

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

RECEIVED
FEC MAIL CENTER

2008 JUN 16 AM 10:45
Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

CONSERVATIVE NATIONAL COMMITTEE

ADDRESS (number and street)

PO BOX 101326

Check if different than previously reported. (ACC)

ARLINGTON

VA

22210

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

000139097

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 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

- Feb 20 (M2)
- Mar 20 (M3)
- Apr 20 (M4)
- May 20 (M5)
- Jun 20 (M6)
- Jul 20 (M7)
- Aug 20 (M8)
- Sep 20 (M9)
- Oct 20 (M10)
- Nov 20 (M11) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

- Primary (12P)
- Convention (12C)
- General (12G)
- Special (12S)
- Runoff (12R)

Election on

MM / DD / YYYY

in the State of

XX

(d) 30-Day POST-Election Report for the:

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

Election on

MM / DD / YYYY

in the State of

XX

5. Covering Period

05 / 01 / 2008

through

05 / 31 / 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 RALPH J. GALLIANO

Signature of Treasurer

R. Galliano

Date

06 / 16 / 2008

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

Office Use Only

FEC FORM 3X
Rev. 12/2004

28039750699

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

CONSERVATIVE NATIONAL COMMITTEE

Report Covering the Period:

From:

05 ' 01 ' 2008

To:

05 ' 31 ' 2008

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand January 1, <u>2008</u> | | <u>76304</u> |
| (b) Cash on Hand at Beginning of Reporting Period..... | <u>28235</u> | |
| (c) Total Receipts (from Line 19)..... | <u>1000-</u> | <u>8500-</u> |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | <u>128235</u> | <u>926304</u> |
| 7. Total Disbursements (from Line 31)..... | <u>1042-</u> | <u>902269</u> |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | <u>24035</u> | <u>24035</u> |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)..... | <u>0</u> | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)..... | <u>9493082</u> | |



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

28039750700

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

CONSERVATIVE NATIONAL COMMITTEE

Report Covering the Period:

From:

05 ' 01 ' 2008

To:

05 ' 31 ' 2008

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

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

1000-

8500-

(ii) Unitemized.....

0-

0-

(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

1000-

8500-

(b) Political Party Committees.....

0-

0-

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

0-

0-

(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

1000-

8500-

12. Transfers From Affiliated/Other Party Committees.....

0-

0-

13. All Loans Received.....

0-

0-

14. Loan Repayments Received.....

0-

0-

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

0-

0-

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

0-

0-

17. Other Federal Receipts (Dividends, Interest, etc.).....

0-

0-

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account (from Schedule H3).....

0-

0-

(b) Levin Funds (from Schedule H5).....

0-

0-

(c) Total Transfers (add 18(a) and 18(b))..

0-

0-

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶

1000-

8500-

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

1000-

8500-

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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) Allocated Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share | | |
| (ii) Non-Federal Share..... | | |
| (b) Other Federal Operating Expenditures | 542 - | 567269 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 542 - | 567269 |
| 22. Transfers to Affiliated/Other Party Committees..... | | |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 500 - | 3350 - |
| 24. Independent Expenditures (use Schedule E) | | |
| 25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F) | | |
| 26. Loan Repayments Made..... | | |
| 27. Loans Made..... | | |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (b) Political Party Committees | | |
| (c) Other Political Committees (such as PACs)..... | | |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... | | |
| 29. Other Disbursements | | |
| 30. Federal Election Activity (2 U.S.C. §431(20)) | | |
| (a) Allocated Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | | |
| (ii) "Levin" Share | | |
| (b) Federal Election Activity Paid Entirely With Federal Funds | | |
| (c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b)).... | | |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) .. | 1042 - | 902269 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 1042 - | 902269 |

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DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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) | 1,000 - | 8,500 - |
| 34. Total Contribution Refunds (from Line 28(d)) | 0 | 0 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 1,000 - | 8,500 - |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 542 - | 56,726.9 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 0 | 0 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 542 - | 56,726.9 |

28039750703

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

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

| | | | |
|---|------------------------------|------------------------------|-----------------------------|
| FOR LINE NUMBER: | | PAGE | OF |
| <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)
CONSERVATIVE NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
W. D. MOUNGER

Mailing Address
P.O. Box 3696

City **JACKSON** State **MS** Zip Code **39207**

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
05 / 01 / 2008

Amount of Each Receipt this Period
1000

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) ▶

TOTAL This Period (last page this line number only) ▶ **1000**

28039750704

**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 1 OF 1

21b 22 23 24 25 26
 27 28a 28b 28c 29 30b

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NAME OF COMMITTEE (In Full)

CONSERVATIVE NATIONAL COMMITTEE

Full Name (Last, First, Middle Initial)

A. USPS Date of Disbursement 05/05/2008

Mailing Address _____

City ARLINGTON State VA Zip Code 22210

Purpose of Disbursement ADMINISTRATIVE EXPENSE Amount of Each Disbursement this Period 00.1
Candidate Name _____ Category/Type 42-

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

State: _____ District: _____

B. JOHN GIZZI Date of Disbursement 05/14/2008

Mailing Address P.O. BOX 101326

City ARLINGTON State VA Zip Code 22210

Purpose of Disbursement ADMINISTRATIVE EXPENSE Amount of Each Disbursement this Period 00.1
Candidate Name _____ Category/Type 250-

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

State: _____ District: _____

C. JOHN GIZZI Date of Disbursement 05/30/2008

Mailing Address P.O. BOX 101326

City ARLINGTON State VA Zip Code 22210

Purpose of Disbursement ADMINISTRATIVE EXPENSE Amount of Each Disbursement this Period 0.01
Candidate Name _____ Category/Type 250-

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)

542-

28039750705

**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 OF

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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)

CONSERVATIVE NATIONAL COMMITTEE

Full Name (Last, First, Middle Initial)

A. WOODY JENKINS FOR CONGRESS

Mailing Address: **910 NORTH FOSTER DRIVE**

City: **BATON ROUGE LA** State: Zip Code

Purpose of Disbursement: **POLITICAL CONTRIBUTIONS**

Candidate Name: **WOODY JENKINS**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) **SPECIAL RUNOFF**

State: **LA** District: **6**

Date of Disbursement

05 / 01 / 2008

Amount of Each Disbursement this Period

500 -

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

/ /

Amount of Each Disbursement this Period

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

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

500 -

28039750706

**SCHEDULE D (FEC Form 3X)
DEBTS AND OBLIGATIONS**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
10

Excluding Loans

NAME OF COMMITTEE (In Full)

Conservative National Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Omega Lst Company

Nature of Debt (Purpose):

List Rental

Mailing Address

1430 Springhill Road #490

City

McLean

State

VA

Zip Code

22102

Outstanding Balance Beginning This Period

19,269.39

Amount Incurred This Period

0

Payment This Period

0

Outstanding Balance at Close of This Period

19,269.39

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Bruce W. Eberle & Associates

Nature of Debt (Purpose):

Fundraising

Mailing Address

1430 Springhill Road #490

City

McLean

State

VA

Zip Code

22102

Outstanding Balance Beginning This Period

17,974.00

Amount Incurred This Period

0

Payment This Period

0

Outstanding Balance at Close of This Period

17,974.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

GRAPHICS

Nature of Debt (Purpose):

Graphics

Mailing Address

8330 Old Courthouse Road

City

Vienna

State

VA

Zip Code

22180

Outstanding Balance Beginning This Period

391.56

Amount Incurred This Period

0

Payment This Period

0

Outstanding Balance at Close of This Period

391.56

1) SUBTOTALS This Period This Page (optional) ▶

2) TOTALS This Period (last page this line number only) ▶

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

21,458.35

28039750707

**SCHEDULE D (FEC Form 3X)
DEBTS AND OBLIGATIONS**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

Excluding Loans

NAME OF COMMITTEE (In Full)
Conservative National Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
CCI

Nature of Debt (Purpose):
Computer Printing

Mailing Address
8330 Old Courthouse Road

City State Zip Code
Vienna VA 22180

Outstanding Balance Beginning This Period
153877

Amount Incurred This Period
0

Payment This Period
0

Outstanding Balance at Close of This Period
153877

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
WIB

Nature of Debt (Purpose):
Mailing Services

Mailing Address
2727 Metrikee Drive

City State Zip Code
Fairfax VA 22031

Outstanding Balance Beginning This Period
1122710

Amount Incurred This Period
0

Payment This Period
0

Outstanding Balance at Close of This Period
1122710

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
ARCO Systems

Nature of Debt (Purpose):
Computer Printing

Mailing Address
2853 Nutley Street

City State Zip Code
Fairfax VA 22031

Outstanding Balance Beginning This Period
1165163

Amount Incurred This Period
0

Payment This Period
0

Outstanding Balance at Close of This Period
1165163

| | |
|---|----------------|
| 1) SUBTOTALS This Period This Page (optional) | 2441750 |
| 2) TOTALS This Period (last page this line number only) | |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶ | |

28039750708

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

| | |
|---|---|
| (Use separate schedule(s) for each numbered line) | PAGE 3 OF 5 |
| | FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10 |

NAME OF COMMITTEE (In Full)
Conservative National Committee

| | |
|--|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor ANDREWS REPRODUCTION CENTER | Nature of Debt (Purpose): PRINTING |
| Mailing Address 10101-J Bacon Drive | |
| City State Zip Code Beltsville MD 20705 | |

| | | | |
|--|---|---------------------------------|--|
| Outstanding Balance Beginning This Period 609720 | Amount Incurred This Period 0 | Payment This Period 0 | Outstanding Balance at Close of This Period 609720 |
|--|---|---------------------------------|--|

| | |
|--|--|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Center, Kent & Sullivan | Nature of Debt (Purpose): Legal Services |
| Mailing Address 2020 K Street, N.W. | |
| City State Zip Code Washington DC 20006 | |

| | | | |
|---|---|---------------------------------|---|
| Outstanding Balance Beginning This Period 2825988 | Amount Incurred This Period 0 | Payment This Period 0 | Outstanding Balance at Close of This Period 2825988 |
|---|---|---------------------------------|---|

| | |
|---|---|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Southeast Printing | Nature of Debt (Purpose): PRINTING SERVICES |
| Mailing Address 2401 Wilson Blvd. | |
| City State Zip Code Arlington VA 22201 | |

| | | | |
|---|---|---------------------------------|---|
| Outstanding Balance Beginning This Period 39906 | Amount Incurred This Period 0 | Payment This Period 0 | Outstanding Balance at Close of This Period 39906 |
|---|---|---------------------------------|---|

| | |
|---|----------------|
| 1) SUBTOTALS This Period This Page (optional) | 3475614 |
| 2) TOTALS This Period (last page this line number only) | |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶ | |

28039750709

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
10

NAME OF COMMITTEE (In Full)

CONSERVATIVE NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

DIVERSIFIED MAILING SERVICES

Nature of Debt (Purpose):

MAILING SERVICES

Mailing Address

4333 DAVENPORT ROAD

City

State

Zip Code

FREDERICKSBURG VA 22401

Outstanding Balance Beginning This Period

4,431.6

Amount Incurred This Period

0

Payment This Period

0

Outstanding Balance at Close of This Period

4,431.6

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

SIR SPEEDY PRINTING CENTERS

Nature of Debt (Purpose):

PRINTING

Mailing Address

5881 LEESBURG PIKE

City

State

Zip Code

FALLS CHURCH VA 22041

Outstanding Balance Beginning This Period

8,752.2

Amount Incurred This Period

0

Payment This Period

0

Outstanding Balance at Close of This Period

8,752.2

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

SATURN CORPORATION

Nature of Debt (Purpose):

COMPUTER SERVICES

Mailing Address

4701 LYDELL ROAD

City

State

Zip Code

CHEVERLY MD 20781

Outstanding Balance Beginning This Period

9,788.2

Amount Incurred This Period

0

Payment This Period

0

Outstanding Balance at Close of This Period

9,788.2

1) SUBTOTALS This Period This Page (optional)..... ▶

2,297.20

2) TOTALS This Period (last page this line number only)..... ▶

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... ▶

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

28039750710

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
CONSERVATIVE NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
JAMES K. FEANBLANC

Nature of Debt (Purpose):
LEGAL SERVICES

Mailing Address
1730 M ST NW

City State Zip Code
WASHINGTON DC 20036

Outstanding Balance Beginning This Period
12001.63

Amount Incurred This Period
0

Payment This Period
0

Outstanding Balance at Close of This Period
12001.63

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional).....▶ **12001.63**

2) TOTALS This Period (last page this line number only).....▶

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....▶

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)▶ **94930.82**

28039750711

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt
4/16/08

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked
 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

JmW
 PREPARER

6/16/08
 DATE PREPARED

28039750712