

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

LEADERSHIP 21

ADDRESS (number and street) 6849 OLD DOMINION DRIVE  
SUITE 222  
MCLEAN VA 22101

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C00327239

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

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

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

(b) Monthly Report Due On:

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

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

<input type="checkbox"/> Primary (12P)	<input type="checkbox"/> General (12G)	<input type="checkbox"/> Runoff (12R)
<input type="checkbox"/> Convention (12C)	<input type="checkbox"/> Special (12G)	

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

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

<input type="checkbox"/> General (30G)	<input type="checkbox"/> Runoff (30R)	<input type="checkbox"/> Special (30S)
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Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 07 01 2007 through 12 31 2007

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

Type or Print Name of Treasurer Leslie J. Kerman

Signature of Treasurer Electronically Filed by Leslie J. Kerman Date 01 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  
LEADERSHIP 21

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		40378.22
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period .....	59908.41									
(c) Total Receipts (from Line 19) .....	64000.00	124500.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	123908.41	164878.22								
7. Total Disbursements (from Line 31) .....	53212.80	94182.61								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	70695.61	70695.61								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
LEADERSHIP 21

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	11000.00	11000.00
(i) Itemized (use Schedule A) .....	0.00	0.00
(ii) Unitemized .....	11000.00	11000.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	53000.00	113500.00
(c) Other Political Committees (such as PACs) .....	64000.00	124500.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....		
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	64000.00	124500.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	64000.00	124500.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	6212.80	21182.61
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	6212.80	21182.61
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	47000.00	73000.00
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))..	53212.80	94182.61
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	53212.80	94182.61

**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 .....	64000.00	124500.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	64000.00	124500.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	6212.80	21182.61
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	6212.80	21182.61

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 23  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

NAME OF COMMITTEE (In Full)  
**LEADERSHIP 21**

**A.** Full Name (Last, First, Middle Initial)  
Charles M. Brain

Mailing Address **6528 Ivy Hill Drive**

City **McLean** State **VA** Zip Code **22101**

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

Name of Employer: **Capitol Hill Strategies, LLC** Occupation: **Legislative Consultant**

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt: **11 / 15 / 2007**

**Transaction ID: SA11AI.5364**

Amount of Each Receipt this Period: **5000.00**

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Steven M. Champlin

Mailing Address **4800 Dexter St NW**

City **Washington** State **DC** Zip Code **20007**

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

Name of Employer: **The Duberstein Group, Inc.** Occupation: **VP & Treasurer**

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt: **07 / 05 / 2007**

**Transaction ID: SA11AI.5307**

Amount of Each Receipt this Period: **1000.00**

Contribution

**C.** Full Name (Last, First, Middle Initial)  
William E. Conway, Jr.

Mailing Address **1001 Pennsylvania Avenue, NW Suite 220 South**

City **Washington** State **DC** Zip Code **20004**

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

Name of Employer: **The Carlyle Group** Occupation: **Managing Director**

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt: **12 / 21 / 2007**

**Transaction ID: SA11AI.5359**

Amount of Each Receipt this Period: **5000.00**

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **11000.00**

**TOTAL** This Period (last page this line number only) ..... ► **11000.00**

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

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

FOR LINE NUMBER: PAGE 7 / 23  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
LEADERSHIP 21

**A.** Full Name (Last, First, Middle Initial)  
AMERICAN HOSPITAL ASSOCIATION POLITICAL ACTION COMMITTEE (AHAPAC)  
Mailing Address 325 7TH STREET NW

City State Zip Code  
WASHINGTON DC 20004

FEC ID number of contributing federal political committee. **C** C00106146

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 3 1 / 2 0 0 7  
**Transaction ID:** SA11C.5378  
 Amount of Each Receipt this Period 5000.00  
 Contribution

**B.** Full Name (Last, First, Middle Initial)  
BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION POLITICAL ACTION COMMITTEE  
Mailing Address 1310 G STREET NW

City State Zip Code  
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C** C00194746

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 0 2 / 2 0 0 7  
**Transaction ID:** SA11C.5377  
 Amount of Each Receipt this Period 2000.00  
 Contribution

**C.** Full Name (Last, First, Middle Initial)  
INDEPENDENT INSURANCE AGENTS OF AMERICA INC POLITICAL ACTION COMMITTEE (INSURPAC)  
Mailing Address 412 FIRST STREET SE  
SUITE 300

City State Zip Code  
WASHINGTON DC 20003

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 1 1 / 2 0 0 7  
**Transaction ID:** SA11C.5355  
 Amount of Each Receipt this Period 5000.00  
 Contribution

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 8 / 23</span>
	(check only one)
<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 12	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
LEADERSHIP 21

<b>A.</b>	Full Name (Last, First, Middle Initial) J. P. MORGAN CHASE & CO. PAC	Date of Receipt MM / DD / YYYY 10 / 10 / 2007
	Mailing Address 270 Park Avenue 29th Floor	<b>Transaction ID:</b> SA11C.5376
	City State Zip Code New York NY 10017	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. <b>C</b> C00128512	Contribution
	Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00

<b>B.</b>	Full Name (Last, First, Middle Initial) KOCH INDUSTRIES INC POLITICAL ACTION COMMITTEE (KOCHPAC)	Date of Receipt MM / DD / YYYY 12 / 21 / 2007
	Mailing Address 655 15TH ST NW SUITE 445	<b>Transaction ID:</b> SA11C.5356
	City State Zip Code WASHINGTON DC 20005	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. <b>C</b> C00236489	Contribution
	Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00

<b>C.</b>	Full Name (Last, First, Middle Initial) NATIONAL VENTURE CAPITAL ASSOCIATION VENTUREPAC	Date of Receipt MM / DD / YYYY 11 / 15 / 2007
	Mailing Address 1655 N. Fort Myer Dr. Suite 850	<b>Transaction ID:</b> SA11C.5361
	City State Zip Code Arlington VA 22209	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. <b>C</b> C00150367	Contribution
	Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>15000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 23  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
LEADERSHIP 21

**A.** Full Name (Last, First, Middle Initial)  
NEW YORK LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE

Mailing Address 51 Madison Ave.  
Room 1109

City State Zip Code  
New York NY 10010

FEC ID number of contributing federal political committee. C C00158881

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt MM / DD / YYYY  
12 / 21 / 2007

**Transaction ID:** SA11C.5357

Amount of Each Receipt this Period 5000.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
NORTHWEST AIRLINES POLITICAL ACTION COMMITTEE (FKA REPUBLIC AIRLINES PAC)

Mailing Address 5101 NORTHWEST DRIVE

City State Zip Code  
ST PAUL MN 55111

FEC ID number of contributing federal political committee. C C00104802

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt MM / DD / YYYY  
11 / 08 / 2007

**Transaction ID:** SA11C.5365

Amount of Each Receipt this Period 2000.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
PFIZER INC. PAC

Mailing Address 235 East 42nd Street

City State Zip Code  
New York NY 10017

FEC ID number of contributing federal political committee. C C00016683

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt MM / DD / YYYY  
07 / 10 / 2007

**Transaction ID:** SA11C.5306

Amount of Each Receipt this Period 5000.00

Contribution

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 23  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
LEADERSHIP 21

**A.** Full Name (Last, First, Middle Initial)  
PRUDENTIAL FINANCIAL INC. POLITICAL ACTION COMMITTEE (AKA - PRUDENTIAL PAC)

Mailing Address 751 Broad Street  
14th Floor

City State Zip Code  
Newark NJ 07102

FEC ID number of contributing federal political committee. **C** C00127779

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 1 5 / 2 0 0 7

**Transaction ID:** SA11C.5363

Amount of Each Receipt this Period  
4000.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
SMITHKLINE BEECHAM CORPORATION POLITICAL ACTION COMMITTEE (GLAXOSMITHKLINE PAC)

Mailing Address FIVE MOORE DRIVE  
PO BOX 13358

City State Zip Code  
RESEARCH TRIANGLE NC 27709

FEC ID number of contributing federal political committee. **C** C00199703

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 7

**Transaction ID:** SA11C.5379

Amount of Each Receipt this Period  
5000.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
WACHOVIA CORPORATION EMPLOYEES GOOD GOVERNMENT FEDERAL FUND I

Mailing Address 301 S College St  
Attention: Brenda Bradley

City State Zip Code  
Charlotte NC 28288

FEC ID number of contributing federal political committee. **C** C00012518

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 2 / 2 0 0 7

**Transaction ID:** SA11C.5374

Amount of Each Receipt this Period  
5000.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	14000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	53000.00

**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)  
LEADERSHIP 21

A.	Full Name (Last, First, Middle Initial) The Waverly Group, Inc.	Transaction ID: SB21B.5304 Date of Disbursement 07 / 17 / 2007
	Mailing Address 6849 Old Dominion Drive Suite 222	Amount of Each Disbursement this Period 1025.00
	City McLean State VA Zip Code 22101	
	Purpose of Disbursement PAC Mang't./Compliance: Fees & Expenses	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) The Waverly Group, Inc.	Transaction ID: SB21B.5303 Date of Disbursement 08 / 10 / 2007
	Mailing Address 6849 Old Dominion Drive Suite 222	Amount of Each Disbursement this Period 1025.00
	City McLean State VA Zip Code 22101	
	Purpose of Disbursement PAC Mang't./Compliance: Fees & Expenses	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) The Waverly Group, Inc.	Transaction ID: SB21B.5308 Date of Disbursement 09 / 17 / 2007
	Mailing Address 6849 Old Dominion Drive Suite 222	Amount of Each Disbursement this Period 1025.00
	City McLean State VA Zip Code 22101	
	Purpose of Disbursement PAC Mang't./Compliance: Fees & Expenses	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>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	3075.00
<b>TOTAL</b> 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)  
LEADERSHIP 21

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) The Waverly Group, Inc.</p> <hr/> <p>Mailing Address 6849 Old Dominion Drive Suite 222</p> <hr/> <p>City McLean State VA Zip Code 22101</p> <hr/> <p>Purpose of Disbursement PAC Mang't./Compliance: Fees &amp; Expenses</p> <hr/> <p>Candidate Name</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <hr/> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.5367</p> <p><b>Date of Disbursement</b>  <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>1</td><td>0</td><td>/</td><td>1</td><td>5</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> </p> <hr/> <p><b>Amount of Each Disbursement this Period</b>  <table border="1"> <tr> <td>1025.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	1	5	/	2	0	0	7	1025.00
M	M	/	D	D	/	Y	Y	Y	Y													
1	0	/	1	5	/	2	0	0	7													
1025.00																						
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) The Waverly Group, Inc.</p> <hr/> <p>Mailing Address 6849 Old Dominion Drive Suite 222</p> <hr/> <p>City McLean State VA Zip Code 22101</p> <hr/> <p>Purpose of Disbursement PAC Mang't./Compliance: Fees &amp; Expenses</p> <hr/> <p>Candidate Name</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <hr/> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.5366</p> <p><b>Date of Disbursement</b>  <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>1</td><td>1</td><td>/</td><td>1</td><td>2</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> </p> <hr/> <p><b>Amount of Each Disbursement this Period</b>  <table border="1"> <tr> <td>1041.60</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	1	2	/	2	0	0	7	1041.60
M	M	/	D	D	/	Y	Y	Y	Y													
1	1	/	1	2	/	2	0	0	7													
1041.60																						
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) The Waverly Group, Inc.</p> <hr/> <p>Mailing Address 6849 Old Dominion Drive Suite 222</p> <hr/> <p>City McLean State VA Zip Code 22101</p> <hr/> <p>Purpose of Disbursement PAC Mang't./Compliance: Fees &amp; Expenses</p> <hr/> <p>Candidate Name</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <hr/> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.5333</p> <p><b>Date of Disbursement</b>  <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>1</td><td>2</td><td>/</td><td>1</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> </p> <hr/> <p><b>Amount of Each Disbursement this Period</b>  <table border="1"> <tr> <td>1025.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	1	1	/	2	0	0	7	1025.00
M	M	/	D	D	/	Y	Y	Y	Y													
1	2	/	1	1	/	2	0	0	7													
1025.00																						

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3091.60</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>6166.60</b>

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 13 / 23

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

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NAME OF COMMITTEE (In Full)  
LEADERSHIP 21

<b>A.</b> Full Name (Last, First, Middle Initial) ARCURI FOR CONGRESS <hr/> Mailing Address P.O. Box 8508 <hr/> City Utica State NY Zip Code 13505 <hr/> Purpose of Disbursement Contribution Candidate Name MICHAEL ANGELO ARCURI <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 24 <hr/> Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5342 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 3 / 2 0 0 7
	Amount of Each Disbursement this Period 1000.00
	Category/ Type

<b>B.</b> Full Name (Last, First, Middle Initial) CARNEY FOR CONGRESS <hr/> Mailing Address PO Box 38 <hr/> City Dimock State PA Zip Code 18816 <hr/> Purpose of Disbursement Contribution Candidate Name CHRISTOPHER CARNEY <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 10 <hr/> Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5319 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 7
	Amount of Each Disbursement this Period 1000.00
	Category/ Type

<b>C.</b> Full Name (Last, First, Middle Initial) CARNEY FOR CONGRESS <hr/> Mailing Address PO Box 38 <hr/> City Dimock State PA Zip Code 18816 <hr/> Purpose of Disbursement Contribution Candidate Name CHRISTOPHER CARNEY <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 10 <hr/> Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5341 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 3 / 2 0 0 7
	Amount of Each Disbursement this Period 1000.00
	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> 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 14 / 23

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

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NAME OF COMMITTEE (In Full)  
LEADERSHIP 21

**A.** Full Name (Last, First, Middle Initial)  
**COMMITTEE TO ELECT CHRIS MURPHY**

Mailing Address P.O. Box 127

City Cheshire State CT Zip Code 06410

Purpose of Disbursement  
Contribution

Candidate Name  
CHRISTOPHER S MR. MURPHY

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: CT District: 05

Transaction ID: SB23.5314

Date of Disbursement

09 / 27 / 2007

Amount of Each Disbursement this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
**DAVID SCOTT FOR CONGRESS**

Mailing Address P.O. BOX 960821

City RIVERDALE State GA Zip Code 30296

Purpose of Disbursement  
Contribution

Candidate Name  
DAVID ALBERT SCOTT

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: GA District: 13

Transaction ID: SB23.5311

Date of Disbursement

09 / 27 / 2007

Amount of Each Disbursement this Period

1000.00

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

Mailing Address P.O. Box 62

City Evansville State IN Zip Code 47701

Purpose of Disbursement  
Contribution

Candidate Name  
BRAD ELLSWORTH

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: IN District: 08

Transaction ID: SB23.5320

Date of Disbursement

09 / 27 / 2007

Amount of Each Disbursement this Period

1000.00

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

3000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
LEADERSHIP 21

A.

Full Name (Last, First, Middle Initial)  
ELLSWORTH FOR CONGRESS COMMITTEE

Transaction ID: SB23.5344

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	3		2	0	0	7

Mailing Address P.O. Box 62

Amount of Each Disbursement this Period

2000.00
---------

City Evansville State IN Zip Code 47701

Purpose of Disbursement  
Contribution

Category/  
Type

Candidate Name  
BRAD ELLSWORTH

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: IN District: 08

B.

Full Name (Last, First, Middle Initial)  
FRIENDS FOR BARON HILL

Transaction ID: SB23.5340

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	3		2	0	0	7

Mailing Address PO Box 1071

Amount of Each Disbursement this Period

3000.00
---------

City Seymour State IN Zip Code 47274

Purpose of Disbursement  
Contribution

Category/  
Type

Candidate Name  
BARON P HILL

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: IN District: 09

C.

Full Name (Last, First, Middle Initial)  
FRIENDS OF DAN MAFFEI

Transaction ID: SB23.5322

Date of Disbursement

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

Mailing Address PO Box 74

Amount of Each Disbursement this Period

1000.00
---------

City Syracuse State NY Zip Code 13214

Purpose of Disbursement  
Contribution

Category/  
Type

Candidate Name  
DANIEL B MR. MAFFEI

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: NY District: 25

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

6000.00
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**TOTAL** This Period (last page this line number only) ..... ▶

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
LEADERSHIP 21

**A. Full Name (Last, First, Middle Initial)  
FRIENDS OF JOHN BARROW**

Mailing Address PO Box 48178

City Athens State GA Zip Code 30606

Purpose of Disbursement  
Contribution

Candidate Name  
JOHN J BARROW

Office Sought:  House  
 Senate  
 President

State: GA District: 12

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.5329  
Date of Disbursement

09 / 27 / 2007

Amount of Each Disbursement this Period

1000.00

Category/  
Type

**B. Full Name (Last, First, Middle Initial)  
FRIENDS OF PHIL HARE**

Mailing Address 313 17th Street  
P.O. Box 4183

City Rock Island State IL Zip Code 61202

Purpose of Disbursement  
Contribution

Candidate Name  
PHILIP G HARE

Office Sought:  House  
 Senate  
 President

State: IL District: 17

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.5325  
Date of Disbursement

09 / 27 / 2007

Amount of Each Disbursement this Period

1000.00

Category/  
Type

**C. Full Name (Last, First, Middle Initial)  
GENE TAYLOR FOR CONGRESS COMMITTEE**

Mailing Address POST OFFICE BOX 3838

City BAY ST LOIS State MS Zip Code 39520

Purpose of Disbursement  
Contribution

Candidate Name  
GENE MR. TAYLOR

Office Sought:  House  
 Senate  
 President

State: MS District: 04

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.5368  
Date of Disbursement

10 / 30 / 2007

Amount of Each Disbursement this Period

1000.00

Category/  
Type

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
LEADERSHIP 21

A.

Full Name (Last, First, Middle Initial)  
GIFFORDS FOR CONGRESS

Transaction ID: SB23.5330

Mailing Address PO Box 27565

Date of Disbursement

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

City Tucson State AZ Zip Code 85726

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement  
Contribution

Category/  
Type

Candidate Name  
GABRIELLE GIFFORDS

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: AZ District: 08

B.

Full Name (Last, First, Middle Initial)  
GIFFORDS FOR CONGRESS

Transaction ID: SB23.5347

Mailing Address PO Box 27565

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	3		2	0	0	7

City Tucson State AZ Zip Code 85726

Amount of Each Disbursement this Period

2000.00
---------

Purpose of Disbursement  
Contribution

Category/  
Type

Candidate Name  
GABRIELLE GIFFORDS

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: AZ District: 08

C.

Full Name (Last, First, Middle Initial)  
HEATH SHULER FOR CONGRESS

Transaction ID: SB23.5321

Mailing Address PO BOX 97

Date of Disbursement

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

City HAZELWOOD State NC Zip Code 28738

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement  
Contribution

Category/  
Type

Candidate Name  
JOSEPH HEATH SHULER

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: NC District: 11

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

4000.00
---------

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
LEADERSHIP 21

**A.** Full Name (Last, First, Middle Initial)  
**HEATH SHULER FOR CONGRESS**

Mailing Address PO BOX 97

City HAZELWOOD State NC Zip Code 28738

Purpose of Disbursement  
Contribution

Candidate Name  
JOSEPH HEATH SHULER

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: NC District: 11

Transaction ID: SB23.5345

Date of Disbursement

12 / 13 / 2007

Amount of Each Disbursement this Period

2000.00

**B.** Full Name (Last, First, Middle Initial)  
**JOE DONNELLY FOR CONGRESS**

Mailing Address P.O. Box 1961  
CENTURY BUILDING

City South Bend State IN Zip Code 46634

Purpose of Disbursement  
Contribution

Candidate Name  
JOSEPH SIMON DONNELLY

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: IN District: 02

Transaction ID: SB23.5318

Date of Disbursement

09 / 27 / 2007

Amount of Each Disbursement this Period

1000.00

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

Mailing Address P.O. Box 1961  
CENTURY BUILDING

City South Bend State IN Zip Code 46634

Purpose of Disbursement  
Contribution

Candidate Name  
JOSEPH SIMON DONNELLY

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: IN District: 02

Transaction ID: SB23.5343

Date of Disbursement

12 / 13 / 2007

Amount of Each Disbursement this Period

1000.00

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

4000.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
LEADERSHIP 21

A.

Full Name (Last, First, Middle Initial)  
LAMPSON FOR CONGRESS

Transaction ID: SB23.5331  
Date of Disbursement

Mailing Address P.O. Box 21578

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

City State Zip Code  
Beaumont TX 77720

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement  
Contribution

Category/  
Type

Candidate Name  
NICOLAS LAMPSON

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: TX District: 02

B.

Full Name (Last, First, Middle Initial)  
LAMPSON FOR CONGRESS

Transaction ID: SB23.5348  
Date of Disbursement

Mailing Address P.O. Box 21578

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	3		2	0	0	7

City State Zip Code  
Beaumont TX 77720

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement  
Contribution

Category/  
Type

Candidate Name  
NICOLAS LAMPSON

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: TX District: 02

C.

Full Name (Last, First, Middle Initial)  
MOORE FOR CONGRESS

Transaction ID: SB23.5349  
Date of Disbursement

Mailing Address PO BOX 14631

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	3		2	0	0	7

City State Zip Code  
Shawnee Mission KS 66285

Amount of Each Disbursement this Period

5000.00
---------

Purpose of Disbursement  
Contribution

Category/  
Type

Candidate Name  
DENNIS MOORE

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: KS District: 03

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

7000.00
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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)

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

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NAME OF COMMITTEE (In Full)  
LEADERSHIP 21

<p><b>A.</b> Full Name (Last, First, Middle Initial) RICHARDSON FOR PRESIDENT INC.</p> <p>Mailing Address PO BOX 26208</p> <p>City ALBUQUERQUE State NM Zip Code 87125</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name BILL RICHARDSON</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 00</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.5334</p> <p>Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 4 / 2 0 0 7</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) STEPHANIE HERSETH SANDLIN FOR SOUTH DAKOTA</p> <p>Mailing Address PO Box 2009</p> <p>City Sioux Falls State SD Zip Code 57101</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name STEPHANIE M HERSETH</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SD District: 00</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.5309</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 7</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) STEPHANIE HERSETH SANDLIN FOR SOUTH DAKOTA</p> <p>Mailing Address PO Box 2009</p> <p>City Sioux Falls State SD Zip Code 57101</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name STEPHANIE M HERSETH</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SD District: 00</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.5353</p> <p>Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 9 / 2 0 0 7</p> <p>Amount of Each Disbursement this Period 2000.00</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	6000.00
<b>TOTAL</b> 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 21 / 23

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

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NAME OF COMMITTEE (In Full)  
LEADERSHIP 21

A.	Full Name (Last, First, Middle Initial) <b>STEVE COHEN FOR CONGRESS</b>	<b>Transaction ID: SB23.5371</b> Date of Disbursement 10 / 10 / 2007	
	Mailing Address 349 KENILWORTH		
	City MEMPHIS State TN Zip Code 38112	Amount of Each Disbursement this Period	1000.00
	Purpose of Disbursement Contribution Candidate Name STEVE I MR. COHEN Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 09 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	
B.	Full Name (Last, First, Middle Initial) <b>TIM MAHONEY FOR FLORIDA</b>	<b>Transaction ID: SB23.5328</b> Date of Disbursement 09 / 27 / 2007	
	Mailing Address 1128-408 ROYAL PALM BEACH BLVD		
	City ROYAL PALM BEACH State FL Zip Code 33411	Amount of Each Disbursement this Period	1000.00
	Purpose of Disbursement Contribution Candidate Name TIMOTHY EDWARD MAHONEY Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 16 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	
C.	Full Name (Last, First, Middle Initial) <b>TIM MAHONEY FOR FLORIDA</b>	<b>Transaction ID: SB23.5354</b> Date of Disbursement 12 / 20 / 2007	
	Mailing Address 1128-408 ROYAL PALM BEACH BLVD		
	City ROYAL PALM BEACH State FL Zip Code 33411	Amount of Each Disbursement this Period	1000.00
	Purpose of Disbursement Contribution Candidate Name TIMOTHY EDWARD MAHONEY Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 16 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3000.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
LEADERSHIP 21

A.	Full Name (Last, First, Middle Initial) UDALL FOR COLORADO INC	Transaction ID: SB23.5350
	Mailing Address 8690 Wolff Court #200	Date of Disbursement MM / DD / YYYY 12 / 13 / 2007
	City Westminster State CO Zip Code 80031	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement Contribution	Category/ Type
	Candidate Name MARK E UDALL	
	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: CO District: 00	

B.	Full Name (Last, First, Middle Initial) UDALL FOR US ALL	Transaction ID: SB23.5337
	Mailing Address PO Box 208	Date of Disbursement MM / DD / YYYY 12 / 04 / 2007
	City Santa Fe State NM Zip Code 87504	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement Contribution	Category/ Type
	Candidate Name TOM UDALL	
	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: NM District: 00	

C.	Full Name (Last, First, Middle Initial) ZACK SPACE FOR CONGRESS COMMITTEE	Transaction ID: SB23.5317
	Mailing Address 714 N WOOSTER AVENUE	Date of Disbursement MM / DD / YYYY 09 / 27 / 2007
	City DOVER State OH Zip Code 44622	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contribution	Category/ Type
	Candidate Name ZACHARY T SPACE	
	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: OH District: 18	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	5000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 23 / 23

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

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NAME OF COMMITTEE (In Full)  
LEADERSHIP 21

A.

Full Name (Last, First, Middle Initial)  
ZACK SPACE FOR CONGRESS COMMITTEE

Transaction ID: SB23.5346

Date of Disbursement

Mailing Address 714 N WOOSTER AVENUE

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	3		2	0	0	7

City DOVER State OH Zip Code 44622

Amount of Each Disbursement this Period

3000.00
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Purpose of Disbursement  
Contribution

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Candidate Name  
ZACHARY T SPACE

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: OH District: 18

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

3000.00
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TOTAL This Period (last page this line number only) ..... ►

47000.00
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