purpose of Disbursement INKIND/IN-HOUSE CANDIDATE CONTRIBUTION <hr/> Candidate Name John Kerry <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MA District: | Transaction ID: 48988Q06 Date of Disbursement 06 / 27 / 2008 |
| | Amount of Each Disbursement this Period 5000.00 |
| | Category/ Type |
| | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 12500.00 |
| 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)

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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)
NATIONAL COMMITTEE FOR AN EFFECTIVE CONGRESS

| | |
|--|--|
| <p>A. Full Name (Last, First, Middle Initial) JOHNSON TIM (SD-01)</p> <p>Mailing Address PO BOX 1536</p> <p>City SIOUX FALLS State SD Zip Code 57101</p> <p>Purpose of Disbursement INKIND/IN-HOUSE CANDIDATE CONTRIBUTION</p> <p>Candidate Name Tim Johnson</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: SD District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 48988Q07 Date of Disbursement 06 / 27 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p> |
| <p>B. Full Name (Last, First, Middle Initial) BAUCUS MAX (MT-SEN)</p> <p>Mailing Address PO BOX 586</p> <p>City HELENA State MT Zip Code 59624</p> <p>Purpose of Disbursement INKIND/IN-HOUSE CANDIDATE CONTRIBUTION</p> <p>Candidate Name Max Baucus</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 48988Q08 Date of Disbursement 06 / 27 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p> |
| <p>C. Full Name (Last, First, Middle Initial) ALLEN TOM (ME-SEN)</p> <p>Mailing Address 550 FOREST AVE</p> <p>City PORTLAND State ME Zip Code 04101</p> <p>Purpose of Disbursement INKIND/IN-HOUSE CANDIDATE CONTRIBUTION</p> <p>Candidate Name Tom Allen</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ME District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 48988Q09 Date of Disbursement 06 / 27 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

15000.00

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)

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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)
NATIONAL COMMITTEE FOR AN EFFECTIVE CONGRESS

| | |
|---|--|
| <p>A. Full Name (Last, First, Middle Initial) KAPTUR MARCY (OH-09)</p> <p>Mailing Address PO BOX 899</p> <p>City TOLEDO State OH Zip Code 43697</p> <p>Purpose of Disbursement INKIND/IN-HOUSE CANDIDATE CONTRIBUTION</p> <p>Candidate Name Marcy Kaptur</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: OH District: 09</p> | <p>Transaction ID: 48987Q01</p> <p>Date of Disbursement 06 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p> |
| <p>B. Full Name (Last, First, Middle Initial) ETHERIDGE BOBBY (NC-02)</p> <p>Mailing Address PO BOX 28001</p> <p>City RALEIGH State NC Zip Code 27611</p> <p>Purpose of Disbursement INKIND/IN-HOUSE CANDIDATE CONTRIBUTION</p> <p>Candidate Name Bob Etheridge</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NC District: 02</p> | <p>Transaction ID: 48987Q02</p> <p>Date of Disbursement 06 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p> |
| <p>C. Full Name (Last, First, Middle Initial) ETHERIDGE BOBBY (NC-02)</p> <p>Mailing Address PO BOX 28001</p> <p>City RALEIGH State NC Zip Code 27611</p> <p>Purpose of Disbursement INKIND/IN-HOUSE CANDIDATE CONTRIBUTION</p> <p>Candidate Name Bob Etheridge</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NC District: 02</p> | <p>Transaction ID: 48987Q03</p> <p>Date of Disbursement 06 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 500.00</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

5500.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 149 / 149

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

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

| | |
|---|--|
| A. Full Name (Last, First, Middle Initial) NYE GLENN (VA-02) <hr/> Mailing Address PO BOX 68444 <hr/> City VIRGINIA BEACH State VA Zip Code 23471 Purpose of Disbursement INKIND/IN-HOUSE CANDIDATE CONTRIBUTION Candidate Name Glenn Nye Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 02 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 48987Q04 Date of Disbursement MM / DD / YYYY 06 / 30 / 2008 |
| | Amount of Each Disbursement this Period 2500.00 |
| B. Full Name (Last, First, Middle Initial) NYE GLENN (VA-02) <hr/> Mailing Address PO BOX 68444 <hr/> City VIRGINIA BEACH State VA Zip Code 23471 Purpose of Disbursement INKIND/IN-HOUSE CANDIDATE CONTRIBUTION Candidate Name Glenn Nye Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 02 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 48987Q05 Date of Disbursement MM / DD / YYYY 06 / 30 / 2008 |
| | Amount of Each Disbursement this Period 500.00 |

SUBTOTAL of Disbursements This Page (optional) ►

3000.00

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

98000.00