

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Government Is Not God	FEC IDENTIFICATION NUMBER <b>C</b> C00297531
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
Dialing Services, LLC

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

Mailing Address  
5149 Cotton Road

Amount  
16000.00

City State Zip Code  
Roswell NM 88201

Transaction ID: SE.6639

Purpose of Expenditure  
Dialing Services, LLC  
automated calls

Category/  
Type 004

Office Sought:  House State: FL  
 Senate District: \_\_\_\_\_  
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:  
MIKE HUCKABEE

Check One:  Support  Oppose

Calendar Year-To-Date Per Election  
for Office Sought 16000.00

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2008

Full Name (Last, First, Middle, Initial) of Payee  
Dialing Services, LLC

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

Mailing Address  
5149 Cotton Road

Amount  
9458.00

City State Zip Code  
Roswell NM 88201

Transaction ID: SE.6646

Purpose of Expenditure  
automated calls

Category/  
Type 004

Office Sought:  House State: FL  
 Senate District: \_\_\_\_\_  
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:  
MIKE HUCKABEE

Check One:  Support  Oppose

Calendar Year-To-Date Per Election  
for Office Sought 25458.00

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2008

(a) SUBTOTAL of Itemized Independent Expenditures .....	25458.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures .....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Nancy Murray  
Signature

Date M M / D D / Y Y Y Y  
0 4 / 1 3 / 2 0 0 9