

**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

Blue America PAC

ADDRESS (number and street)

PO Box 27201

☐Check if different
than previously
reported. (ACC)

Los Angeles

CA

90027

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00427617

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

10

01

2008

through

11

24

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

Howard Klein

Signature of Treasurer

Electronically Filed by Howard Klein

Date

11

25

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)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
Blue America PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	0	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
1	1	2	4	2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2008		41245.67
(b) Cash on Hand at Beginning of Reporting Period	230928.78	
(c) Total Receipts (from Line 19)	28014.68	404931.85
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	258943.46	446177.52
7. Total Disbursements (from Line 31)	111624.20	298858.26
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	147319.26	147319.26
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

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name
Blue America PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	0	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
1	1	2	4	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	18524.86	137645.46
(i) Itemized (use Schedule A)	1383.98	258755.55
(ii) Unitemized	19908.84	396401.01
(iii) TOTAL (add Lines 11(a)(i) and (ii)	5000.00	5000.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	24908.84	401401.01
(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)	2730.84	2730.84
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)	375.00	800.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	375.00	800.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	28014.68	404931.85
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	27639.68	404131.85

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	800.00
(ii) Non-Federal Share.....	0.00	800.00
(b) Other Federal Operating Expenditures.....	863.76	147962.06
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	863.76	149562.06
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	9000.00	31400.00
24. Independent Expenditure (use Schedule E)	101760.44	111896.20
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	6000.00
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))..	111624.20	298858.26
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	111624.20	298058.26

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)	24908.84	401401.01
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	24908.84	401401.01
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	863.76	148762.06
37. Offsets to Operating Expenditures (from Line 15, page 3)	2730.84	2730.84
38. Net Operating Expenditures (subtract Line 37 from Line 36)	-1867.08	146031.22

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

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

FOR LINE NUMBER: PAGE 6 / 41

(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)

Blue America PAC

A.

Full Name (Last, First, Middle Initial)

garland byrum

Mailing Address 3026 Lansbury Ave

City

Claremont

State

CA

Zip Code

91711

FEC ID number of contributing
federal political committee.

C

Name of Employer
none

Occupation

not employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

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

Transaction ID: SA11AI.23599

Amount of Each Receipt this Period

420.00

Earmarked through ActBlue

B.

Full Name (Last, First, Middle Initial)

Talbot Canham

Mailing Address 3019 NW 85th St.

City

Seattle

State

WA

Zip Code

98117

FEC ID number of contributing
federal political committee.

C

Name of Employer
Excell Data, Inc.

Occupation

Programmer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.23460

Amount of Each Receipt this Period

50.00

Earmarked through ActBlue

C.

Full Name (Last, First, Middle Initial)

Talbot Canham

Mailing Address 3019 NW 85th St.

City

Seattle

State

WA

Zip Code

98117

FEC ID number of contributing
federal political committee.

C

Name of Employer
Excell Data, Inc.

Occupation

Programmer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.23507

Amount of Each Receipt this Period

50.00

Earmarked through ActBlue

SUBTOTAL of Receipts This Page (optional)

520.00

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 / 41

(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)

Blue America PAC

A.

Full Name (Last, First, Middle Initial)

Kevin Dugan

Mailing Address 4346 Hales Ford Rd

City

Moneta

State

VA

Zip Code

24121

FEC ID number of contributing
federal political committee.

C

Name of Employer
none

Occupation

not employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.23501

Amount of Each Receipt this Period

100.00

Earmarked through ActBlue

B.

Full Name (Last, First, Middle Initial)

Kevin Dugan

Mailing Address 4346 Hales Ford Rd

City

Moneta

State

VA

Zip Code

24121

FEC ID number of contributing
federal political committee.

C

Name of Employer
none

Occupation

not employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: SA11AI.23634

Amount of Each Receipt this Period

100.00

Earmarked through ActBlue

C.

Full Name (Last, First, Middle Initial)

debi evans

Mailing Address 1082 Butte Street

City

claremont

State

CA

Zip Code

91711

FEC ID number of contributing
federal political committee.

C

Name of Employer
city of hope medical cent-
er

Occupation

sr financial analyst

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.23546

Amount of Each Receipt this Period

500.00

Earmarked through ActBlue

SUBTOTAL of Receipts This Page (optional)

700.00

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 / 41

(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)

Blue America PAC

A.

Full Name (Last, First, Middle Initial)

debi evans

Mailing Address 1082 Butte Street

City

claremont

State

CA

Zip Code

91711

FEC ID number of contributing
federal political committee.

C

Name of Employer
city of hope medical cent-
er

Occupation

sr financial analyst

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: SA11AI.23547

Amount of Each Receipt this Period

100.00

Earmarked through ActBlue

B.

Full Name (Last, First, Middle Initial)

debi evans

Mailing Address 1082 Butte Street

City

claremont

State

CA

Zip Code

91711

FEC ID number of contributing
federal political committee.

C

Name of Employer
city of hope medical cent-
er

Occupation

sr financial analyst

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

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

Transaction ID: SA11AI.23548

Amount of Each Receipt this Period

500.00

Earmarked through ActBlue

C.

Full Name (Last, First, Middle Initial)

debi evans

Mailing Address 1082 Butte Street

City

claremont

State

CA

Zip Code

91711

FEC ID number of contributing
federal political committee.

C

Name of Employer
city of hope medical cent-
er

Occupation

sr financial analyst

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

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

Transaction ID: SA11AI.23549

Amount of Each Receipt this Period

200.00

Earmarked through ActBlue

SUBTOTAL of Receipts This Page (optional)

800.00

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 / 41

(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)

Blue America PAC

A.

Full Name (Last, First, Middle Initial)

debi evans

Mailing Address 1082 Butte Street

City

claremont

State

CA

Zip Code

91711

FEC ID number of contributing
federal political committee.

C

Name of Employer
city of hope medical cent-
er

Occupation

sr financial analyst

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

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

Transaction ID: SA11AI.23550

Amount of Each Receipt this Period

200.00

Earmarked through ActBlue

B.

Full Name (Last, First, Middle Initial)

debi evans

Mailing Address 1082 Butte Street

City

claremont

State

CA

Zip Code

91711

FEC ID number of contributing
federal political committee.

C

Name of Employer
city of hope medical cent-
er

Occupation

sr financial analyst

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

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

Transaction ID: SA11AI.23551

Amount of Each Receipt this Period

200.00

Earmarked through ActBlue

C.

Full Name (Last, First, Middle Initial)

debi evans

Mailing Address 1082 Butte Street

City

claremont

State

CA

Zip Code

91711

FEC ID number of contributing
federal political committee.

C

Name of Employer
city of hope medical cent-
er

Occupation

sr financial analyst

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1900.00

Date of Receipt

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

Transaction ID: SA11AI.23552

Amount of Each Receipt this Period

200.00

Earmarked through ActBlue

SUBTOTAL of Receipts This Page (optional)

600.00

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 / 41

(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)

Blue America PAC

A.

Full Name (Last, First, Middle Initial)

debi evans

Mailing Address 1082 Butte Street

City

claremont

State

CA

Zip Code

91711

FEC ID number of contributing
federal political committee.

C

Name of Employer
city of hope medical cent-
er

Occupation

sr financial analyst

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2100.00

Date of Receipt

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

Transaction ID: SA11AI.23553

Amount of Each Receipt this Period

200.00

Earmarked through ActBlue

B.

Full Name (Last, First, Middle Initial)

debi evans

Mailing Address 1082 Butte Street

City

claremont

State

CA

Zip Code

91711

FEC ID number of contributing
federal political committee.

C

Name of Employer
city of hope medical cent-
er

Occupation

sr financial analyst

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2300.00

Date of Receipt

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

Transaction ID: SA11AI.23554

Amount of Each Receipt this Period

200.00

Earmarked through ActBlue

C.

Full Name (Last, First, Middle Initial)

debi evans

Mailing Address 1082 Butte Street

City

claremont

State

CA

Zip Code

91711

FEC ID number of contributing
federal political committee.

C

Name of Employer
city of hope medical cent-
er

Occupation

sr financial analyst

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

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

Transaction ID: SA11AI.23555

Amount of Each Receipt this Period

200.00

Earmarked through ActBlue

SUBTOTAL of Receipts This Page (optional)

600.00

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 / 41

(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)

Blue America PAC

A.

Full Name (Last, First, Middle Initial)

debi evans

Mailing Address 1082 Butte Street

City

claremont

State

CA

Zip Code

91711

FEC ID number of contributing
federal political committee.

C

Name of Employer
city of hope medical cent-
er

Occupation

sr financial analyst

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2700.00

Date of Receipt

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

Transaction ID: SA11AI.23556

Amount of Each Receipt this Period

200.00

Earmarked through ActBlue

B.

Full Name (Last, First, Middle Initial)

debi evans

Mailing Address 1082 Butte Street

City

claremont

State

CA

Zip Code

91711

FEC ID number of contributing
federal political committee.

C

Name of Employer
city of hope medical cent-
er

Occupation

sr financial analyst

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2900.00

Date of Receipt

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

Transaction ID: SA11AI.23557

Amount of Each Receipt this Period

200.00

Earmarked through ActBlue

C.

Full Name (Last, First, Middle Initial)

debi evans

Mailing Address 1082 Butte Street

City

claremont

State

CA

Zip Code

91711

FEC ID number of contributing
federal political committee.

C

Name of Employer
city of hope medical cent-
er

Occupation

sr financial analyst

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3100.00

Date of Receipt

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

Transaction ID: SA11AI.23558

Amount of Each Receipt this Period

200.00

Earmarked through ActBlue

SUBTOTAL of Receipts This Page (optional)

600.00

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 12 / 41

(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)

Blue America PAC

A.

Full Name (Last, First, Middle Initial)

debi evans

Mailing Address 1082 Butte Street

City

claremont

State

CA

Zip Code

91711

FEC ID number of contributing
federal political committee.

C

Name of Employer
city of hope medical cent-
er

Occupation

sr financial analyst

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3300.00

Date of Receipt

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

Transaction ID: SA11AI.23562

Amount of Each Receipt this Period

200.00

Earmarked through ActBlue

B.

Full Name (Last, First, Middle Initial)

debi evans

Mailing Address 1082 Butte Street

City

claremont

State

CA

Zip Code

91711

FEC ID number of contributing
federal political committee.

C

Name of Employer
city of hope medical cent-
er

Occupation

sr financial analyst

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3800.00

Date of Receipt

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

Transaction ID: SA11AI.23603

Amount of Each Receipt this Period

500.00

Earmarked through ActBlue

C.

Full Name (Last, First, Middle Initial)

debi evans

Mailing Address 1082 Butte Street

City

claremont

State

CA

Zip Code

91711

FEC ID number of contributing
federal political committee.

C

Name of Employer
city of hope medical cent-
er

Occupation

sr financial analyst

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 9 / 2 0 0 8

Transaction ID: SA11AI.23604

Amount of Each Receipt this Period

1200.00

Earmarked through ActBlue

SUBTOTAL of Receipts This Page (optional)

1900.00

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 / 41

(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)

Blue America PAC

A.

Full Name (Last, First, Middle Initial)

Carolyn Gil

Mailing Address 273 W. Haines Street

City

Philadelphia

State

PA

Zip Code

19144

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Bookseller

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.23504

Amount of Each Receipt this Period

50.00

Earmarked through ActBlue

B.

Full Name (Last, First, Middle Initial)

Carolyn Gil

Mailing Address 273 W. Haines Street

City

Philadelphia

State

PA

Zip Code

19144

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Bookseller

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: SA11AI.23637

Amount of Each Receipt this Period

50.00

Earmarked through ActBlue

C.

Full Name (Last, First, Middle Initial)

Scott Haas

Mailing Address 13328 Hadley St

City

Whittier

State

CA

Zip Code

90606

FEC ID number of contributing
federal political committee.

C

Name of Employer
Haas Business Service

Occupation
Self

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

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

Transaction ID: SA11AI.23602

Amount of Each Receipt this Period

3500.00

Earmarked through ActBlue

SUBTOTAL of Receipts This Page (optional)

3600.00

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 / 41

(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)

Blue America PAC

A.

Full Name (Last, First, Middle Initial)

Susan Haberern

Mailing Address PO Box 1041

City

Coventry

State

CT

Zip Code

06238

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carbon Tools Inc

Occupation

office manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

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

Transaction ID: SA11AI.23523

Amount of Each Receipt this Period

20.00

Earmarked through ActBlue

B.

Full Name (Last, First, Middle Initial)

Timothy Hynes

Mailing Address 202 E Live Oak St

City

San Gabriel

State

CA

Zip Code

91776

FEC ID number of contributing
federal political committee.

C

Name of Employer
United States Postal Serv-
ice

Occupation

Postal Carrier

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.23612

Amount of Each Receipt this Period

500.00

Earmarked through ActBlue

C.

Full Name (Last, First, Middle Initial)

Janet Lintz

Mailing Address 52 Penn Street

City

East Stroudsburg

State

PA

Zip Code

18301

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pfizer, Inc.

Occupation

RN/Sr Safety Surveillance Assoc

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

214.30

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.23461

Amount of Each Receipt this Period

2.86

Earmarked through ActBlue

SUBTOTAL of Receipts This Page (optional)

522.86

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 / 41

(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)

Blue America PAC

A.

Full Name (Last, First, Middle Initial)

marvel norton

Mailing Address 510 groveland

City

minneapolis

State

MN

Zip Code

55403

FEC ID number of contributing
federal political committee.

C

Name of Employer
none

Occupation

not employed

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

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

Transaction ID: SA11AI.23494

Amount of Each Receipt this Period

100.00

Earmarked through ActBlue

B.

Full Name (Last, First, Middle Initial)

marvel norton

Mailing Address 510 groveland

City

minneapolis

State

MN

Zip Code

55403

FEC ID number of contributing
federal political committee.

C

Name of Employer
none

Occupation

not employed

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.23495

Amount of Each Receipt this Period

100.00

Earmarked through ActBlue

C.

Full Name (Last, First, Middle Initial)

marvel norton

Mailing Address 510 groveland

City

minneapolis

State

MN

Zip Code

55403

FEC ID number of contributing
federal political committee.

C

Name of Employer
none

Occupation

not employed

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

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

Transaction ID: SA11AI.23629

Amount of Each Receipt this Period

100.00

Earmarked through ActBlue

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 16 / 41

(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)

Blue America PAC

A.

Full Name (Last, First, Middle Initial)
marvel norton

Mailing Address 510 groveland

City State Zip Code
minneapolis MN 55403

FEC ID number of contributing
federal political committee.

C

Name of Employer
none

Occupation
not employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

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

Transaction ID: SA11AI.23630

Amount of Each Receipt this Period

100.00

Earmarked through ActBlue

B.

Full Name (Last, First, Middle Initial)
Agnes Pennington

Mailing Address 9921 carmel mtn. rd

City State Zip Code
san diego CA 92129

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11AI.23470

Amount of Each Receipt this Period

200.00

Earmarked through ActBlue

C.

Full Name (Last, First, Middle Initial)
Agnes Pennington

Mailing Address 9921 carmel mtn. rd

City State Zip Code
san diego CA 92129

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

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

Transaction ID: SA11AI.23616

Amount of Each Receipt this Period

200.00

Earmarked through ActBlue

SUBTOTAL of Receipts This Page (optional)

500.00

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 / 41

(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)

Blue America PAC

A.

Full Name (Last, First, Middle Initial)

Jeff Reichard

Mailing Address 10802 Etzler Mill Road

City

Woodsboro

State

MD

Zip Code

21798

FEC ID number of contributing
federal political committee.

C

Name of Employer
Double-Take Software

Occupation

Systems Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.23526

Amount of Each Receipt this Period

50.00

Earmarked through ActBlue

B.

Full Name (Last, First, Middle Initial)

Chris Robson

Mailing Address 618 Ohio Ave

City

Long Beach

State

CA

Zip Code

90814

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealthcare

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.23568

Amount of Each Receipt this Period

250.00

Earmarked through ActBlue

C.

Full Name (Last, First, Middle Initial)

Chris Robson

Mailing Address 618 Ohio Ave

City

Long Beach

State

CA

Zip Code

90814

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealthcare

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.23569

Amount of Each Receipt this Period

250.00

Earmarked through ActBlue

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 18 / 41

(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)

Blue America PAC

A.

Full Name (Last, First, Middle Initial)

Chris Robson

Mailing Address 618 Ohio Ave

City

Long Beach

State

CA

Zip Code

90814

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealthcareOccupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

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

Transaction ID: SA11AI.23570

Amount of Each Receipt this Period

250.00

Earmarked through ActBlue

B.

Full Name (Last, First, Middle Initial)

Chris Robson

Mailing Address 618 Ohio Ave

City

Long Beach

State

CA

Zip Code

90814

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealthcareOccupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.23571

Amount of Each Receipt this Period

250.00

Earmarked through ActBlue

C.

Full Name (Last, First, Middle Initial)

Chris Robson

Mailing Address 618 Ohio Ave

City

Long Beach

State

CA

Zip Code

90814

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealthcareOccupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

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

Transaction ID: SA11AI.23574

Amount of Each Receipt this Period

250.00

Earmarked through ActBlue

SUBTOTAL of Receipts This Page (optional)

750.00

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 / 41

(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)

Blue America PAC

A.

Full Name (Last, First, Middle Initial)

Chris Robson

Mailing Address 618 Ohio Ave

City

Long Beach

State

CA

Zip Code

90814

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealthcare

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

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

Transaction ID: SA11AI.23575

Amount of Each Receipt this Period

250.00

Earmarked through ActBlue

B.

Full Name (Last, First, Middle Initial)

Chris Robson

Mailing Address 618 Ohio Ave

City

Long Beach

State

CA

Zip Code

90814

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealthcare

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

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

Transaction ID: SA11AI.23576

Amount of Each Receipt this Period

250.00

Earmarked through ActBlue

C.

Full Name (Last, First, Middle Initial)

Chris Robson

Mailing Address 618 Ohio Ave

City

Long Beach

State

CA

Zip Code

90814

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealthcare

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11AI.23577

Amount of Each Receipt this Period

250.00

Earmarked through ActBlue

SUBTOTAL of Receipts This Page (optional)

750.00

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 / 41

(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)

Blue America PAC

A.

Full Name (Last, First, Middle Initial)

Chris Robson

Mailing Address 618 Ohio Ave

City

Long Beach

State

CA

Zip Code

90814

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealthcare

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

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

Transaction ID: SA11AI.23578

Amount of Each Receipt this Period

250.00

Earmarked through ActBlue

B.

Full Name (Last, First, Middle Initial)

Chris Robson

Mailing Address 618 Ohio Ave

City

Long Beach

State

CA

Zip Code

90814

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealthcare

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

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

Transaction ID: SA11AI.23579

Amount of Each Receipt this Period

250.00

Earmarked through ActBlue

C.

Full Name (Last, First, Middle Initial)

Chris Robson

Mailing Address 618 Ohio Ave

City

Long Beach

State

CA

Zip Code

90814

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealthcare

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

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

Transaction ID: SA11AI.23580

Amount of Each Receipt this Period

250.00

Earmarked through ActBlue

SUBTOTAL of Receipts This Page (optional)

750.00

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 / 41

(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)

Blue America PAC

A.

Full Name (Last, First, Middle Initial)

Chris Robson

Mailing Address 618 Ohio Ave

City

Long Beach

State

CA

Zip Code

90814

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealthcareOccupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

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

Transaction ID: SA11AI.23581

Amount of Each Receipt this Period

250.00

Earmarked through ActBlue

B.

Full Name (Last, First, Middle Initial)

Chris Robson

Mailing Address 618 Ohio Ave

City

Long Beach

State

CA

Zip Code

90814

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealthcareOccupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3250.00

Date of Receipt

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

Transaction ID: SA11AI.23582

Amount of Each Receipt this Period

250.00

Earmarked through ActBlue

C.

Full Name (Last, First, Middle Initial)

Chris Robson

Mailing Address 618 Ohio Ave

City

Long Beach

State

CA

Zip Code

90814

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealthcareOccupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

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

Transaction ID: SA11AI.23583

Amount of Each Receipt this Period

250.00

Earmarked through ActBlue

SUBTOTAL of Receipts This Page (optional)

750.00

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 / 41

(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)

Blue America PAC

A.

Full Name (Last, First, Middle Initial)

Chris Robson

Mailing Address 618 Ohio Ave

City

Long Beach

State

CA

Zip Code

90814

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealthcare

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3750.00

Date of Receipt

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

Transaction ID: SA11AI.23584

Amount of Each Receipt this Period

250.00

Earmarked through ActBlue

B.

Full Name (Last, First, Middle Initial)

Chris Robson

Mailing Address 618 Ohio Ave

City

Long Beach

State

CA

Zip Code

90814

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealthcare

Occupation
Manager

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 0 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.23585

Amount of Each Receipt this Period

250.00

Earmarked through ActBlue

C.

Full Name (Last, First, Middle Initial)

Chris Robson

Mailing Address 618 Ohio Ave

City

Long Beach

State

CA

Zip Code

90814

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealthcare

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4250.00

Date of Receipt

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

Transaction ID: SA11AI.23586

Amount of Each Receipt this Period

250.00

Earmarked through ActBlue

SUBTOTAL of Receipts This Page (optional)

750.00

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 23 / 41

(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)

Blue America PAC

A.

Full Name (Last, First, Middle Initial)

Chris Robson

Mailing Address 618 Ohio Ave

City

Long Beach

State

CA

Zip Code

90814

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealthcare

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4500.00

Date of Receipt

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

Transaction ID: SA11AI.23587

Amount of Each Receipt this Period

250.00

Earmarked through ActBlue

B.

Full Name (Last, First, Middle Initial)

Christopher Robson

Mailing Address 618 Ohio Ave

City

Long Beach

State

CA

Zip Code

90814

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealthcare

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.23589

Amount of Each Receipt this Period

250.00

Earmarked through ActBlue

C.

Full Name (Last, First, Middle Initial)

Christopher Robson

Mailing Address 618 Ohio Ave

City

Long Beach

State

CA

Zip Code

90814

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealthcare

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.23590

Amount of Each Receipt this Period

250.00

Earmarked through ActBlue

SUBTOTAL of Receipts This Page (optional)

750.00

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 24 / 41

(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)

Blue America PAC

A.

Full Name (Last, First, Middle Initial)

Lawrence Rosenblum

Mailing Address 1092 Fuchsia Drive

City

Sunnyvale

State

CA

Zip Code

94086

FEC ID number of contributing
federal political committee.

C

Name of Employer
Saama Technologies, Inc.

Occupation

Software consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.23475

Amount of Each Receipt this Period

25.00

Earmarked through ActBlue

B.

Full Name (Last, First, Middle Initial)

Joelle Ross

Mailing Address P.O. Box 106

City

Ipswich

State

MA

Zip Code

01938

FEC ID number of contributing
federal political committee.

C

Name of Employer
none

Occupation

not employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

421.00

Date of Receipt

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

Transaction ID: SA11AI.23520

Amount of Each Receipt this Period

2.00

Earmarked through ActBlue

C.

Full Name (Last, First, Middle Initial)

Gale Sessa

Mailing Address 2368 The Woods Lane

City

Lexington

State

KY

Zip Code

40502

FEC ID number of contributing
federal political committee.

C

Name of Employer
none

Occupation

not employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

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

Transaction ID: SA11AI.23487

Amount of Each Receipt this Period

30.00

Earmarked through ActBlue

SUBTOTAL of Receipts This Page (optional)

57.00

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 25 / 41

(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)

Blue America PAC

A.

Full Name (Last, First, Middle Initial)

Gale Sessa

Mailing Address 2368 The Woods Lane

City

Lexington

State

KY

Zip Code

40502

FEC ID number of contributing
federal political committee.

C

Name of Employer
none

Occupation

not employed

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

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

Transaction ID: SA11AI.23627

Amount of Each Receipt this Period

30.00

Earmarked through ActBlue

B.

Full Name (Last, First, Middle Initial)

Taylor Sisk

Mailing Address PO Box 1353

City

Carboro

State

NC

Zip Code

27510

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Editor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

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

Transaction ID: SA11AI.23423

Amount of Each Receipt this Period

2500.00

In-kind - TV Ad Production

C.

Full Name (Last, First, Middle Initial)

Donald Smith

Mailing Address 1080 N Pine St Apt F

City

Ukiah

State

CA

Zip Code

95482

FEC ID number of contributing
federal political committee.

C

Name of Employer
none

Occupation

none

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.23471

Amount of Each Receipt this Period

25.00

Earmarked through ActBlue

SUBTOTAL of Receipts This Page (optional)

2555.00

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 / 41

(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)

Blue America PAC

A.

Full Name (Last, First, Middle Initial)

Tony Smith

Mailing Address 1211 Elmerine Ave

City

Jefferson City

State

MO

Zip Code

65101

FEC ID number of contributing
federal political committee.

C

Name of Employer
noneOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	0	8

Transaction ID: SA11AI.23484

Amount of Each Receipt this Period

50.00

Earmarked through ActBlue

B.

Full Name (Last, First, Middle Initial)

Peter Swarth

Mailing Address 4804 Laurel Canyon Blvd
#232

City

North Hollywood

State

CA

Zip Code

91607

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.23510

Amount of Each Receipt this Period

100.00

Earmarked through ActBlue

C.

Full Name (Last, First, Middle Initial)

Judy Warren

Mailing Address 5945 Sea Breeze Lane

City

Fort Worth

State

TX

Zip Code

76135

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emma S Walker; PCOccupation
auditor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: SA11AI.23625

Amount of Each Receipt this Period

25.00

Earmarked through ActBlue

SUBTOTAL of Receipts This Page (optional)

175.00

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 / 41

(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)

Blue America PAC

A.

Full Name (Last, First, Middle Initial)

Jessica Wilson

Mailing Address 926 adelaide st w

City

toronto

State

ZZ

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer
university of toronto

Occupation
professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

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

Transaction ID: SA11AI.23631

Amount of Each Receipt this Period

20.00

Earmarked through ActBlue

B.

Full Name (Last, First, Middle Initial)

Beverly Wright

Mailing Address 4340 Old Columbia Pike

City

Annandale

State

VA

Zip Code

22003

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

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

Transaction ID: SA11AI.23479

Amount of Each Receipt this Period

25.00

Earmarked through ActBlue

SUBTOTAL of Receipts This Page (optional)

45.00

TOTAL This Period (last page this line number only)

18524.86

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

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

FOR LINE NUMBER: PAGE 28 / 41

(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)

Blue America PAC

A.

Full Name (Last, First, Middle Initial)
DEMOCRATIC CLUB OF CLAREMONT

Mailing Address PO BOX 1201

City State Zip Code
CLAREMONT CA 91711

FEC ID number of contributing
federal political committee.

C C00404319

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
1 1 / 0 3 / 2 0 0 8

Transaction ID: SA11B.23645

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

5000.00

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

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

FOR LINE NUMBER: PAGE 29 / 41

(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)

Blue America PAC

A.

Full Name (Last, First, Middle Initial)

Bloomsburg Press-Entreprise

Mailing Address 3185 Lackawanna Avenue

City

Bloomsburg

State

PA

Zip Code

17815

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

2445.84

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 8

Transaction ID: SA15.23639

Amount of Each Receipt this Period

2445.84

B.

Full Name (Last, First, Middle Initial)

Time Warner Cable Media Sales

Mailing Address 316 E. Morehead Street

City

Charlotte

State

NC

Zip Code

28202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

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

Transaction ID: SA15.23647

Amount of Each Receipt this Period

285.00

SUBTOTAL of Receipts This Page (optional)

2730.84

TOTAL This Period (last page this line number only)

2730.84

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 30 / 41

<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)
Blue America PAC

A.

Full Name (Last, First, Middle Initial)
Auburn Quad

Mailing Address PO Box 390728

City State Zip Code
Cambridge MA 02139

Purpose of Disbursement
Processing Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.23654

Date of Disbursement

/ /

Amount of Each Disbursement this Period

687.58

B.

Full Name (Last, First, Middle Initial)
Howard Klein

Mailing Address 3653 Shannon Rd

City State Zip Code
Los Angeles CA 90027

Purpose of Disbursement
Shipping

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.23651

Date of Disbursement

/ /

Amount of Each Disbursement this Period

51.18

C.

Full Name (Last, First, Middle Initial)
Taylor Sisk

Mailing Address PO Box 1353

City State Zip Code
Carboro NC 27510

Purpose of Disbursement
In-kind - TV Ad Production

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.23424

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

3238.76

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 31 / 41

<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)
Blue America PAC

A.

Full Name (Last, First, Middle Initial)
Taylor Sisk

Mailing Address PO Box 1353

City State Zip Code
Carboro NC 27510

Purpose of Disbursement
Move Inkind to Line 24

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.23425

Date of Disbursement

^M ^M / ^D ^D / ^Y ^Y ^Y ^Y

Amount of Each Disbursement this Period

-2500.00

SUBTOTAL of Disbursements This Page (optional)

-2500.00

TOTAL This Period (last page this line number only)

738.76

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 32 / 41

<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

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)
Blue America PAC

A.

Full Name (Last, First, Middle Initial)
DARCY BURNER FOR CONGRESS

Mailing Address PO Box 1090

City State Zip Code
Carnation WA 98014

Purpose of Disbursement
Contribution

Candidate Name
DARCY BURNER

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: WA District: 08

Transaction ID: SB23.23648

Date of Disbursement

10 / 27 / 2008

Amount of Each Disbursement this Period

4000.00

B.

Full Name (Last, First, Middle Initial)
DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA

Mailing Address 214 South Bronough Street

City State Zip Code
Tallahassee FL 32301

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.23649

Date of Disbursement

10 / 27 / 2008

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

9000.00

TOTAL This Period (last page this line number only)

9000.00

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

PAGE 33 / 41

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Blue America PAC		FEC IDENTIFICATION NUMBER ▼ C C00427617	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee AMC		Date M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 8	
Mailing Address 114 S. Catalina		Amount 19652.44	
City State Zip Code Redondo Beach CA 90277		Transaction ID: SE.23438	
Purpose of Expenditure Mailing		Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 26 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: DAVID DREIER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 21652.44		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008	
Full Name (Last, First, Middle, Initial) of Payee Jacqueline Propps		Date M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 0 8	
Mailing Address 33857 8th Street		Amount 500.00	
City State Zip Code Union City CA 94587		Transaction ID: SE.23420	
Purpose of Expenditure Ad Production		Office Sought: <input checked="" type="checkbox"/> House State: NC <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: LARRY W KISSELL		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 3500.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008	
(a) SUBTOTAL of Itemized Independent Expenditures		20152.44	
(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.			
Howard Klein Signature		Date M M / D D / Y Y Y Y 1 1 / 2 5 / 2 0 0 8	

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

PAGE 34 / 41

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Blue America PAC		FEC IDENTIFICATION NUMBER ▼ C C00427617	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee SaysMe.TV		Date M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 8	
Mailing Address 1291 Electric Avenue		Amount 3000.00	
City State Zip Code Venice CA 90291		Transaction ID: SE.23384	
Purpose of Expenditure TV Advertisement		Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 18 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: ANNETTE TADDEO		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 3000.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008	
Full Name (Last, First, Middle, Initial) of Payee SaysMe.TV		Date M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 8	
Mailing Address 1291 Electric Avenue		Amount 2000.00	
City State Zip Code Venice CA 90291		Transaction ID: SE.23386	
Purpose of Expenditure TV Advertisement		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: VICTORIA WELLS WULSIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2000.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008	
(a) SUBTOTAL of Itemized Independent Expenditures		5000.00	
(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.			
Howard Klein Signature		Date M M / D D / Y Y Y Y 1 1 / 2 5 / 2 0 0 8	

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

PAGE 35 / 41

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Blue America PAC		FEC IDENTIFICATION NUMBER ▼ C C00427617	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee SaysMe.TV		Date M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 8	
Mailing Address 1291 Electric Avenue		Amount 2000.00	
City State Zip Code Venice CA 90291		Transaction ID: SE.23387	
Purpose of Expenditure TV Advertisement		Office Sought: <input checked="" type="checkbox"/> House State: NJ <input type="checkbox"/> Senate District: 05 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: DENNIS G SHULMAN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2000.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008	
Full Name (Last, First, Middle, Initial) of Payee SaysMe.TV		Date M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 8	
Mailing Address 1291 Electric Avenue		Amount 2000.00	
City State Zip Code Venice CA 90291		Transaction ID: SE.23388	
Purpose of Expenditure TV Advertisement		Office Sought: <input checked="" type="checkbox"/> House State: WA <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: DARCY BURNER		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2000.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008	
(a) SUBTOTAL of Itemized Independent Expenditures		4000.00	
(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.			
Howard Klein Signature		Date M M / D D / Y Y Y Y 1 1 / 2 5 / 2 0 0 8	

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

PAGE 36 / 41

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Blue America PAC		FEC IDENTIFICATION NUMBER ▼ C C00427617	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee SaysMe.TV		Date M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 8	
Mailing Address 1291 Electric Avenue		Amount 3000.00	
City State Zip Code Venice CA 90291		Transaction ID: SE.23389	
Purpose of Expenditure TV Advertisement		Office Sought: <input checked="" type="checkbox"/> House State: NC <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: LARRY W KISSELL		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 3000.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008	
Full Name (Last, First, Middle, Initial) of Payee SaysMe.TV		Date M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 8	
Mailing Address 1291 Electric Avenue		Amount 2000.00	
City State Zip Code Venice CA 90291		Transaction ID: SE.23391	
Purpose of Expenditure TV Advertisement		Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 15 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: SIOBHAN L BENNETT		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2000.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008	
(a) SUBTOTAL of Itemized Independent Expenditures		5000.00	
(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.			
Howard Klein Signature		Date M M / D D / Y Y Y Y 1 1 / 2 5 / 2 0 0 8	

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

PAGE 37 / 41

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Blue America PAC		FEC IDENTIFICATION NUMBER ▼ C C00427617	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee SaysMe.TV		Date M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 8	
Mailing Address 1291 Electric Avenue		Amount 1000.00	
City State Zip Code Venice CA 90291		Transaction ID: SE.23393	
Purpose of Expenditure TV Advertisement		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 10 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: JUDY M FEDER		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1000.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008	
Full Name (Last, First, Middle, Initial) of Payee SaysMe.TV		Date M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 8	
Mailing Address 1291 Electric Avenue		Amount 1000.00	
City State Zip Code Venice CA 90291		Transaction ID: SE.23395	
Purpose of Expenditure TV Advertisement		Office Sought: <input checked="" type="checkbox"/> House State: MI <input type="checkbox"/> Senate District: 09 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: GARY PETERS		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1000.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008	
(a) SUBTOTAL of Itemized Independent Expenditures		2000.00	
(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.			
Howard Klein Signature		Date M M / D D / Y Y Y Y 1 1 / 2 5 / 2 0 0 8	

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

PAGE 38 / 41

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Blue America PAC		FEC IDENTIFICATION NUMBER ▼ C C00427617	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee SaysMe.TV		Date M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 8	
Mailing Address 1291 Electric Avenue		Amount 2000.00	
City Venice State CA Zip Code 90291		Transaction ID: SE.23397	
Purpose of Expenditure TV Advertisement		Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 46 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: DEBBIE COOK		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2000.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008	
Full Name (Last, First, Middle, Initial) of Payee SaysMe.TV		Date M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 8	
Mailing Address 1291 Electric Avenue		Amount 2000.00	
City Venice State CA Zip Code 90291		Transaction ID: SE.23399	
Purpose of Expenditure TV Advertisement		Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 26 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: RUSSELL WARNER		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2000.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008	
(a) SUBTOTAL of Itemized Independent Expenditures		4000.00	
(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.			
Howard Klein Signature		Date M M / D D / Y Y Y Y 1 1 / 2 5 / 2 0 0 8	

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

PAGE 39 / 41

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Blue America PAC		FEC IDENTIFICATION NUMBER C C00427617	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Taylor Sisk		Date M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 0 8	
Mailing Address PO Box 1353		Amount 2500.00	
City State Zip Code Carboro NC 27510		Transaction ID: SE.23421	
Purpose of Expenditure TV Ad Production		Office Sought: <input checked="" type="checkbox"/> House State: NC <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: LARRY W KISSELL		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 6000.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008	
Full Name (Last, First, Middle, Initial) of Payee Time Warner Cable Media Sales		Date M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 0 8	
Mailing Address 316 E. Morehead Street		Amount 42108.00	
City State Zip Code Charlotte NC 28202		Transaction ID: SE.23427	
Purpose of Expenditure TV Ads		Office Sought: <input checked="" type="checkbox"/> House State: NC <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: LARRY W KISSELL		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 48108.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008	
(a) SUBTOTAL of Itemized Independent Expenditures		44608.00	
(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.			
Howard Klein Signature		Date M M / D D / Y Y Y Y 1 1 / 2 5 / 2 0 0 8	

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

PAGE 40 / 41

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Blue America PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00427617</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			Date	
Full Name (Last, First, Middle, Initial) of Payee WSOC-TV			<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;">M M 1 0</div> <div style="text-align: center;">D D 2 8</div> <div style="text-align: center;">Y Y Y Y 2 0 0 8</div> </div>	
Mailing Address 1901 North Tryon Street			Amount	
City State Zip Code Charlotte NC 28206			<div style="border: 1px solid black; padding: 2px; display: inline-block;">17000.00</div>	
Purpose of Expenditure TV Ad			Transaction ID: SE.23429 Office Sought: <input checked="" type="checkbox"/> House State: NC <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: LARRY W KISSELL			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">65108.00</div>				

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;">17000.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;">101760.44</div>
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.	
Howard Klein _____ Signature	Date <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;">M M 1 1</div> <div style="text-align: center;">D D 2 5</div> <div style="text-align: center;">Y Y Y Y 2 0 0 8</div> </div>

SCHEDULE H3 (FEC Form 3X)
TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
ALLOCATED FEDERAL / NONFEDERAL ACTIVITY

PAGE 41 / 41
 FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)

Blue America PAC

NAME OF ACCOUNT
 Blue America PAC
 Non-Federal Account

DATE OF RECEIPT

M M / D D / Y Y Y Y
 1 0 / 2 4 / 2 0 0 8

TOTAL AMOUNT TRANSFERRED

375.00

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative

375.00

Transaction ID: H3.23642

ii) Generic Voter Drive

Transaction ID:

iii) Exempt Activities

Transaction ID:

iv) Direct Fundraising (List Activity or Event Identifier)

a)

Transaction ID:

b)

Transaction ID:

c) Total Amount Transferred for Direct Fundraising

v) Direct Candidate Support (List of Activity or Event Identifier)

a)

Transaction ID:

b)

Transaction ID:

c) Total Amount Transferred For Direct Candidate Support

vi) Public Communications Referring Only to Party (Made by PAC)

Transaction ID:

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)

375.00

TOTAL This Period (Generic Voter Drive)

0.00

TOTAL This Period (Exempt Activities)

0.00

TOTAL This Period (Direct Fundraising)

0.00

TOTAL This Period (Direct Candidate Support)

0.00

TOTAL This Period (Public Communications Referring Only to Party)

0.00

TOTAL This Period (Total Amount Transferred)

375.00