

**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

Government Is Not God

ADDRESS (number and street)

P. O. Box 77237

☐Check if different
than previously
reported. (ACC)

Washington

DC

20013

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00297531

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

01

01

2008

through

03

31

2008

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

Type or Print Name of Treasurer

Nancy Murray

Signature of Treasurer

Electronically Filed by Nancy Murray

Date

02

16

2009

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
Government Is Not God

Report Covering the Period:

From:

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

To:

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2008		18873.81
(b) Cash on Hand at Beginning of Reporting Period	18873.81	
(c) Total Receipts (from Line 19)	48741.00	48741.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	67614.81	67614.81
7. Total Disbursements (from Line 31)	65691.37	65691.37
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1923.44	1923.44
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
Government Is Not God

Report Covering the Period:

From:

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

To:

M	M	D	D	Y	Y	Y	Y
0	3	3	1	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	36402.00	36402.00
(i) Itemized (use Schedule A)	12339.00	12339.00
(ii) Unitemized	48741.00	48741.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➡	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 Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➡	48741.00	48741.00
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))	48741.00	48741.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	48741.00	48741.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	8387.35	8387.35
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	8387.35	8387.35
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2850.00	2850.00
24. Independent Expenditure (use Schedule E)	54454.02	54454.02
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))..	65691.37	65691.37
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	65691.37	65691.37

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)	48741.00	48741.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	48741.00	48741.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	8387.35	8387.35
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	8387.35	8387.35

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

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

FOR LINE NUMBER: PAGE 6 / 21

(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)

Government Is Not God

A.

Full Name (Last, First, Middle Initial)

Mrs. Nanci Alcorn

Mailing Address 5430 SE Chase Rd

City

Gresham

State

OR

Zip Code

97080

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eternal Perspective Minis-
tries

Occupation

part time employment, also homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: SA11AI.6683

Amount of Each Receipt this Period

5000.00

contribution

B.

Full Name (Last, First, Middle Initial)

Mr. Randy Alcorn

Mailing Address 5430 SE Chase Rd

City

Gresham

State

OR

Zip Code

97080

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eternal Perspective Minis-
tries

Occupation

director, writer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: SA11AI.6682

Amount of Each Receipt this Period

5000.00

contribution

C.

Full Name (Last, First, Middle Initial)

Mr. Arthur Ally

Mailing Address 1055 Maitland Cnter Commons, # 110

City

Maitland

State

FL

Zip Code

32751

FEC ID number of contributing
federal political committee.

C

Name of Employer
Timothy Partners, Ltd.

Occupation

partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

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

Transaction ID: SA11AI.6718

Amount of Each Receipt this Period

3000.00

contribution

SUBTOTAL of Receipts This Page (optional)

13000.00

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 / 21

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Government Is Not God

A.

Full Name (Last, First, Middle Initial)

Mr. James Draper, Jr.

Mailing Address 7300 John Mc Cain Rd

City

Colleyville

State

TX

Zip Code

76034

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation
retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.6689

Amount of Each Receipt this Period

1000.00

contribution

B.

Full Name (Last, First, Middle Initial)

Mr. Jerry B. Jenkins

Mailing Address 8070 Glenside Dr

City

Colorado Springs

State

CO

Zip Code

80908

FEC ID number of contributing
federal political committee.

C

Name of Employer
Christian Writers Guild

Occupation
author

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

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

Transaction ID: SA11AI.6695

Amount of Each Receipt this Period

3000.00

contribution

C.

Full Name (Last, First, Middle Initial)

Ms. Lisa J. Nigro

Mailing Address 314 Osborne Road

City

Loudonville

State

NY

Zip Code

12211

FEC ID number of contributing
federal political committee.

C

Name of Employer
Nigro Companies

Occupation
attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.6728

Amount of Each Receipt this Period

150.00

contribution

SUBTOTAL of Receipts This Page (optional)

4150.00

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 / 21

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Government Is Not God

A.

Full Name (Last, First, Middle Initial)

Mr. Ron Norquist

Mailing Address 27611 SE Betty Rd

City

Eagle Creek

State

OR

Zip Code

97022

FEC ID number of contributing
federal political committee.

C

Name of Employer
State Farm Insurance

Occupation
manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: SA11AI.6684

Amount of Each Receipt this Period

5000.00

contribution

B.

Full Name (Last, First, Middle Initial)

Mr. Lawrence Rippere

Mailing Address 2459 Benjamin Drive

City

Mountain View

State

CA

Zip Code

94043

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation
retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1002.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.6688

Amount of Each Receipt this Period

1002.00

contribution

C.

Full Name (Last, First, Middle Initial)

Mr. Henry Scholten

Mailing Address 716 Wiser Shore Lane

City

Lynden

State

WA

Zip Code

98264

FEC ID number of contributing
federal political committee.

C

Name of Employer
self employed

Occupation
construcion

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.6691

Amount of Each Receipt this Period

500.00

contribution

SUBTOTAL of Receipts This Page (optional)

6502.00

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 / 21

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Government Is Not God

A.

Full Name (Last, First, Middle Initial)

Mr. Henry Scholten

Mailing Address 716 Wiser Shore Lane

City

Lynden

State

WA

Zip Code

98264

FEC ID number of contributing
federal political committee.

C

Name of Employer
self employedOccupation
construction

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

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

Transaction ID: SA11AI.6692

Amount of Each Receipt this Period

1000.00

contribution

B.

Full Name (Last, First, Middle Initial)

Mr. Henry Scholten

Mailing Address 716 Wiser Shore Lane

City

Lynden

State

WA

Zip Code

98264

FEC ID number of contributing
federal political committee.

C

Name of Employer
self employedOccupation
construction

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.6693

Amount of Each Receipt this Period

200.00

contribution

C.

Full Name (Last, First, Middle Initial)

Ms Sheryl A. Sodaro

Mailing Address P O Box 368

City

Scott Depot

State

WV

Zip Code

25560

FEC ID number of contributing
federal political committee.

C

Name of Employer
not knownOccupation
not known

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.6713

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)

1450.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 21

(check only one)

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

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NAME OF COMMITTEE (In Full)

Government Is Not God

A.

Full Name (Last, First, Middle Initial)

Mathew Staver

Mailing Address 116 Hamlin T. Lane

City

Altamonte Springs

State

FL

Zip Code

32714

FEC ID number of contributing
federal political committee.

C

Name of Employer
Liberty CounselOccupation
attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.6725

Amount of Each Receipt this Period

1000.00

contribution

B.

Full Name (Last, First, Middle Initial)

Mr. John Valerius

Mailing Address 1909 Canterbury St.

City

Irving

State

TX

Zip Code

75062

FEC ID number of contributing
federal political committee.

C

Name of Employer
self employedOccupation
attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	4	/	2	0	0	8

Transaction ID: SA11AI.6694

Amount of Each Receipt this Period

300.00

contribution

C.

Full Name (Last, First, Middle Initial)

Mrs. Linda Weber

Mailing Address 229 East burnside # 212

City

Gresham

State

OR

Zip Code

97030

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfQuestOccupation
broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: SA11AI.6685

Amount of Each Receipt this Period

5000.00

contribution

SUBTOTAL of Receipts This Page (optional)

6300.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 21

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Government Is Not God

A.

Full Name (Last, First, Middle Initial)

Mr. Stu Weber

Mailing Address 2229 East Burnside # 212

City

gresham

State

OR

Zip Code

97030

FEC ID number of contributing
federal political committee.

C

Name of Employer
Good Shepherd Community
Church

Occupation

pastor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: SA11AI.6686

Amount of Each Receipt this Period

5000.00

contribution

SUBTOTAL of Receipts This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

36402.00

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)

PAGE 12 / 21

<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)
Government Is Not God

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Citibank Business Card</p> <p>Mailing Address P. O. Box 10327</p> <p>City Boston State MA Zip Code 01259</p> <p>Purpose of Disbursement travel expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.6666</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 2 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period 725.77</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Citibank Business Card</p> <p>Mailing Address P. O. Box 10327</p> <p>City Boston State MA Zip Code 01259</p> <p>Purpose of Disbursement office supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.6705</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 6 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period 343.95</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Marmak Designs</p> <p>Mailing Address 2081 Hutton Dr. #301</p> <p>City Carrollton State TX Zip Code 75006</p> <p>Purpose of Disbursement printing informational material</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.6663</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 5 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period 697.83</p>

SUBTOTAL of Disbursements This Page (optional)

1767.55

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Government Is Not God

A. Full Name (Last, First, Middle Initial) Marmak Designs	Transaction ID: SB21B.6664 Date of Disbursement																				
Mailing Address 2081 Hutton Dr. #301	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	8												
City Carrollton State TX Zip Code 75006	Amount of Each Disbursement this Period																				
Purpose of Disbursement postage and mail preparation Candidate Name	<table border="1"> <tr> <td colspan="10">580.55</td> </tr> </table>	580.55																			
580.55																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Marmak Designs	Transaction ID: SB21B.6696 Date of Disbursement																				
Mailing Address 2081 Hutton Dr. #301	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	7		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		0	7		2	0	0	8												
City Carrollton State TX Zip Code 75006	Amount of Each Disbursement this Period																				
Purpose of Disbursement printing informational materials Candidate Name	<table border="1"> <tr> <td colspan="10">769.05</td> </tr> </table>	769.05																			
769.05																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Marmak Designs	Transaction ID: SB21B.6697 Date of Disbursement																				
Mailing Address 2081 Hutton Dr. #301	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		0	8		2	0	0	8												
City Carrollton State TX Zip Code 75006	Amount of Each Disbursement this Period																				
Purpose of Disbursement postage and mail preparation Candidate Name	<table border="1"> <tr> <td colspan="10">540.62</td> </tr> </table>	540.62																			
540.62																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

1890.22

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Government Is Not God

A. Full Name (Last, First, Middle Initial) Marmak Designs	Transaction ID: SB21B.6698 Date of Disbursement																				
Mailing Address 2081 Hutton Dr. #301	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	4		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	4		2	0	0	8												
City Carrollton State TX Zip Code 75006	Amount of Each Disbursement this Period																				
Purpose of Disbursement printing informational materials Candidate Name	<table border="1"> <tr> <td colspan="10">739.39</td> </tr> </table>	739.39																			
739.39																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Marmak Designs	Transaction ID: SB21B.6699 Date of Disbursement																				
Mailing Address 2081 Hutton Dr. #301	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	5		2	0	0	8												
City Carrollton State TX Zip Code 75006	Amount of Each Disbursement this Period																				
Purpose of Disbursement postage and mail preparation Candidate Name	<table border="1"> <tr> <td colspan="10">643.17</td> </tr> </table>	643.17																			
643.17																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Nancy Murray	Transaction ID: SB21B.6667 Date of Disbursement																				
Mailing Address P. O. Box 7416	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	2		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	2		2	0	0	8												
City Fredericksburg State VA Zip Code 22404	Amount of Each Disbursement this Period																				
Purpose of Disbursement reimburse travel expenses Candidate Name	<table border="1"> <tr> <td colspan="10">591.00</td> </tr> </table>	591.00																			
591.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

1973.56

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 PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Government Is Not God**A.**Full Name (Last, First, Middle Initial)
United States Post Office

Mailing Address 115 Massachusetts Ave.

City Washington State DC Zip Code 20013

Purpose of Disbursement
postage

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.6706

Date of Disbursement

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

Amount of Each Disbursement this Period

236.00

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

Mailing Address 323 Cedar Bluff

City Knoxville State TN Zip Code 37923

Purpose of Disbursement
website development

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.6660

Date of Disbursement

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

Amount of Each Disbursement this Period

2178.32

SUBTOTAL of Disbursements This Page (optional)

2414.32

TOTAL This Period (last page this line number only)

8045.65

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

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NAME OF COMMITTEE (In Full)
 Government Is Not God

A. Full Name (Last, First, Middle Initial) MIKE HUCKABEE	Transaction ID: SB23.6662 Date of Disbursement
Mailing Address 1134 Silverwood Trail	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 3 1 / 2 0 0 8</div> </div>
City North Little Rock State AR Zip Code 72116	Amount of Each Disbursement this Period
Purpose of Disbursement political contribution	<div>1500.00</div>
Candidate Name MIKE HUCKABEE	<div>011</div> Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 00	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Jenkins Louis (Woody)	Transaction ID: SB23.6702 Date of Disbursement
Mailing Address 910 NORTH FOSTER DRIVE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 0 / 2 0 0 8</div> </div>
City BATON ROUGE State LA Zip Code 70806	Amount of Each Disbursement this Period
Purpose of Disbursement political contribution	<div>500.00</div>
Candidate Name Jenkins Louis (Woody)	<div></div> Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 06	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) SUSAN B. ANTHONY LIST INC. CANDIDATE FUND	Transaction ID: SB23.6710 Date of Disbursement
Mailing Address 1800 North Kent Street Suite 1070	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 6 / 2 0 0 8</div> </div>
City Arlington State VA Zip Code 22209	Amount of Each Disbursement this Period
Purpose of Disbursement contribution	<div>100.00</div>
Candidate Name	<div>011</div> Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

2100.00

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 PageFOR 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)
Government Is Not God**A.**Full Name (Last, First, Middle Initial)
ROBERT J. WITTMAN

Mailing Address PO BOX 999

City MONTROSS State VA Zip Code 22520

Purpose of Disbursement
political contributionCandidate Name
ROBERT J. WITTMANOffice Sought: ☒ House
☐ Senate
☐ President

State: VA District: 01

Disbursement For: 2008
☐ Primary ☐ General
☒ Other (specify) ▼
Special-General011
Category/
Type

Transaction ID: SB23.6661

Date of Disbursement

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

Amount of Each Disbursement this Period

500.00

B.Full Name (Last, First, Middle Initial)
ROBERT J. WITTMAN

Mailing Address PO BOX 999

City MONTROSS State VA Zip Code 22520

Purpose of Disbursement
political contributionCandidate Name
ROBERT J. WITTMANOffice Sought: ☒ House
☐ Senate
☐ President

State: VA District: 01

Disbursement For: 2008
☐ Primary ☐ General
☒ Other (specify) ▼
Special-GeneralCategory/
Type

Transaction ID: SB23.6670

Date of Disbursement

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

Amount of Each Disbursement this Period

250.00

SUBTOTAL of Disbursements This Page (optional)

750.00

TOTAL This Period (last page this line number only)

2850.00

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Government Is Not God		FEC IDENTIFICATION NUMBER C C00297531	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Calling Post Communications		Date MM / DD / YYYY 02 / 04 / 2008	
Mailing Address 531 Blackburn Dr		Amount 5498.01	
City State Zip Code Augusta GA 30907		Transaction ID: SE.6654	
Purpose of Expenditure automated calls		Office Sought: <input type="checkbox"/> House State: GA <input checked="" type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: MIKE HUCKABEE		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 10996.02		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008	
Full Name (Last, First, Middle, Initial) of Payee Citibank Business Card		Date MM / DD / YYYY 01 / 24 / 2008	
Mailing Address P. O. Box 10327		Amount 4000.00	
City State Zip Code Boston MA 01259		Transaction ID: SE.6659	
Purpose of Expenditure automated phone calls		Office Sought: <input type="checkbox"/> House State: NH <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: MIKE HUCKABEE		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4000.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008	
(a) SUBTOTAL of Itemized Independent Expenditures		9498.01	
(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 MM / DD / YYYY 02 / 16 / 2009	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Government Is Not God		FEC IDENTIFICATION NUMBER C C00297531	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Design4 Advertising		Date M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 8	
Mailing Address 2020 W. Brandon Blvd Ste 202		Amount 2750.00	
City State Zip Code Brandon FL 33511		Transaction ID: SE.6643	
Purpose of Expenditure radio ads		Office Sought: <input type="checkbox"/> House State: SC <input checked="" type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: MIKE HUCKABEE		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2008	
14000.00			
Full Name (Last, First, Middle, Initial) of Payee Dialing Services, LLC		Date M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 8	
Mailing Address 5149 Cotton Road		Amount 11250.00	
City State Zip Code Roswell NM 88201		Transaction ID: SE.6642	
Purpose of Expenditure automated calls		Office Sought: <input type="checkbox"/> House State: SC <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: MIKE HUCKABEE		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2008	
11250.00			
(a) SUBTOTAL of Itemized Independent Expenditures		14000.00	
(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 2 / 1 6 / 2 0 0 9	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Government Is Not God		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00297531</div>	
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 <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 0 1</div> <div style="border: 1px solid black; padding: 2px;">D D 2 6</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 8</div> </div>	
Mailing Address 5149 Cotton Road		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">16000.00</div>	
City State Zip Code Roswell NM 88201		Transaction ID: SE.6639	
Purpose of Expenditure Dialing Services, LLC automated calls		Office Sought: <input type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: MIKE HUCKABEE		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">16000.00</div>	
Full Name (Last, First, Middle, Initial) of Payee Dialing Services, LLC		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 0 1</div> <div style="border: 1px solid black; padding: 2px;">D D 2 6</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 8</div> </div>	
Mailing Address 5149 Cotton Road		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">9458.00</div>	
City State Zip Code Roswell NM 88201		Transaction ID: SE.6646	
Purpose of Expenditure automated calls		Office Sought: <input type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: MIKE HUCKABEE		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">25458.00</div>	
(a) SUBTOTAL of Itemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; text-align: right;">25458.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>	
(c) TOTAL Independent Expenditures		<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>	
<p>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.</p>			
Nancy Murray Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 0 2</div> <div style="border: 1px solid black; padding: 2px;">D D 1 6</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 9</div> </div>	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Government Is Not God		FEC IDENTIFICATION NUMBER ▼ C C00297531	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Georgia Right to Life		Date M M / D D / Y Y Y Y 0 2 / 0 4 / 2 0 0 8	
Mailing Address 283 W Crogan St		Amount 5498.01	
City Lawrenceville		Transaction ID: SE.6653	
State GA		Office Sought: <input type="checkbox"/> House State: GA <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Zip Code 30045		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Purpose of Expenditure name list rental		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008	
Category/ Type			
Name of Federal Candidate supported or Opposed by expenditure: MIKE HUCKABEE			
Calendar Year-To-Date Per Election for Office Sought		5498.01	

(a) SUBTOTAL of Itemized Independent Expenditures	5498.01
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	54454.02

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 2 / 1 6 / 2 0 0 9