

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For 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

Nancy Pelosi for Congress

ADDRESS (number and street) 235 Montgomery Street

Suite 610

San Francisco CA 94104

Check if different than previously reported. (ACC)

2. **FEC IDENTIFICATION NUMBER** C00213512

**CITY** **STATE** **ZIP CODE** **STATE** **DISTRICT**

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

CA 08

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)  General (12G)  Runoff (12R)

Convention (12C)  Special (12S)

Election on [ ] [ ] [ ] in the State of [ ]

(c) 30-Day **POST**-Election Report for the:

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

Election on 11 04 2008 in the State of CA

5. Covering Period 10 16 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 Paul Pelosi

Signature of Treasurer Electronically Filed by Paul Pelosi Date 01 23 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.

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

Nancy Pelosi for Congress

Report Covering the Period:

From: 

M	M
1	0

D	D
1	6

Y	Y	Y	Y
2	0	0	8

To: 

M	M
1	1

D	D
2	4

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	134725.00	2864945.98
(b) Total Contribution Refunds (from Line 20(d)).....	2500.00	7200.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	132225.00	2857745.98
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	101456.36	937792.13
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	609.18
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	101456.36	937182.95
8. Cash on Hand at Close of Reporting Period (from Line 27).....	405813.56	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
Toll Free 800-424-9530  
Local 202-694-1100

**POST-ELECTION DETAILED  
SUMMARY PAGE**

FEC Form 3 (Revised 07/05)

Report of Receipts and Disbursements

Page 5

- . If the candidate participated in the general election, use this form for the 30-day Post-General report.
- . If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name

Nancy Pelosi for Congress

Report Covering the Period: From: 

M	M
1	0

D	D
1	6

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
1	1

D	D
2	4

Y	Y	Y	Y
2	0	0	8

**I. RECEIPTS**

COLUMN A Total this Period	COLUMN B Election Cycle Total as of <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>M</td><td>M</td></tr><tr><td>1</td><td>1</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>D</td><td>D</td></tr><tr><td>0</td><td>4</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table> (date of general election)	M	M	1	1	D	D	0	4	Y	Y	Y	Y	2	0	0	8	COLUMN C Total for <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>M</td><td>M</td></tr><tr><td>1</td><td>1</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>D</td><td>D</td></tr><tr><td>0</td><td>5</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table> (date after general election)  through <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>M</td><td>M</td></tr><tr><td>1</td><td>1</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>D</td><td>D</td></tr><tr><td>2</td><td>4</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table> (last day of reporting period)	M	M	1	1	D	D	0	5	Y	Y	Y	Y	2	0	0	8	M	M	1	1	D	D	2	4	Y	Y	Y	Y	2	0	0	8
M	M																																																	
1	1																																																	
D	D																																																	
0	4																																																	
Y	Y	Y	Y																																															
2	0	0	8																																															
M	M																																																	
1	1																																																	
D	D																																																	
0	5																																																	
Y	Y	Y	Y																																															
2	0	0	8																																															
M	M																																																	
1	1																																																	
D	D																																																	
2	4																																																	
Y	Y	Y	Y																																															
2	0	0	8																																															
11. CONTRIBUTIONS (other than loans) FROM:																																																		
(a) Individuals/Persons Other than Political Committees																																																		
(i) Itemized (Use Schedule A)																																																		
47200.00	1340591.50	0.00																																																
(ii) Unitemized																																																		
0.00	0.00	0.00																																																
(iii) Total of contributions from individuals																																																		
47200.00	1340591.50	0.00																																																
(b) Political Party Committees																																																		
0.00	0.00	0.00																																																
(c) Other Political Committees																																																		
87525.00	1524354.48	0.00																																																

**POST-ELECTION DETAILED  
SUMMARY PAGE  
Report of Receipts and Disbursements**

<b>COLUMN A</b> Total this Period	<b>COLUMN B</b> Election Cycle Total as of * (date of general Election) (* See page 5 for date)	<b>COLUMN C</b> Total for * (date after general election) Through * (last day of reporting period) (* See page 5 for dates)
(d) The Candidate		
0.00	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d))		
134725.00	2864945.98	0.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
0.00	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
0.00	0.00	0.00
(b). All Other Loans		
0.00	0.00	0.00
(c). TOTAL LOANS (add Lines 13(a) and (b))		
0.00	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (refunds, rebates, etc)		
0.00	609.18	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc)		
19.19	4869.17	0.00
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		
134744.19	2870424.33	0.00

POST ELECTION DETAILED SUMMARY PAGE

FEC Form 3 (Revised 1/01)

Report of Receipts and Disbursements

Page 7

Write or Type Committe Name

Nancy Pelosi for Congress

Report the covering period

From:

MM 10

DD 16

YYYY 2008

To:

MM 11

DD 24

YYYY 2008

II. DISBURSEMENTS

COLUMN A Total this period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * Through * (date after general election) (last day of reporting period) (* See page 5 for date)
<b>17. OPERATING EXPENDITURES</b>		
101456.36	937792.13	8302.02
<b>18. TRANSFER TO OTHER AUTHORIZED COMMITTEES</b>		
0.00	0.00	0.00
<b>19. LOAN PAYMENTS</b>		
(a) Of Loans Made or Guaranteed by the Candidate		
0.00	0.00	0.00
(b) Of All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b) )		
0.00	0.00	0.00
<b>20. REFUNDS OF CONTRIBUTIONS TO:</b>		
(a) Individuals/Persons Other Than Political Committees		
2500.00	5700.00	0.00
(b) Political Party Committees		
0.00	0.00	0.00

**POST ELECTION DETAILED SUMMARY PAGE**

FEC Form 3 (Revised 1/01)

Report of Receipts and Disbursements

Page 8

COLUMN A Total this period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	Total for * Through *	COLUMN C (date after general election) (last day of reporting period) (* See page 5 for date)
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(c) Other political committees (such as PACs)

0.00	1500.00	0.00
------	---------	------

(d) TOTAL CONTRIBUTION REFUNDS (See Lines 20(a), (b) and (c) )

2500.00	7200.00	0.00
---------	---------	------

21. OTHER DISBURSEMENTS

45455.00	1815575.00	3905.00
----------	------------	---------

22. TOTAL DISBURSEMENTS (add lines 17, 18, 19(c), 20(d), and 21)

149411.36	2760567.13	12207.02
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**III. NET CONTRIBUTIONS (OTHER THAN LOANS)**

(Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract line 20(d) from Line 11(e))

132225.00	2857745.98	0.00
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**IV. NET OPERATING EXPENDITURES**

(Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract line 14 from Line 17)

101456.36	937182.95	8302.02
-----------	-----------	---------

**V. CASH SUMMARY**

23. CASH ON HAND AT BEGINING OF REPORTING PERIOD .....	420480.73
24. TOTAL RECEIPTS AT THIS PERIOD (from Line 16).....	134744.19
25. SUBTOTAL(add Line 23 and Line 24) .....	555224.92
26. TOTAL DISBURSEMENTS AT THIS PERIOD (from Line 22).....	149411.36
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (Subtract Line 26 from Line 25).....	405813.56

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 52  
(check only one)

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

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)  
Nancy Pelosi for Congress

**A.** Full Name (Last, First, Middle Initial)  
Julanne M. Angelides

Mailing Address 1957 13th Ave

City State Zip Code  
Sacramento CA 95818-4222

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

Name of Employer Self Occupation Homemaker

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt  
MM / DD / YYYY  
10 / 30 / 2008

**Transaction ID:** C2198257

Amount of Each Receipt this Period  
2300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Jim Crist

Mailing Address 10329 Horton Drive

City State Zip Code  
Overland Park KS 66207

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

Name of Employer National Crop Insurance Services Occupation Controller

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
10 / 17 / 2008

**Transaction ID:** C2161555

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Robert Alan Eustace

Mailing Address 222 Brighton Lane

City State Zip Code  
Redwood City CA 94061

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

Name of Employer Google Occupation Sr. VP Engineering

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt  
MM / DD / YYYY  
10 / 21 / 2008

**Transaction ID:** C2176589

Amount of Each Receipt this Period  
2300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **5100.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Nancy Pelosi for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Elizabeth S. Fisher	Date of Receipt MM / DD / YYYY 10 / 27 / 2008
	Mailing Address One Maritime Plaza, Suite 1440	<b>Transaction ID:</b> C2189630
	City State Zip Code San Francisco CA 94111	Amount of Each Receipt this Period 2300.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation None Homemaker	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3300.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Robert Fisher	Date of Receipt MM / DD / YYYY 10 / 27 / 2008
	Mailing Address 2523 Pacific Ave	<b>Transaction ID:</b> C2189637
	City State Zip Code San Francisco CA 94115-1162	Amount of Each Receipt this Period 2300.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation The Gap, Inc. Executive	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Louis J. Giraud	Date of Receipt MM / DD / YYYY 10 / 31 / 2008
	Mailing Address 35 San Buenaventura Way	<b>Transaction ID:</b> C2200885
	City State Zip Code San Francisco CA 94127-1515	Amount of Each Receipt this Period 2300.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Giraud Engmann Spiegel & Duvall, LLC Partner	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	6900.00
<b>TOTAL</b> This Period (last page this line number only) .....	



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 52  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Nancy Pelosi for Congress

**A.** Full Name (Last, First, Middle Initial)  
Suzanne Giraudo

Mailing Address 35 San Buenaventura Way

City San Francisco State CA Zip Code 94127-1515

FEC ID number of contributing federal political committee. C

Name of Employer None Occupation Homemaker

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

**Transaction ID:** C2200787

Amount of Each Receipt this Period 2300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
William R Hambrecht

Mailing Address 539 Bryant St Ste 100

City San Francisco State CA Zip Code 94107-1269

FEC ID number of contributing federal political committee. C

Name of Employer W.R. Hambrecht Occupation Executive

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4600.00

Date of Receipt M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 0 8

**Transaction ID:** C2176591

Amount of Each Receipt this Period 2300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Mario Mirabelli

Mailing Address 2550 M Street, NW

City Washington State DC Zip Code 20037

FEC ID number of contributing federal political committee. C

Name of Employer Patton Boggs Occupation Partner

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

**Transaction ID:** C2199379

Amount of Each Receipt this Period 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... 5600.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Nancy Pelosi for Congress

**A.**

Full Name (Last, First, Middle Initial)  
P. John Owen

Mailing Address 310 W. 49th Street, Apt. 403

City State Zip Code  
Kansas City MO 64112

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

Name of Employer National Crop Insurance Services  
Occupation General Counsel

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 7 / 2 0 0 8

**Transaction ID:** C2161607

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)  
Robert W. Parkerson

Mailing Address 8900 Indian Creek Pkwy Ste 600

City State Zip Code  
Overland Park KS 66210-1567

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

Name of Employer National Crop Insurance  
Occupation Executive

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

750.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 7 / 2 0 0 8

**Transaction ID:** C2161611

Amount of Each Receipt this Period  
750.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)  
Jamel S. Perkins

Mailing Address 207 Maple St

City State Zip Code  
San Francisco CA 94118-1819

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

Name of Employer Information Requested  
Occupation Not employed

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 0 8

**Transaction ID:** C2176617

Amount of Each Receipt this Period  
2300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **4050.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 52  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Nancy Pelosi for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Carmen A. Policy

Mailing Address 1100 Sacramento Street, #908

City State Zip Code  
San Francisco CA 94108

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

Name of Employer Executive Occupation Cleveland Browns

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-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:** C2198238

Amount of Each Receipt this Period  
2300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)  
Gail M Policy

Mailing Address 1419 Hamilton Ave

City State Zip Code  
Palo Alto CA 94301-3150

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

Name of Employer Information Requested Occupation Homemaker

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

**Transaction ID:** C2198239

Amount of Each Receipt this Period  
2300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)  
Dana Reaud

Mailing Address 801 Laurel Street

City State Zip Code  
Beaumont TX 77701

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

Name of Employer Reaud, Morgan & Quinn Occupation Attorney

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

**Transaction ID:** C2197164

Amount of Each Receipt this Period  
2300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **6900.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 52  
(check only one)

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

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)  
Nancy Pelosi for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Jeanne Robertson

Mailing Address 825 Francisco St

City San Francisco State CA Zip Code 94109-1322

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

Name of Employer Information Requested Occupation Civic Volunteer

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt 10 / 17 / 2008

Transaction ID: C2162136

Amount of Each Receipt this Period 2300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)  
Sanford R Robertson

Mailing Address 825 Francisco Street

City San Francisco State CA Zip Code 94109

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

Name of Employer Francisco Partners Occupation Financial Services

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt 10 / 17 / 2008

Transaction ID: C2162135

Amount of Each Receipt this Period 2300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)  
Art Sadin

Mailing Address 2207 Lakeway

City Friendswood State TX Zip Code 77546

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

Name of Employer Sadin Law Firm, P.C. Occupation Attorney

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt 10 / 29 / 2008

Transaction ID: C2193505

Amount of Each Receipt this Period 2500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **7100.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Nancy Pelosi for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Yodon Thonden	Date of Receipt MM / DD / YYYY 11 / 04 / 2008
	Mailing Address 260 5th Avenue, Apt. 15	<b>Transaction ID:</b> C2222822
	City State Zip Code New York NY 10001	Amount of Each Receipt this Period 2300.00
	FEC ID number of contributing federal political committee. <b>C</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Isdell Foundation Executive	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Kevin Toner	Date of Receipt MM / DD / YYYY 11 / 04 / 2008
	Mailing Address 136 Madison Avenue, 3rd Floor	<b>Transaction ID:</b> C2222818
	City State Zip Code New York NY	Amount of Each Receipt this Period 2300.00
	FEC ID number of contributing federal political committee. <b>C</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Arista Capitol Partner	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Thomas P. Zacharias	Date of Receipt MM / DD / YYYY 10 / 17 / 2008
	Mailing Address 2100 Crossgate Dr	<b>Transaction ID:</b> C2161620
	City State Zip Code Lawrence KS 66047-3513	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation National Crop Insurance Services Executive V.P.	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>5100.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 52  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Nancy Pelosi for Congress

**A.**

Full Name (Last, First, Middle Initial) Douglas Kahn		Date of Receipt MM / DD / YYYY 10 / 27 / 2008
Mailing Address 1811 Englewood Road, #324		Transaction ID: C2259027
City Englewood	State FL	Zip Code 34223
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2300.00
Name of Employer None	Occupation Retired	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	

\* Earmarked Contribution:  
See Below

**B.**

Full Name (Last, First, Middle Initial) ACTBLUE		Date of Receipt MM / DD / YYYY 11 / 03 / 2008
Mailing Address P.O. Box 382110		Transaction ID: C2259027B
City Cambridge	State MA	Zip Code 02238
FEC ID number of contributing federal political committee. C C00401224		Amount of Each Receipt this Period 2300.00
Name of Employer	Occupation Conduit total listed in Agg. field	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <b>[MEMO ITEM]</b> Note: Above Contribution earmarked through this organization.
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 6450.00	

**C.**

Full Name (Last, First, Middle Initial) Jonathan Rosenberg		Date of Receipt MM / DD / YYYY 10 / 12 / 2008
Mailing Address 211 Vista del Mar		Transaction ID: C2190842A
City Los Gatos	State CA	Zip Code 95030
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer Google, Inc.	Occupation Senior Vice President	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

\* Earmarked Contribution:  
See Below

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>4300.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 52  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Nancy Pelosi for Congress

**A.**

Full Name (Last, First, Middle Initial)  
ACTBLUE

Mailing Address P.O. Box 382110

City State Zip Code  
Cambridge MA 02238

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 6450.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 8

**Transaction ID:** C2190842AB

Amount of Each Receipt this Period  
2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**B.**

Full Name (Last, First, Middle Initial)  
Eric E. Schmidt

Mailing Address 1600 Amphitheatre Parkway

City State Zip Code  
Atherton CA 94043

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

Name of Employer Occupation  
Google, Inc. Executive

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 2 / 2 0 0 8

**Transaction ID:** C2190844A

Amount of Each Receipt this Period  
2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
\* Earmarked Contribution:  
See Below

**C.**

Full Name (Last, First, Middle Initial)  
ACTBLUE

Mailing Address P.O. Box 382110

City State Zip Code  
Cambridge MA 02238

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 6450.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 8

**Transaction ID:** C2190844AB

Amount of Each Receipt this Period  
2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d (check only one) <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	PAGE 16 / 52
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NAME OF COMMITTEE (In Full)  
Nancy Pelosi for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Christopher Stevens	Date of Receipt MM / DD / YYYY 10 / 27 / 2008
	Mailing Address 6201 E. Hiillary Drive	<b>Transaction ID:</b> C2259020
	City State Zip Code Scottsdale AZ 85254	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer None Occupation Grad Student	* Earmarked Contribution: See Below	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>B.</b>	Full Name (Last, First, Middle Initial) ACTBLUE	Date of Receipt MM / DD / YYYY 11 / 03 / 2008
	Mailing Address P.O. Box 382110	<b>Transaction ID:</b> C2259020B
	City State Zip Code Cambridge MA 02238	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C C00401224	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation Conduit total listed in Agg. field	[MEMO ITEM] Note: Above Contribution earmarked through this organization.	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>C.</b>	Full Name (Last, First, Middle Initial) Christopher Stevens	Date of Receipt MM / DD / YYYY 10 / 26 / 2008
	Mailing Address 6201 E. Hiillary Drive	<b>Transaction ID:</b> C2259022
	City State Zip Code Scottsdale AZ 85254	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer None Occupation Grad Student	* Earmarked Contribution: See Below	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	50.00
<b>TOTAL</b> This Period (last page this line number only) .....	



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	PAGE 17 / 52
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NAME OF COMMITTEE (In Full)  
Nancy Pelosi for Congress

**A.**

Full Name (Last, First, Middle Initial) ACTBLUE	Date of Receipt MM / DD / YYYY 11 / 03 / 2008
Mailing Address P.O. Box 382110	<b>Transaction ID:</b> C2259022B
City State Zip Code Cambridge MA 02238	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. <b>C</b> C00401224	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <b>[MEMO ITEM]</b> Note: Above Contribution earmarked through this organization.
Name of Employer Occupation Conduit total listed in Agg. field	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 6450.00

**B.**

Full Name (Last, First, Middle Initial) Michael Vaughn	Date of Receipt MM / DD / YYYY 10 / 19 / 2008
Mailing Address PO Box 320427	<b>Transaction ID:</b> C2190843A
City State Zip Code San Francisco CA 94132-0427	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. <b>C</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <b>* Earmarked Contribution: See Below</b>
Name of Employer Occupation California Pacific Medical Center Physician	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 100.00

**C.**

Full Name (Last, First, Middle Initial) ACTBLUE	Date of Receipt MM / DD / YYYY 10 / 27 / 2008
Mailing Address P.O. Box 382110	<b>Transaction ID:</b> C2190843AB
City State Zip Code Cambridge MA 02238	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. <b>C</b> C00401224	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <b>[MEMO ITEM]</b> Note: Above Contribution earmarked through this organization.
Name of Employer Occupation Conduit total listed in Agg. field	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 6450.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>100.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>47200.00</b>

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 52  
(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Nancy Pelosi for Congress

**A.** Full Name (Last, First, Middle Initial)  
American Health Care Association PAC

Mailing Address 1201 L Street, NW

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00006080

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt: 10 / 29 / 2008  
Transaction ID: C2193589  
Amount of Each Receipt this Period: 5000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
American Medical Association PAC

Mailing Address 25 Massachusetts Ave., NW, Suite 6

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00000422

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 10000.00

Date of Receipt: 10 / 31 / 2008  
Transaction ID: C2199451  
Amount of Each Receipt this Period: 5000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
American Pharmacists Association PAC

Mailing Address 2215 Constitution Ave NW

City Washington State DC Zip Code 20037-2907

FEC ID number of contributing federal political committee. **C** C00193854

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt: 11 / 04 / 2008  
Transaction ID: C2222811  
Amount of Each Receipt this Period: 2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

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

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

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

FOR LINE NUMBER: PAGE 19 / 52

(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Nancy Pelosi for Congress

**A.**

Full Name (Last, First, Middle Initial)  
American Psychiatric Association PAC

Mailing Address 1000 Wilson Blvd  
Ste 1825

City State Zip Code  
Arlington VA 22209-3924

FEC ID number of contributing federal political committee. **C** C00373696

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt

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

Transaction ID: C2199394

Amount of Each Receipt this Period

5000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)  
Barclays Group US PAC

Mailing Address 1501 K St NW

City State Zip Code  
Washington DC 20002

FEC ID number of contributing federal political committee. **C** C00448852

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt

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

Transaction ID: C2238352

Amount of Each Receipt this Period

2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)  
Blue Shield of California

Mailing Address 50 Beale St  
Fl 18

City State Zip Code  
San Francisco CA 94105-1813

FEC ID number of contributing federal political committee. **C** C00340364

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt

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

Transaction ID: C2193577

Amount of Each Receipt this Period

3000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

10000.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 52  
(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Nancy Pelosi for Congress

**A.** Full Name (Last, First, Middle Initial)  
BNSF RailPAC

Mailing Address PO Box 961039

City State Zip Code  
Fort Worth TX 76161-0039

FEC ID number of contributing federal political committee. **C** C00235739

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 10000.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

**Transaction ID:** C2197714

Amount of Each Receipt this Period  
5000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Bryan Cave LLP Political Fund

Mailing Address 700 13th Street, Suite 700

City State Zip Code  
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00332643

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 0 8

**Transaction ID:** C2213712

Amount of Each Receipt this Period  
2500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Chrysler Service Contacts, Inc. PAC

Mailing Address 100 Chrysler Drive, CIMI #485-10-9

City State Zip Code  
Auburn Hills MI 48326

FEC ID number of contributing federal political committee. **C** C00043687

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 0 8

**Transaction ID:** C2193583

Amount of Each Receipt this Period  
2500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 10000.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 52  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Nancy Pelosi for Congress

**A.** Full Name (Last, First, Middle Initial)  
Cummins Inc. PAC

Mailing Address 604 Pennsylvania Avenue, NW

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00377952

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt: 10 / 29 / 2008  
**Transaction ID:** C2193552  
 Amount of Each Receipt this Period: 2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Federal Express PAC

Mailing Address 9742 S. Shady Grove Rd.

City Memphis State TN Zip Code 38120

FEC ID number of contributing federal political committee. **C** C00068692

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 10000.00

Date of Receipt: 11 / 04 / 2008  
**Transaction ID:** C2238431  
 Amount of Each Receipt this Period: 5000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Golden Horizons Care PAC

Mailing Address 1250 H Street, NW, Suite 555

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00346346

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt: 11 / 04 / 2008  
**Transaction ID:** C2222817  
 Amount of Each Receipt this Period: 3000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 10000.00

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

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

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

FOR LINE NUMBER: PAGE 22 / 52  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Nancy Pelosi for Congress

**A.** Full Name (Last, First, Middle Initial)  
Holland & Knight Committee for Effective Govt.  
 Mailing Address 2099 Pennsylvania Ave NW  
Ste 100  
 City Washington State DC Zip Code 20006-6801  
 FEC ID number of contributing federal political committee. **C** C00171330  
 Name of Employer Occupation  
 Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 3500.00  
 Date of Receipt 10 / 27 / 2008  
**Transaction ID:** C2189430  
 Amount of Each Receipt this Period 1500.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Hospira Inc. PAC LLC  
 Mailing Address 275 N. Field Drive  
 City Lake Forest State IL Zip Code 60045  
 FEC ID number of contributing federal political committee. **C** C00433284  
 Name of Employer Occupation  
 Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1000.00  
 Date of Receipt 10 / 27 / 2008  
**Transaction ID:** C2181298  
 Amount of Each Receipt this Period 1000.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Human Rights Campaign PAC  
 Mailing Address 1640 Rhode Island Ave NW  
 City Washington State DC Zip Code 20036-3200  
 FEC ID number of contributing federal political committee. **C** C00235853  
 Name of Employer Occupation  
 Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 10000.00  
 Date of Receipt 10 / 27 / 2008  
**Transaction ID:** C2261256  
 Amount of Each Receipt this Period 25.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
 \* In-Kind: Website advocacy

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2525.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 52  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Nancy Pelosi for Congress

**A.** Full Name (Last, First, Middle Initial)  
K&L Gates LLP PAC

Mailing Address 1601 K St NW  
Ste 500

City Washington State DC Zip Code 20006-1682

FEC ID number of contributing federal political committee. **C** C00213173

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt: 10 / 31 / 2008  
**Transaction ID:** C2199433  
 Amount of Each Receipt this Period: 5000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
League of Conservation Voters PAC

Mailing Address 1920 L St NW  
Ste 800

City Washington State DC Zip Code 20036-5045

FEC ID number of contributing federal political committee. **C** C00252940

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt: 10 / 30 / 2008  
**Transaction ID:** C2197713  
 Amount of Each Receipt this Period: 500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Manufactured Housing Institute PAC

Mailing Address 2101 Wilson Blvd  
Ste 610

City Arlington State VA Zip Code 22201-3040

FEC ID number of contributing federal political committee. **C** C00043463

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 10 / 21 / 2008  
**Transaction ID:** C2176609  
 Amount of Each Receipt this Period: 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 6500.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 52  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Nancy Pelosi for Congress

**A.** Full Name (Last, First, Middle Initial)  
Massachusetts Mutual Life Insurance Co. PAC

Mailing Address 1295 State Street

City State Zip Code  
Springfield MA 01111

FEC ID number of contributing federal political committee. **C** C00118943

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 7 / 2 0 0 8

**Transaction ID:** C2161557

Amount of Each Receipt this Period  
3000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
MCKESSON CORPORATION EMPLOYEES POLITICAL FUND

Mailing Address ONE POST STREET 29TH FLOOR

City State Zip Code  
SAN FRANCISCO CA 94104

FEC ID number of contributing federal political committee. **C** C00108035

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 10000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 0 8

**Transaction ID:** C2176611

Amount of Each Receipt this Period  
5000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Medco Health PAC

Mailing Address 2350 Kerner Blvd., #250

City State Zip Code  
San Rafael CA 94901

FEC ID number of contributing federal political committee. **C** C00384362

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 4 / 2 0 0 8

**Transaction ID:** C2222814

Amount of Each Receipt this Period  
2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **10000.00**

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



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 52  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Nancy Pelosi for Congress

**A.** Full Name (Last, First, Middle Initial)  
National Association of Broadcasters PAC  
Mailing Address 1771 N St NW

City State Zip Code  
Washington DC 20036-2800

FEC ID number of contributing federal political committee. **C** C00009985

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 1 0 / 3 1 / 2 0 0 8

**Transaction ID:** C2199382

Amount of Each Receipt this Period  
2500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Nea Fund for Children & Pub. Education  
Mailing Address 1201 16th St NW  
# C00003251

City State Zip Code  
Washington DC 20036-3207

FEC ID number of contributing federal political committee. **C** C00003251

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 10000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 1 0 / 1 7 / 2 0 0 8

**Transaction ID:** C2161562

Amount of Each Receipt this Period  
5000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Oppenheimer Fund PAC  
Mailing Address 2 World Financial Ctr

City State Zip Code  
New York NY 10080-0001

FEC ID number of contributing federal political committee. **C** C00367920

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 1 0 / 1 7 / 2 0 0 8

**Transaction ID:** C2161603

Amount of Each Receipt this Period  
2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 9500.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 52  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Nancy Pelosi for Congress

**A.** Full Name (Last, First, Middle Initial)  
Planned Parenthood Action Fund, Inc. PAC

Mailing Address 810 7th Ave

City State Zip Code  
New York NY 10019-5863

FEC ID number of contributing federal political committee. **C** C90005471

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 1 0 / 1 7 / 2 0 0 8

**Transaction ID:** C2161614

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Siemen's Corporation PAC

Mailing Address 601 Pennsylvania Avneue, NW

City State Zip Code  
Washington DC 20004

FEC ID number of contributing federal political committee. **C** C00353797

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 1 0 / 2 1 / 2 0 0 8

**Transaction ID:** C2176624

Amount of Each Receipt this Period  
5000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Society of Thoracic Surgeons

Mailing Address 1025 Connecticut Avenue, NW, Suite

City State Zip Code  
Washington DC 20036

FEC ID number of contributing federal political committee. **C** C00325936

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 1 0 / 2 7 / 2 0 0 8

**Transaction ID:** C2189625

Amount of Each Receipt this Period  
5000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

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

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

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

FOR LINE NUMBER: PAGE 27 / 52  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Nancy Pelosi for Congress

**A.** Full Name (Last, First, Middle Initial)  
Sprint Nextel Political Action Committee

Mailing Address 2001 Emund Halley Drive

City Reston State VA Zip Code 20191

FEC ID number of contributing federal political committee. **C** C00089342

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt: 10 / 17 / 2008  
**Transaction ID:** C2162120  
 Amount of Each Receipt this Period: 3000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Weyerhaeuser Company

Mailing Address P.O. Box 75000  
MC: 2250

City Detroit State MI Zip Code 48275

FEC ID number of contributing federal political committee. **C** C00007948

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt: 10 / 21 / 2008  
**Transaction ID:** C2177028  
 Amount of Each Receipt this Period: 2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Xerox Corporation PAC

Mailing Address 1401 H Street, NW. No. 550

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00207258

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 10 / 21 / 2008  
**Transaction ID:** C2177031  
 Amount of Each Receipt this Period: 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 6000.00

**TOTAL** This Period (last page this line number only) ..... ► 87525.00

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 52	
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Nancy Pelosi for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Union Bank of California (C)		Date of Receipt
	Mailing Address 350 California Street, 18th floor		<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	San Francisco	CA	94104-1302
	FEC ID number of contributing federal political committee.		Transaction ID: C2259018
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: 2008		Election Cycle-to-Date ▼	<input type="text" value="19.19"/>
<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General	<input type="text" value="761.87"/>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="19.19"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="19.19"/>

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Nancy Pelosi for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Alice B. Toklas Dem. Club</p> <p>Mailing Address 100 McAllister St c/o R. Barnes</p> <p>City San Francisco State CA Zip Code 94102-4947</p> <p>Purpose of Disbursement State card expense</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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D141935 <b>Date of Disbursement</b> 10 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Auburn Quad, Inc.</p> <p>Mailing Address PO Box 390728</p> <p>City Cambridge State MA Zip Code 02139-0008</p> <p>Purpose of Disbursement Fundraising fee</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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D141394 <b>Date of Disbursement</b> 10 / 27 / 2008</p> <p>Amount of Each Disbursement this Period 79.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Auburn Quad, Inc.</p> <p>Mailing Address PO Box 390728</p> <p>City Cambridge State MA Zip Code 02139-0008</p> <p>Purpose of Disbursement Fundraising fee</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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D141395 <b>Date of Disbursement</b> 10 / 27 / 2008</p> <p>Amount of Each Disbursement this Period 3.95</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

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

1082.95

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Nancy Pelosi for Congress

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Auburn Quad, Inc.</p> <p>Mailing Address PO Box 390728</p> <p>City Cambridge State MA Zip Code 02139-0008</p> <p>Purpose of Disbursement Fundraising fee</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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D141396</p> <p>Date of Disbursement 10 / 27 / 2008</p> <p>Amount of Each Disbursement this Period 79.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Auburn Quad, Inc.</p> <p>Mailing Address PO Box 390728</p> <p>City Cambridge State MA Zip Code 02139-0008</p> <p>Purpose of Disbursement Fundraising fee</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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D146068</p> <p>Date of Disbursement 11 / 03 / 2008</p> <p>Amount of Each Disbursement this Period 91.84</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Auburn Quad, Inc.</p> <p>Mailing Address PO Box 390728</p> <p>City Cambridge State MA Zip Code 02139-0008</p> <p>Purpose of Disbursement Fundraising fee</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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D146072</p> <p>Date of Disbursement 11 / 03 / 2008</p> <p>Amount of Each Disbursement this Period 0.99</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

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

171.83

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Nancy Pelosi for Congress

A.

Full Name (Last, First, Middle Initial)  
Belaire Displays, Inc.

Mailing Address 5710 Hollis St

City Emeryville State CA Zip Code 94608-2514

Purpose of Disbursement  
Window signs for campaign

Candidate Name  
Belaire Displays, Inc.

Office Sought:  House  Senate  President

State: CA District:

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: D141930  
Date of Disbursement

10 / 22 / 2008

Amount of Each Disbursement this Period

2599.23

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)  
Blue Star Press

Mailing Address PO Box 194061

City San Francisco State CA Zip Code 94119-4061

Purpose of Disbursement  
Printing: Making progress brochure, print, fold - gloss book

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: D142429  
Date of Disbursement

11 / 03 / 2008

Amount of Each Disbursement this Period

29817.97

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.

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

Mailing Address 430 S Capitol St SE

City Washington State DC Zip Code 20003-4024

Purpose of Disbursement  
UPS deliveries reimbursement

Candidate Name  
D.C.C.C.

Office Sought:  House  Senate  President

State: District:

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: D141933  
Date of Disbursement

10 / 22 / 2008

Amount of Each Disbursement this Period

390.78

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

32807.98

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

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

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Nancy Pelosi for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Employment Development Dept.</p> <p>Mailing Address PO Box 826276</p> <p>City Sacramento State CA Zip Code 94230-6276</p> <p>Purpose of Disbursement Payroll taxes</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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D142424 <b>Date of Disbursement</b> 10 / 28 / 2008</p> <p>Amount of Each Disbursement this Period 730.02</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) FDR Democratic Club</p> <p>Mailing Address 5285 Diamond Heights Blvd Apt 204</p> <p>City San Francisco State CA Zip Code 94131-2140</p> <p>Purpose of Disbursement State card</p> <p>Candidate Name FDR Democratic Club</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D141923 <b>Date of Disbursement</b> 10 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 500.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Federal Express</p> <p>Mailing Address PO Box 1140</p> <p>City Memphis State TN Zip Code 38101-1140</p> <p>Purpose of Disbursement Deliveries</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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D142417 <b>Date of Disbursement</b> 10 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 54.48</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1284.50</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Nancy Pelosi for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Federal Express</p> <p>Mailing Address PO Box 1140</p> <p>City Memphis State TN Zip Code 38101-1140</p> <p>Purpose of Disbursement Deliveries</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D142422</p> <p>Date of Disbursement 10 / 28 / 2008</p> <p>Amount of Each Disbursement this Period 126.56</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Federal Express</p> <p>Mailing Address PO Box 1140</p> <p>City Memphis State TN Zip Code 38101-1140</p> <p>Purpose of Disbursement Deliveries</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D143252</p> <p>Date of Disbursement 11 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 318.83</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Federation Italia</p> <p>Mailing Address 323 Geary St Ste 310</p> <p>City San Francisco State CA Zip Code 94102-1820</p> <p>Purpose of Disbursement Advertisement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D142414</p> <p>Date of Disbursement 10 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 150.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

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

595.39

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Nancy Pelosi for Congress

A.

Full Name (Last, First, Middle Initial)  
Rachel Fischetti

Transaction ID: D142427  
Date of Disbursement

Mailing Address 2728 28th Street, Apt. 30

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

City Washington State DC Zip Code 20008

Amount of Each Disbursement this Period

750.00
--------

Purpose of Disbursement  
Campaign fundraising and clerical work  
Candidate Name

Category/  
Type

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought:  House  Senate  President  
Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼  
State: District:

B.

Full Name (Last, First, Middle Initial)  
Mary Leigh Henneberry

Transaction ID: D141929  
Date of Disbursement

Mailing Address 530 Howard St Ste 206

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

City San Francisco State CA Zip Code 94105-3018

Amount of Each Disbursement this Period

436.71
--------

Purpose of Disbursement  
Design fee for campaign sign  
Candidate Name

Category/  
Type

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought:  House  Senate  President  
Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼  
State: District:

C.

Full Name (Last, First, Middle Initial)  
Mary Leigh Henneberry

Transaction ID: D146302  
Date of Disbursement

Mailing Address 530 Howard St Ste 206

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

City San Francisco State CA Zip Code 94105-3018

Amount of Each Disbursement this Period

3232.87
---------

Purpose of Disbursement  
Advertising and marketing  
Candidate Name

Category/  
Type

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought:  House  Senate  President  
Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼  
State: District:

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

4419.58
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TOTAL This Period (last page this line number only) .....

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# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 35 / 52

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Nancy Pelosi for Congress

A.	Full Name (Last, First, Middle Initial) Human Rights Campaign PAC  Mailing Address 1640 Rhode Island Ave NW  City Washington State DC Zip Code 20036-3200  Purpose of Disbursement Website advocacy Candidate Name Human Rights Campaign PAC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D146935 Date of Disbursement 10 / 27 / 2008  Amount of Each Disbursement this Period 25.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  * In-Kind Received
B.	Full Name (Last, First, Middle Initial) Jewish News Weekly  Mailing Address 225 Bush St Ste 1480  City San Francisco State CA Zip Code 94104-4216  Purpose of Disbursement Advertisement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D142416 Date of Disbursement 10 / 22 / 2008  Amount of Each Disbursement this Period 536.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Olympic Mailing  Mailing Address 467 Nelo Stteet  City Santa Clara State CA Zip Code 95054  Purpose of Disbursement Direct mail, sort, bundle, sack and send Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D142428 Date of Disbursement 11 / 03 / 2008  Amount of Each Disbursement this Period 3240.25  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3801.25</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Nancy Pelosi for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Olympic Mailing Mailing Address 467 Nelo Stteet City Santa Clara State CA Zip Code 95054 Purpose of Disbursement Postage for mass mailing Candidate Name 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) ▼	Transaction ID: D141926 Date of Disbursement 10 / 22 / 2008
	Amount of Each Disbursement this Period 22976.79 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>B.</b> Full Name (Last, First, Middle Initial) Olympic Mailing Mailing Address 467 Nelo Stteet City Santa Clara State CA Zip Code 95054 Purpose of Disbursement Mailing services for brochure, sort, bundle, sack Candidate Name 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) ▼	Transaction ID: D141928 Date of Disbursement 10 / 22 / 2008
	Amount of Each Disbursement this Period 2611.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>C.</b> Full Name (Last, First, Middle Initial) Political Data Inc. Mailing Address P.O. Box 1076 City Burbank State CA Zip Code 95107 Purpose of Disbursement Advertising and marketing Candidate Name 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) ▼	Transaction ID: D146308 Date of Disbursement 11 / 03 / 2008
	Amount of Each Disbursement this Period 1907.23 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	27495.02
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)  
Nancy Pelosi for Congress

A.

Full Name (Last, First, Middle Initial)  
Lisa Presta

Mailing Address 2337 16th Avenue

City San Francisco State CA Zip Code 94116

Purpose of Disbursement  
Campaign fundraising

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D146300  
Date of Disbursement

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

Amount of Each Disbursement this Period

5	8	0	0	0	0
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Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)  
Professional Messenger

Mailing Address PO Box 411291

City San Francisco State CA Zip Code 94141-1291

Purpose of Disbursement  
Campaign deliveries

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D143258  
Date of Disbursement

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

Amount of Each Disbursement this Period

1	4	9	5
---	---	---	---

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)  
Raoul Wallenberg Jewish Democratic Club

Mailing Address 1550 California St # 6293

City San Francisco State CA Zip Code 94109-4783

Purpose of Disbursement  
State card expense

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D141936  
Date of Disbursement

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

Amount of Each Disbursement this Period

2	5	0	0
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Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

6	0	6	4	9	5
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TOTAL This Period (last page this line number only) .....

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Nancy Pelosi for Congress

A.	Full Name (Last, First, Middle Initial) Theresa Russell	Transaction ID: D142425 Date of Disbursement 10 / 28 / 2008
	Mailing Address 1269 6th Ave	Amount of Each Disbursement this Period 412.92
	City San Francisco State CA Zip Code 94122-2565	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Campaign: Bookkeeping services Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Theresa Russell	Transaction ID: D143253 Date of Disbursement 11 / 11 / 2008
	Mailing Address 1269 6th Ave	Amount of Each Disbursement this Period 412.92
	City San Francisco State CA Zip Code 94122-2565	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Campaign: bookkeeping services Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Theresa Russell	Transaction ID: D146040 Date of Disbursement 11 / 20 / 2008
	Mailing Address 1269 6th Ave	Amount of Each Disbursement this Period 412.92
	City San Francisco State CA Zip Code 94122-2565	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Campaign: Bookkeeping services Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1238.76
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 39 / 52

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Nancy Pelosi for Congress

A.

Full Name (Last, First, Middle Initial)  
S.F. Democratic Party

Mailing Address 1390 Market St  
Ste 818

City San Francisco State CA Zip Code 94102-5303

Purpose of Disbursement  
Slate card expense

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D141925  
Date of Disbursement

10 / 22 / 2008

Amount of Each Disbursement this Period

5388.12

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)  
S.F. League of Conservation Voters

Mailing Address 937 Valencia Street

City San Francisco State CA Zip Code 94110

Purpose of Disbursement  
Slate card

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D141924  
Date of Disbursement

10 / 22 / 2008

Amount of Each Disbursement this Period

200.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)  
Christina Skewes-cox

Mailing Address 2576 Green Street

City San Francisco State CA Zip Code 94123

Purpose of Disbursement  
Campaign Event: parking reimbursement

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D143261  
Date of Disbursement

11 / 11 / 2008

Amount of Each Disbursement this Period

30.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

5618.12

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Nancy Pelosi for Congress

A.	Full Name (Last, First, Middle Initial) Staton & Hughes <hr/> Mailing Address 530 Howard St <hr/> City San Francisco State CA Zip Code 94105-3007 <hr/> Purpose of Disbursement Campaign fundraising services Candidate Name <hr/> 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) ▼	Transaction ID: D141919 Date of Disbursement 11 / 03 / 2008 <hr/> Amount of Each Disbursement this Period 10075.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Union Bank of California (C) <hr/> Mailing Address 350 California Street, 18th floor <hr/> City San Francisco State CA Zip Code 94104-1302 <hr/> Purpose of Disbursement Campaign bank fees Candidate Name <hr/> 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) ▼	Transaction ID: D146042 Date of Disbursement 11 / 03 / 2008 <hr/> Amount of Each Disbursement this Period 28.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Union Bank of California (C) <hr/> Mailing Address 350 California Street, 18th floor <hr/> City San Francisco State CA Zip Code 94104-1302 <hr/> Purpose of Disbursement Campaign bank merchant fees Candidate Name <hr/> 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) ▼	Transaction ID: D146043 Date of Disbursement 11 / 03 / 2008 <hr/> Amount of Each Disbursement this Period 837.24 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

10940.24

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



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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Nancy Pelosi for Congress

A.

Full Name (Last, First, Middle Initial)  
Union Bank of California (C)

Mailing Address 350 California Street, 18th floor

City State Zip Code  
San Francisco CA 94104-1302

Purpose of Disbursement  
Payroll taxes  
Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼  
State: District:

Transaction ID: D143254  
Date of Disbursement

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

Amount of Each Disbursement this Period

725.00
--------

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)  
University Club

Mailing Address One West 54th Street

City State Zip Code  
New York NY 10019

Purpose of Disbursement  
Campaign: Travel:Lodging  
Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼  
State: District:

Transaction ID: D142418  
Date of Disbursement

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

Amount of Each Disbursement this Period

689.54
--------

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)  
Verizon Wireless

Mailing Address PO Box 419067

City State Zip Code  
Rancho Cordova CA 95741-9067

Purpose of Disbursement  
Phone  
Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼  
State: District:

Transaction ID: D143262  
Date of Disbursement

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

Amount of Each Disbursement this Period

222.90
--------

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

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

1637.44
---------

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

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

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Nancy Pelosi for Congress

A.	Full Name (Last, First, Middle Initial) Brian L. Wolff	Transaction ID: D142426 Date of Disbursement 11 / 01 / 2008
	Mailing Address 1706 Swann St NW	Amount of Each Disbursement this Period 3750.00
	City Washington State DC Zip Code 20009-5535	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Campaign Fundraising services Candidate Name	
	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) ▼

B.	Full Name (Last, First, Middle Initial) Bank of America (US Air Visa)	Transaction ID: D143255 Date of Disbursement 11 / 11 / 2008
	Mailing Address PO Box 15716	Amount of Each Disbursement this Period 364.50
	City Wilmington State DE Zip Code 19886-5716	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Credit card Candidate Name	
	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) ▼

C.	Full Name (Last, First, Middle Initial) Delta Air	Transaction ID: D146795 Date of Disbursement 11 / 11 / 2008
	Mailing Address 1030 Delta Blvd	Amount of Each Disbursement this Period 364.50
	City Atlanta State GA Zip Code 30354-1989	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Air Travel Candidate Name	
	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) ▼

[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	4114.50
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)  
Nancy Pelosi for Congress

A.

Full Name (Last, First, Middle Initial)  
Citi Cards

Mailing Address P.O. Box 6409

City State Zip Code  
The Lakes NV 88901

Purpose of Disbursement  
Campaign credit card: Lodging

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D146297  
Date of Disbursement

10 / 29 / 2008

Amount of Each Disbursement this Period

183.85

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)  
Hyatt Hotels Regency

Mailing Address 7500 E. Doubletree Ranch Road

City State Zip Code  
Scottsdale AZ 85258

Purpose of Disbursement  
Credit card: Lodging

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D146298  
Date of Disbursement

10 / 29 / 2008

Amount of Each Disbursement this Period

106.50

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
Hyatt Hotels Regency

Mailing Address 7500 E. Doubletree Ranch Road

City State Zip Code  
Scottsdale AZ 85258

Purpose of Disbursement  
Credit card:meals

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D146299  
Date of Disbursement

10 / 29 / 2008

Amount of Each Disbursement this Period

77.35

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

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

183.85

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

101456.36

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Nancy Pelosi for Congress

A.

Full Name (Last, First, Middle Initial)  
Louis J. Giraudo

Mailing Address 35 San Buenaventura Way

City State Zip Code  
San Francisco CA 94127-1515

Purpose of Disbursement  
Refund of excess contribution  
Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼  
State: District:

Transaction ID: D141837  
Date of Disbursement

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

Amount of Each Disbursement this Period

2300.00
---------

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)  
Art Sadin

Mailing Address 2207 Lakeway

City State Zip Code  
Friendswood TX 77546

Purpose of Disbursement  
Refund of excess contribution  
Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼  
State: District:

Transaction ID: D146296  
Date of Disbursement

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

Amount of Each Disbursement this Period

200.00
--------

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

2500.00
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TOTAL This Period (last page this line number only) .....

2500.00
---------

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Nancy Pelosi for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Breast Cancer Emergency Fund  Mailing Address 965 Mission St Ste 630  City San Francisco State CA Zip Code 94103-2954  Purpose of Disbursement Donation Candidate Name  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) ▼	<b>Transaction ID:</b> D141834 Date of Disbursement 10 / 17 / 2008  Amount of Each Disbursement this Period 2500.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b>	Full Name (Last, First, Middle Initial) Craigslis Foundation  Mailing Address 657 Mission Street, Suite 507  City San Francisco State CA Zip Code 94105  Purpose of Disbursement Donation Candidate Name  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) ▼	<b>Transaction ID:</b> D142423 Date of Disbursement 10 / 22 / 2008  Amount of Each Disbursement this Period 75.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b>	Full Name (Last, First, Middle Initial) Jill Derby for Congress  Mailing Address 500 Damonte Ranch Pkwy, #909  City Reno State NV Zip Code 89521  Purpose of Disbursement Jill Derby (NV-02-D) Candidate Name Jill Derby for Congress  Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 02  Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D142421 Date of Disbursement 10 / 30 / 2008  Amount of Each Disbursement this Period 2000.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

4575.00

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

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

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Nancy Pelosi for Congress

A.	Full Name (Last, First, Middle Initial) Don Cazayoux for Congress	Transaction ID: D141835 Date of Disbursement 11 / 03 / 2008
	Mailing Address 816 Main Street	Amount of Each Disbursement this Period 2000.00
	City Baton Rouge State LA Zip Code 70802	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Don Cazayoux (LA-06-D) Candidate Name Don Cazayoux Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 06 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Equity California	Transaction ID: D146305 Date of Disbursement 10 / 17 / 2008
	Mailing Address 8581 Santa Monica Blvd., #504	Amount of Each Disbursement this Period 10000.00
	City West Hollywood State CA Zip Code 90069	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Non-federal contribution Candidate Name Equity California 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) ▼	

C.	Full Name (Last, First, Middle Initial) Equity California	Transaction ID: D146306 Date of Disbursement 11 / 03 / 2008
	Mailing Address 8581 Santa Monica Blvd., #504	Amount of Each Disbursement this Period 10000.00
	City West Hollywood State CA Zip Code 90069	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Non-federal contribution Candidate Name Equity California 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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	22000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Nancy Pelosi for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Full Circle Fund  Mailing Address 2601 Mission Street, #901  City San Francisco State CA Zip Code 94110  Purpose of Disbursement Donation  Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D146031 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 2 0 / 2 0 0 8  Amount of Each Disbursement this Period 175.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b>	Full Name (Last, First, Middle Initial) International Museum of Women  Mailing Address P.O> Box 190038  City San Francisco State CA Zip Code 94119  Purpose of Disbursement Donation  Candidate Name  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) ▼	<b>Transaction ID:</b> D143260 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 1 1 / 2 0 0 8  Amount of Each Disbursement this Period 25.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b>	Full Name (Last, First, Middle Initial) Liebham for Congress  Mailing Address 519 Encinitas Blvd Ste 107  City Encinitas State CA Zip Code 92024-3738  Purpose of Disbursement Nicholas Liebham (CA-50-D)  Candidate Name Nicholas A Liebham  Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 50  Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D141841 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 8  Amount of Each Disbursement this Period 2000.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>2200.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 48 / 52

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Nancy Pelosi for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Montagno for Congress</p> <p>Mailing Address P.O. Box 615</p> <p>City Goshen State IN Zip Code 46527</p> <p>Purpose of Disbursement Michael Matagano (IN-03-D)</p> <p>Candidate Name Michael A. Montagno</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: IN District: 03</p>	<p><b>Transaction ID:</b> D141917</p> <p>Date of Disbursement 10 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Murtha for Congress</p> <p>Mailing Address 647 Main St Ste 200</p> <p>City Johnstown State PA Zip Code 15901-2140</p> <p>Purpose of Disbursement John B. Murtha (PA-12-D)</p> <p>Candidate Name John B. Murtha</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: PA District: 12</p>	<p><b>Transaction ID:</b> D141836</p> <p>Date of Disbursement 10 / 27 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) NARAL Pro Choice America</p> <p>Mailing Address 1111 Pine Street, Suite 1500</p> <p>City San Francisco State CA Zip Code 94111</p> <p>Purpose of Disbursement Donation</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> D146894</p> <p>Date of Disbursement 11 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 75.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

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

4075.00

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



# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Nancy Pelosi for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Paul J. Carmouche  Mailing Address 912 Kings Highway  City Shreveport State LA Zip Code 71104  Purpose of Disbursement Debt retirement  Candidate Name Paul J. Carmouche  Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 04  Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Runoff	<b>Transaction ID:</b> D143251 <b>Date of Disbursement</b> 11 / 12 / 2008  Amount of Each Disbursement this Period 2000.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b>	Full Name (Last, First, Middle Initial) Planning for Elders  Mailing Address 4200 Park B lvd. #128  City Oakland State CA Zip Code 94602  Purpose of Disbursement Donation  Candidate Name  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) ▼	<b>Transaction ID:</b> D142415 <b>Date of Disbursement</b> 10 / 22 / 2008  Amount of Each Disbursement this Period 125.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b>	Full Name (Last, First, Middle Initial) S.F. Democratic Party  Mailing Address 1390 Market St Ste 818  City San Francisco State CA Zip Code 94102-5303  Purpose of Disbursement Donation  Candidate Name  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) ▼	<b>Transaction ID:</b> D141932 <b>Date of Disbursement</b> 10 / 22 / 2008  Amount of Each Disbursement this Period 2500.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>4625.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Nancy Pelosi for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) San Francisco Interfaith Council</p> <p>Mailing Address P.O. Box 29055</p> <p>City San Francisco State CA Zip Code 94129</p> <p>Purpose of Disbursement Donation</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: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D146038 <b>Date of Disbursement</b> 11 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 30.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) San Francisco Organizing Project</p> <p>Mailing Address 3215 Cesar Chavez Street</p> <p>City San Francisco State CA Zip Code 94110</p> <p>Purpose of Disbursement Donation</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: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D146033 <b>Date of Disbursement</b> 11 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 1250.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Scott for Congress</p> <p>Mailing Address P.O. Box 960821</p> <p>City Riverdale State GA Zip Code 30296</p> <p>Purpose of Disbursement David Scott (GA-13-D)</p> <p>Candidate Name David Scott</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 13</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D141840 <b>Date of Disbursement</b> 10 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3280.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Nancy Pelosi for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) SPUR</p> <p>Mailing Address 312 Sutter St Ste 500</p> <p>City San Francisco State CA Zip Code 94108-4320</p> <p>Purpose of Disbursement Donation</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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D143259</p> <p>Date of Disbursement 11 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 350.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) St. Anthony Foundation</p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>Purpose of Disbursement Donation</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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D142413</p> <p>Date of Disbursement 10 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 350.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Tinklenberg for Congress</p> <p>Mailing Address P.O. Box 49787</p> <p>City Blaine State MN Zip Code 55449</p> <p>Purpose of Disbursement Elwin Tinklenberg (MN-06-DFL)</p> <p>Candidate Name Elwin Tinklenberg</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 06</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D141839</p> <p>Date of Disbursement 10 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

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

2700.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 52 / 52

<input type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input checked="" type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)  
Nancy Pelosi for Congress

A.	Full Name (Last, First, Middle Initial) Wulsin for Congress		Transaction ID: D142419	
	Mailing Address 7251 Beechmont Ave		Date of Disbursement 10 / 30 / 2008	
City Cincinnati		State OH	Zip Code 45230-4125	
Purpose of Disbursement Victoria Wulsin (OH-02-D)			Amount of Each Disbursement this Period 2000.00	
Candidate Name Victoria Wulsin			<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: OH District: 02		Category/Type		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2000.00
<b>TOTAL</b> This Period (last page this line number only) .....	45455.00