

# 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  
Jennings 2008

ADDRESS (number and street) PO Box 49135  
 Check if different than previously reported. (ACC)  
Sarasota FL 34230

2. **FEC IDENTIFICATION NUMBER** C00436964  
**CITY** **STATE** **ZIP CODE**  
STATE DISTRICT  
FL 13

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 08 26 2008 in the State of FL  
(c) 30-Day **POST**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on in the State of

5. Covering Period 07 01 2008 through 08 06 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 Ed Chiles

Signature of Treasurer Electronically Filed by Ed Chiles Date 11 10 2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only **FEC FORM 3**  
(Revised 02/2003)

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

Jennings 2008

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	8

D	D
0	6

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e)).....	75014.10	1249673.44
(b) Total Contribution Refunds (from Line 20(d)).....	4.62	8672.62
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	75009.48	1241000.82
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17).....	280148.74	858974.85
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	1314.06
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	280148.74	857660.79
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	<b>374744.92</b>	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<b>0.00</b>	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<b>0.00</b>	

**For further information contact:**

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

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name  
Jennings 2008

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	8

D	D
0	6

Y	Y	Y	Y
2	0	0	8

**I. RECEIPTS**

**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

52105.50

791388.66

(ii) Unitemized.....

11898.60

176266.78

(iii) TOTAL of contributions

64004.10

967655.44

from individuals..... ▶

0.00

250.00

(b) Political Party Committees.....

11010.00

281768.00

(c) Other Political Committees (such as PACS).....

0.00

0.00

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS

(other than loans)

75014.10

1249673.44

(add Lines 11(a)(iii), (b), (c), and (d))

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....

0.00

0.00

13. LOANS

(a) Made or Guaranteed by the Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

(add Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....

0.00

1314.06

15. OTHER RECEIPTS (Dividends, Interest, etc.).....

0.00

1554.89

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

75014.10

1252542.39

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
17. OPERATING EXPENDITURES.....	280148.74	858974.85
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	9950.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	4.62	6664.62
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	2008.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	4.62	8672.62
21. OTHER DISBURSEMENTS.....	200.00	200.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	280353.36	877797.47

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	580084.18
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	75014.10
25. SUBTOTAL (add Line 23 and Line 24).....	655098.28
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	280353.36
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	374744.92

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 / 98  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    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)  
Jennings 2008

**A.** Full Name (Last, First, Middle Initial)  
Anthony J. Abate, Esquire  
Mailing Address PO Box 49948

City: Sarasota State: FL Zip Code: 34230-6948

FEC ID number of contributing federal political committee. C

Name of Employer: Abel, Band, Russell, Collier, Ptichfor  
Occupation: Attorney

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt: 07 / 15 / 2008  
**Transaction ID:** C2431625  
 Amount of Each Receipt this Period: 500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Catha Abrahams  
Mailing Address 2120 Harbourside Drive, Apt 626

City: Longboat Key State: FL Zip Code: 34228-4279

FEC ID number of contributing federal political committee. C

Name of Employer: Retired  
Occupation: Retired

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 275.00

Date of Receipt: 08 / 05 / 2008  
**Transaction ID:** C2591511  
 Amount of Each Receipt this Period: 250.00

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

**C.** Full Name (Last, First, Middle Initial)  
William A. Anderson  
Mailing Address 658 Woodlawn Drive

City: Bradenton State: FL Zip Code: 34210-3034

FEC ID number of contributing federal political committee. C

Name of Employer: Self-employed  
Occupation: Psychotherapist

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt: 07 / 22 / 2008  
**Transaction ID:** C2480402  
 Amount of Each Receipt this Period: 100.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... 850.00

**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 6 / 98  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Jennings 2008

**A.** Full Name (Last, First, Middle Initial)  
Elayne P. Bernstein-Schwartz

Mailing Address 1621 Boathouse Cir, Apt HA121

City State Zip Code  
Sarasota FL 34231-8908

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

Name of Employer Retired Occupation Retired

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General    Other (specify) ▼  
 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 8 / 0 5 / 2 0 0 8

Transaction ID: C2591498

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Fred Bloom

Mailing Address 1709 Pine Harrier Circle

City State Zip Code  
Sarasota FL 34231

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

Name of Employer Fred Bloom MD PA Occupation Physician

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General    Other (specify) ▼  
 1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 8 / 0 5 / 2 0 0 8

Transaction ID: C2591259

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)  
Jo Ann Bono

Mailing Address 8499 S Tamiami Trl, N 1

City State Zip Code  
Sarasota FL 34238-2960

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

Name of Employer Randall A Bono LLC Occupation Massage Therapist

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General    Other (specify) ▼  
 4600.00

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

Transaction ID: C2480391

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) ..... ► **3300.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 98  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Jennings 2008

<p><b>A.</b> Full Name (Last, First, Middle Initial) Jo Ann Bono</p> <p>Mailing Address 8499 S Tamiami Trl, N 1</p> <p>City State Zip Code Sarasota FL 34238-2960</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Randall A Bono LLC Massage Therapist</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼  <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right; margin-right: 50px;">4600.00</p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">07 / 22 / 2008</span></p> <p><b>Transaction ID:</b> C2480392</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px; display: block; text-align: right;">2300.00</span></p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Randall A Bono, Esquire</p> <p>Mailing Address PO Box 49108</p> <p>City State Zip Code Sarasota FL 34230-6108</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation The Simmons Cooper Firm Attorney</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼  <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right; margin-right: 50px;">4600.00</p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">07 / 22 / 2008</span></p> <p><b>Transaction ID:</b> C2480390</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px; display: block; text-align: right;">2300.00</span></p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Randall A Bono, Esquire</p> <p>Mailing Address PO Box 49108</p> <p>City State Zip Code Sarasota FL 34230-6108</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation The Simmons Cooper Firm Attorney</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼  <input type="checkbox"/> Primary   <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right; margin-right: 50px;">4600.00</p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">07 / 22 / 2008</span></p> <p><b>Transaction ID:</b> C2480389</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px; display: block; text-align: right;">2300.00</span></p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">6900.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px; display: block; height: 20px;"></span>

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 98  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Jennings 2008

<p><b>A.</b> Full Name (Last, First, Middle Initial) Henry Bright</p> <p>Mailing Address 2307 Bayshore Rd</p> <p>City State Zip Code Nokomis FL 34275</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Retired      Occupation Retired</p> <p>Receipt For: 2008  <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">1270.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">07 / 29 / 2008</span></p> <p><b>Transaction ID:</b> C2588492</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">500.00</span></p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Cheryl A. Burstein</p> <p>Mailing Address 439 Bird Key Drive</p> <p>City State Zip Code Sarasota FL 34236</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Homemaker      Occupation Homemaker</p> <p>Receipt For: 2008  <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">600.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">07 / 28 / 2008</span></p> <p><b>Transaction ID:</b> C2588434</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">500.00</span></p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Joan Cecil</p> <p>Mailing Address 1701 Curry Road</p> <p>City State Zip Code Lutz FL 33549</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Aging Services      Occupation Social Worker</p> <p>Receipt For: 2008  <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">250.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">07 / 16 / 2008</span></p> <p><b>Transaction ID:</b> C2478413</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">250.00</span></p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">1250.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 98  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Jennings 2008

**A.** Full Name (Last, First, Middle Initial)  
Jeffrey A. Chaffin

Mailing Address 14719 -- 1st Ave E

City Bradenton State FL Zip Code 34212

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

Name of Employer Calypso Kennels Occupation Owner

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 07 / 15 / 2008  
**Transaction ID: C2464182**  
 Amount of Each Receipt this Period 500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Edwin Crego

Mailing Address 2800 North Lake Shore Drive, Apt 4

City Chicago State IL Zip Code 60657

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

Name of Employer CONSULT, LTD Occupation Management Consultant

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 07 / 14 / 2008  
**Transaction ID: C2374488**  
 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)  
Donna J. Cubit-Swoyer

Mailing Address 1248 Harbor Town Way

City Venice State FL Zip Code 34292

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

Name of Employer Retired Occupation Retired

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

Date of Receipt 07 / 15 / 2008  
**Transaction ID: C2478296**  
 Amount of Each Receipt this Period 200.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1200.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 98  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Jennings 2008

<p><b>A.</b> Full Name (Last, First, Middle Initial) Suzanne C. Dickie</p> <p>Mailing Address 3110 -- 43rd Street West</p> <p>City State Zip Code Bradenton FL 34209-6222</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Retired      Occupation Retired</p> <p>Receipt For: 2008  <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">719.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">07 / 15 / 2008</span></p> <p><b>Transaction ID:</b> C2464179</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">369.00</span></p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Charles Edwards</p> <p>Mailing Address 700 John Ringling Blvd Apt N212</p> <p>City State Zip Code Sarasota FL 34236</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Retired      Occupation Retired</p> <p>Receipt For: 2008  <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">350.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">07 / 05 / 2008</span></p> <p><b>Transaction ID:</b> C2344380</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">100.00</span></p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Paul Egerman</p> <p>Mailing Address 77 Westcliff Road</p> <p>City State Zip Code Weston MA 02493</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Nuance      Occupation Businessman</p> <p>Receipt For: 2008  <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">2300.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">07 / 15 / 2008</span></p> <p><b>Transaction ID:</b> C2464177</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">2300.00</span></p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">2769.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 98  
(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)  
Jennings 2008

**A.**

Full Name (Last, First, Middle Initial) Joel D. Fedder, Esquire		Date of Receipt MM / DD / YYYY 07 / 22 / 2008
Mailing Address 3590 Mistletoe Lane		<b>Transaction ID:</b> C2480395
City Longboat Key	State FL	Zip Code 34228
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Retired	Occupation Retired	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00	

**B.**

Full Name (Last, First, Middle Initial) Frank H. Finch		Date of Receipt MM / DD / YYYY 08 / 06 / 2008
Mailing Address 930 S. Conrad Ave.		<b>Transaction ID:</b> C2591575
City Sarasota	State FL	Zip Code 34237
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer University of Central Florida	Occupation Professor	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 450.00	

**C.**

Full Name (Last, First, Middle Initial) Clifton Gaus		Date of Receipt MM / DD / YYYY 08 / 06 / 2008
Mailing Address 509 -- 65th Street		<b>Transaction ID:</b> C2591455
City Holmes Beach	State FL	Zip Code 34217
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Health Professor, Inc	Occupation President	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>950.00</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 12 / 98  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    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)  
Jennings 2008

**A.** Full Name (Last, First, Middle Initial)  
Edna M. Hausman

Mailing Address 4900 Gulf Of Mexico Dr., Ph 1

City State Zip Code  
Longboat Key FL 34228-2065

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

Name of Employer Retired Occupation Retired

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General    Other (specify) ▼  
 2800.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 8 / 0 5 / 2 0 0 8

**Transaction ID:** C2591492

Amount of Each Receipt this Period  
1800.00

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

**B.** Full Name (Last, First, Middle Initial)  
Edna M. Hausman

Mailing Address 4900 Gulf Of Mexico Dr., Ph 1

City State Zip Code  
Longboat Key FL 34228-2065

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

Name of Employer Retired Occupation Retired

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General    Other (specify) ▼  
 2800.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 8 / 0 5 / 2 0 0 8

**Transaction ID:** C2609077

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 Hendel

Mailing Address 13650 Legends Walk Terrace

City State Zip Code  
Bradenton FL 34202

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

Name of Employer Retired Occupation Retired

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General    Other (specify) ▼  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 7 / 2 3 / 2 0 0 8

**Transaction ID:** C2573772

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) ..... ► **3300.00**

**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 13 / 98  
(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)  
Jennings 2008

**A.**

Full Name (Last, First, Middle Initial)  
Steven D. Hutton, Esquire

Mailing Address 240 South Pineapple Ave., Suite 80

City State Zip Code  
Sarasota FL 34236

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

Name of Employer Self-employed Occupation  
Self-employed Attorney

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1500.00

Date of Receipt  
MM / DD / YYYY  
07 / 30 / 2008

Transaction ID: C2588561

Amount of Each Receipt this Period  
500.00

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

**B.**

Full Name (Last, First, Middle Initial)  
David M. Levine

Mailing Address 349 Tonetta Lake Rd

City State Zip Code  
Brewster NY 10509

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

Name of Employer Self-employed Occupation  
Self-employed Software Developer

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
07 / 22 / 2008

Transaction ID: C2480437

Amount of Each Receipt this Period  
250.00

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

**C.**

Full Name (Last, First, Middle Initial)  
Marcena W. Love

Mailing Address 1175 Pelham Rd

City State Zip Code  
Winnetka IL 60093

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

Name of Employer Activist Occupation  
Activist Activist

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
08 / 05 / 2008

Transaction ID: C2591174

Amount of Each Receipt this Period  
250.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1000.00

**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 14 / 98  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Jennings 2008

**A.** Full Name (Last, First, Middle Initial)  
Norma Gene Lykes  
Mailing Address 1307 Bayshore Blvd  
City Tampa State FL Zip Code 33606  
FEC ID number of contributing federal political committee. **C**  
Name of Employer F.E. Lykes Foundation Occupation President  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General    Other (specify) ▼  
1500.00  
Date of Receipt 07 / 15 / 2008  
Transaction ID: C2478290  
Amount of Each Receipt this Period 500.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Ruth Maass  
Mailing Address 536 Reclinata Drive  
City Longboat Key State FL Zip Code 34228-1308  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation Retired  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General    Other (specify) ▼  
250.00  
Date of Receipt 07 / 15 / 2008  
Transaction ID: C2464160  
Amount of Each Receipt this Period 50.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Cynthia S. Malkin  
Mailing Address 4089 Roberts Point Road  
City Sarasota State FL Zip Code 34242-1161  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Homemaker Occupation Homemaker  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General    Other (specify) ▼  
500.00  
Date of Receipt 08 / 05 / 2008  
Transaction ID: C2591496  
Amount of Each Receipt this Period 500.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1050.00  
**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 15 / 98
	<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)  
Jennings 2008

<b>A.</b>	Full Name (Last, First, Middle Initial) William P. McGrath	Date of Receipt MM / DD / YYYY 08 / 05 / 2008
	Mailing Address 4771 Independence Drive	<b>Transaction ID:</b> C2591478
	City State Zip Code Bradenton FL 34210	Amount of Each Receipt this Period 50.00
	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 Retired Occupation Retired Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1300.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Brett D. McIntosh, Esquire	Date of Receipt MM / DD / YYYY 07 / 22 / 2008
	Mailing Address 6906 9th Ave NW	<b>Transaction ID:</b> C2480436
	City State Zip Code Bradenton FL 34209-1503	Amount of Each Receipt this Period 250.00
	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 Brett McIntosh PA Occupation Attorney Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Roger B. McNamee	Date of Receipt MM / DD / YYYY 08 / 05 / 2008
	Mailing Address 300 Olive Hill Lane	<b>Transaction ID:</b> C2591488
	City State Zip Code Woodside CA 94062-3628	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 Elevation Partners Occupation Managing Director Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	2600.00
<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 16 / 98  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Jennings 2008

**A.** Full Name (Last, First, Middle Initial)  
Thomas T. Moench

Mailing Address 127 Madison Avenue North

City State Zip Code  
Bainbridge Island WA 98110

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

Name of Employer Retired Occupation Retired

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 1250.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	3	0	/	2	0	0	8

**Transaction ID:** C2588559

Amount of Each Receipt this Period  
250.00

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

**B.** Full Name (Last, First, Middle Initial)  
Judy L. Moss

Mailing Address 177 West Street

City State Zip Code  
Lenox MA 01240-2412

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

Name of Employer Self-employed Occupation Personal Assistant

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 250.00

Date of Receipt  

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

**Transaction ID:** C2591497

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Margaret C. Vento

Mailing Address 195 Via Del Mar

City State Zip Code  
Palm Beach FL 33480

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

Name of Employer Occupation

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 4600.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	5	/	2	0	0	8

**Transaction ID:** C2464170

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) ..... ► **2800.00**

**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 17 / 98
	<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)  
Jennings 2008

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Margaret C. Vento

Mailing Address 195 Via Del Mar

City State Zip Code  
Palm Beach FL 33480

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4600.00

Date of Receipt  
MM / DD / YYYY  
07 / 15 / 2008

**Transaction ID:** C2464171

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)  
Nancy S. Nordhoff

Mailing Address P.O. Box 306

City State Zip Code  
Langley WA 98260

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt  
MM / DD / YYYY  
08 / 05 / 2008

**Transaction ID:** C2591494

Amount of Each Receipt this Period  
1300.00

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

**C.** Full Name (Last, First, Middle Initial)  
Patrick O'Connor

Mailing Address 6300 Thorndon Circle

City State Zip Code  
University Park FL 34201

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

Name of Employer Occupation  
Celtic Pharmacy Physician

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
07 / 20 / 2008

**Transaction ID:** C2480120

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) ..... ► **4600.00**

**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 18 / 98  
(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)  
Jennings 2008

<b>A.</b>	Full Name (Last, First, Middle Initial) Michael R. Pender, Jr.		Date of Receipt MM / DD / YYYY 07 / 17 / 2008		
	Mailing Address Cavanaugh & Company LLP 2381 Fruitville Road		<b>Transaction ID:</b> C2588581		
	City Sarasota	State FL	Zip Code 34236-5840	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) * In-Kind: CPA Services		
	Name of Employer Cavanaugh & Company LLP Occupation Certified Public Accountant				
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2447.50			

<b>B.</b>	Full Name (Last, First, Middle Initial) Michael R. Pender, Jr.		Date of Receipt MM / DD / YYYY 07 / 17 / 2008		
	Mailing Address Cavanaugh & Company LLP 2381 Fruitville Road		<b>Transaction ID:</b> C2588582		
	City Sarasota	State FL	Zip Code 34236-5840	Amount of Each Receipt this Period 147.50	
	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) * In-Kind: CPA Services		
	Name of Employer Cavanaugh & Company LLP Occupation Certified Public Accountant				
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2447.50			

<b>C.</b>	Full Name (Last, First, Middle Initial) Philip R. Rever		Date of Receipt MM / DD / YYYY 07 / 26 / 2008		
	Mailing Address 150 N Radnor Chester Rd, Ste C100		<b>Transaction ID:</b> C2588283		
	City Radnor	State PA	Zip Code 19087	Amount of Each Receipt this Period 100.00	
	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 Retired Occupation Retired				
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 700.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2547.50
<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 19 / 98  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Jennings 2008

**A.** Full Name (Last, First, Middle Initial)  
Donald Roberts

Mailing Address 1600 Wewa Dr

City State Zip Code  
Sarasota FL 34239-3743

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

Name of Employer Goodwill Occupation Executive

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
08 / 05 / 2008

**Transaction ID:** C2591470

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Louis M. Schultz

Mailing Address 250 Bird Key Drive

City State Zip Code  
Sarasota FL 34236

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

Name of Employer Canvass Cafe Occupation Owner

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2879.00

Date of Receipt  
MM / DD / YYYY  
07 / 01 / 2008

**Transaction ID:** C2344186

Amount of Each Receipt this Period  
210.00

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

**C.** Full Name (Last, First, Middle Initial)  
Louis M. Schultz

Mailing Address 250 Bird Key Drive

City State Zip Code  
Sarasota FL 34236

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

Name of Employer Canvass Cafe Occupation Owner

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2879.00

Date of Receipt  
MM / DD / YYYY  
07 / 01 / 2008

**Transaction ID:** C2343354

Amount of Each Receipt this Period  
290.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1000.00**

**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 / 98  
(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)  
Jennings 2008

**A.**

Full Name (Last, First, Middle Initial) Louis M. Schultz		Date of Receipt MM / DD / YYYY 07 / 22 / 2008
Mailing Address 250 Bird Key Drive		<b>Transaction ID:</b> C2480434
City Sarasota	State FL	Zip Code 34236
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 369.00
Name of Employer Canvass Cafe	Occupation Owner	<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 ▼ 2879.00	

**B.**

Full Name (Last, First, Middle Initial) Roselyn Feinberg Sedlezky		Date of Receipt MM / DD / YYYY 07 / 15 / 2008
Mailing Address 700 John Ringling Blvd, Apt N302		<b>Transaction ID:</b> C2464183
City Sarasota	State FL	Zip Code 34236-1501
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Retired	Occupation Retired	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 669.00	

**C.**

Full Name (Last, First, Middle Initial) Joseph P. Shea		Date of Receipt MM / DD / YYYY 07 / 05 / 2008
Mailing Address 4119 61st Avenue Ter W, Apt 305C		<b>Transaction ID:</b> C2344381
City Bradenton	State FL	Zip Code 34210-4011
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer The American Reporter	Occupation Editor in Chief	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>619.00</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 21 / 98  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Jennings 2008

**A.** Full Name (Last, First, Middle Initial)  
Paul Smilow  
Mailing Address 7 Lakeside Drive  
City Lee State MA Zip Code 01238-9295  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation Retired  
Receipt For: 2008 Election Cycle-to-Date  
 Primary    General  
 Other (specify) ▼ 225.00  
Date of Receipt 08 / 05 / 2008  
Transaction ID: C2591171  
Amount of Each Receipt this Period 100.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Marilyn Stamberg  
Mailing Address 6410 -- 42nd Street East  
City Sarasota State FL Zip Code 34243  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation Retired  
Receipt For: 2008 Election Cycle-to-Date  
 Primary    General  
 Other (specify) ▼ 225.00  
Date of Receipt 07 / 28 / 2008  
Transaction ID: C2588431  
Amount of Each Receipt this Period 100.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Monique Sterling  
Mailing Address 1301 N Tamiami Trl, Apt 210  
City Sarasota State FL Zip Code 34236-2411  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation Retired  
Receipt For: 2008 Election Cycle-to-Date  
 Primary    General  
 Other (specify) ▼ 400.00  
Date of Receipt 07 / 15 / 2008  
Transaction ID: C2464159  
Amount of Each Receipt this Period 100.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 300.00  
**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 22 / 98
	<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)  
Jennings 2008

<b>A.</b>	Full Name (Last, First, Middle Initial) Pete Tannen		Date of Receipt
	Mailing Address 333 N. Shore Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 15 / 2008
	City	State	Zip Code
	Sarasota	FL	34234
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: C2478287
Name of Employer Long Island Press		Occupation Writer	Amount of Each Receipt this Period
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 250.00
			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>B.</b>	Full Name (Last, First, Middle Initial) Genaro H. Vazquez		Date of Receipt
	Mailing Address 13503 SW 27th St		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 30 / 2008
	City	State	Zip Code
	Miami	FL	33175-6624
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: C2588558
Name of Employer Retired		Occupation Retired	Amount of Each Receipt this Period
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 1700.00
			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>C.</b>	Full Name (Last, First, Middle Initial) Gerald T. Vento		Date of Receipt
	Mailing Address 195 Via Del Mar		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 15 / 2008
	City	State	Zip Code
	Palm Beach	FL	33480
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: C2464168
Name of Employer West Tech Interaccess		Occupation CEO	Amount of Each Receipt this Period
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 4600.00
			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 3150.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 98  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Jennings 2008

**A.** Full Name (Last, First, Middle Initial)  
Gerald T. Vento

Mailing Address 195 Via Del Mar

City State Zip Code  
Palm Beach FL 33480

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

Name of Employer Occupation  
West Tech Interaccess CEO

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
07 / 15 / 2008

**Transaction ID:** C2464169

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)  
Sally P. Vihlen

Mailing Address 504 Lyons Bay Road

City State Zip Code  
Nokomis FL 34275

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

Name of Employer Occupation  
Retired Teacher/retired

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
07 / 15 / 2008

**Transaction ID:** C2478289

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)  
Edwin A Weiller, III

Mailing Address 663 Mourning Dove Dr.

City State Zip Code  
Sarasota FL 34236

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

Name of Employer Occupation  
self retired

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
08 / 05 / 2008

**Transaction ID:** C2591501

Amount of Each Receipt this Period  
500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3300.00**

**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 / 98  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Jennings 2008

**A.** Full Name (Last, First, Middle Initial)  
Stephen Wilberding

Mailing Address 3528 Casey Key Rd

City State Zip Code  
Nokomis FL 34275-3327

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

Name of Employer Retired Occupation Retired

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 750.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 05 / 2008

**Transaction ID:** C2591493

Amount of Each Receipt this Period  
250.00

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

**B.** Full Name (Last, First, Middle Initial)  
Gregory Willenborg

Mailing Address 1268 N Fairfax Avenue

City State Zip Code  
Los Angeles CA 90046

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

Name of Employer WPI Occupation TV Producer

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 22 / 2008

**Transaction ID:** C2480435

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
Marilyn L. Williamson

Mailing Address 2275 Oakway Drive

City State Zip Code  
West Bloomfield MI 48324

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

Name of Employer Retired Occupation Retired

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 06 / 2008

**Transaction ID:** C2591522

Amount of Each Receipt this Period  
250.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **750.00**

**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 / 98  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Jennings 2008

**A.** Full Name (Last, First, Middle Initial)  
Michael Zuravel  
Mailing Address 5200 62nd Ave S  
City Saint Petersburg State FL Zip Code 33715-2403  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation Retired  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 500.00  
Date of Receipt 07 / 15 / 2008  
Transaction ID: C2478288  
Amount of Each Receipt this Period 500.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Christa I Burgoyne  
Mailing Address 2828 Forest Ave  
City Berkeley State CA Zip Code 94705-1309  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation Retired  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 400.00  
Date of Receipt 08 / 05 / 2008  
Transaction ID: C2593123A  
Amount of Each Receipt this Period 400.00  
 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)  
Emily's List  
Mailing Address 1120 Connecticut Avenue NW Ste 1100  
City Washington State DC Zip Code 20036  
FEC ID number of contributing federal political committee. **C** C00193433  
Name of Employer Occupation Conduit total listed in Agg. field  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 8773.00  
Date of Receipt 08 / 05 / 2008  
Transaction ID: C2593123AB  
Amount of Each Receipt this Period 400.00  
 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) ..... ▶ 900.00  
**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 / 98  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Jennings 2008

**A.** Full Name (Last, First, Middle Initial)  
Emily H. Fisher

Mailing Address 517 Kelsey Rd

City Sheffield State MA Zip Code 01257-9699

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

Name of Employer Retired Occupation Retired

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 08 / 05 / 2008  
**Transaction ID: C2593135A**  
 Amount of Each Receipt this Period 500.00

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

\* Earmarked Contribution: See Below

**B.** Full Name (Last, First, Middle Initial)  
Emily's List

Mailing Address 1120 Connecticut Avenue NW Ste 1100

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00193433

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 8773.00

Date of Receipt 08 / 05 / 2008  
**Transaction ID: C2593135AB**  
 Amount of Each Receipt this Period 500.00

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

**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

**C.** Full Name (Last, First, Middle Initial)  
Charla Gabert

Mailing Address 150 Castle Crest Road

City Alamo State CA Zip Code 94507

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

Name of Employer Self-employed Occupation Consultant

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 08 / 05 / 2008  
**Transaction ID: C2593147A**  
 Amount of Each Receipt this Period 250.00

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

\* Earmarked Contribution: See Below

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **750.00**

**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 / 98  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Jennings 2008

**A.** Full Name (Last, First, Middle Initial)  
Emily's List

Mailing Address 1120 Connecticut Avenue NW  
Ste 1100

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00193433

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 8773.00

Date of Receipt 08 / 05 / 2008  
**Transaction ID:** C2593147AB  
 Amount of Each Receipt this Period 250.00

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)  
Carl Haefling

Mailing Address 9615 NE Watch Hill Dr.

City Bainbridge Island State WA Zip Code 98110

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 08 / 03 / 2008  
**Transaction ID:** C2593163A  
 Amount of Each Receipt this Period 500.00

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)  
Emily's List

Mailing Address 1120 Connecticut Avenue NW  
Ste 1100

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00193433

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 8773.00

Date of Receipt 08 / 03 / 2008  
**Transaction ID:** C2593163AB  
 Amount of Each Receipt this Period 500.00

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) ..... ▶ 500.00

**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 28 / 98  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Jennings 2008

**A.** Full Name (Last, First, Middle Initial)  
Nina Libeskind

Mailing Address 1 Hudson Street, 7th Floor

City State Zip Code  
New York NY 10013

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

Name of Employer Occupation  
Studio Daniel Libeskind COO

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
08 / 01 / 2008

**Transaction ID:** C2593174A

Amount of Each Receipt this Period  
250.00

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

\* Earmarked Contribution:  
See Below

**B.** Full Name (Last, First, Middle Initial)  
Emily's List

Mailing Address 1120 Connecticut Avenue NW  
Ste 1100

City State Zip Code  
Washington DC 20036

FEC ID number of contributing federal political committee. **C** C00193433

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
08 / 01 / 2008

**Transaction ID:** C2593174AB

Amount of Each Receipt this Period  
250.00

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

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**C.** Full Name (Last, First, Middle Initial)  
Gerrish Milliken

Mailing Address PO Box 1880

City State Zip Code  
Oroville WA 98844

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

Name of Employer Occupation  
Gary Roberts Farmworker

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
08 / 04 / 2008

**Transaction ID:** C2593178A

Amount of Each Receipt this Period  
500.00

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

\* Earmarked Contribution:  
See Below

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **750.00**

**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 29 / 98  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Jennings 2008

**A.** Full Name (Last, First, Middle Initial)  
Emily's List

Mailing Address 1120 Connecticut Avenue NW  
Ste 1100

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00193433

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 8773.00

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

**Transaction ID:** C2593178AB

Amount of Each Receipt this Period  
500.00

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)  
Charlotte Watson

Mailing Address 1276 N Wayne St #422

City Arlington State VA Zip Code 22201-5851

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

Name of Employer Us Government Occupation  
Budget Analyst

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 8 / 0 5 / 2 0 0 8

**Transaction ID:** C2593205A

Amount of Each Receipt this Period  
250.00

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)  
Emily's List

Mailing Address 1120 Connecticut Avenue NW  
Ste 1100

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00193433

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 8773.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 8 / 0 5 / 2 0 0 8

**Transaction ID:** C2593205AB

Amount of Each Receipt this Period  
250.00

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) ..... ▶ 250.00

**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 30 / 98  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Jennings 2008

**A.** Full Name (Last, First, Middle Initial)  
Robert C West

Mailing Address 305 Nautilus Dr

City Madison State WI Zip Code 53705-4333

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

Name of Employer Univ. of Wisconsin Occupation Professor

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 400.00

Date of Receipt 08 / 05 / 2008  
**Transaction ID: C2593185A**  
 Amount of Each Receipt this Period 200.00

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

\* Earmarked Contribution: See Below

**B.** Full Name (Last, First, Middle Initial)  
Emily's List

Mailing Address 1120 Connecticut Avenue NW Ste 1100

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00193433

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 8773.00

Date of Receipt 08 / 05 / 2008  
**Transaction ID: C2593185AB**  
 Amount of Each Receipt this Period 200.00

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

**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

**C.** Full Name (Last, First, Middle Initial)  
Joan Wofford

Mailing Address 30 Crabapple Lane

City Northampton State MA Zip Code 01060-1080

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

Name of Employer Retired Occupation Retired

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 08 / 04 / 2008  
**Transaction ID: C2593207A**  
 Amount of Each Receipt this Period 500.00

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

\* Earmarked Contribution: See Below

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **700.00**

**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 31 / 98  
(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)  
Jennings 2008

**A.**

Full Name (Last, First, Middle Initial) Emily's List		Date of Receipt MM / DD / YYYY 08 / 04 / 2008
Mailing Address 1120 Connecticut Avenue NW Ste 1100		<b>Transaction ID:</b> C2593207AB
City Washington	State DC	Zip Code 20036
FEC ID number of contributing federal political committee. <b>C</b> C00193433		Amount of Each Receipt this Period 500.00
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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 8773.00	

**B.**

Full Name (Last, First, Middle Initial) Eric Jaffa		Date of Receipt MM / DD / YYYY 07 / 26 / 2008
Mailing Address 7000 Magda Drive Apt 210		<b>Transaction ID:</b> C2588657A
City Maple Grove	State MN	Zip Code 55369
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 220.00
Name of Employer BNY	Occupation Computer Programmer	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  * Earmarked Contribution: See Below
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 220.00	

**C.**

Full Name (Last, First, Middle Initial) ACTBLUE		Date of Receipt MM / DD / YYYY 07 / 26 / 2008
Mailing Address P.O. Box 382110		<b>Transaction ID:</b> C2588657AB
City Cambridge	State MA	Zip Code 02238
FEC ID number of contributing federal political committee. <b>C</b> C00401224		Amount of Each Receipt this Period 220.00
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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2730.20	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	220.00
<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 32 / 98  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Jennings 2008

**A.** Full Name (Last, First, Middle Initial)  
Heyward Robinson

Mailing Address 1830 White Oak Drive

City State Zip Code  
Menlo Park CA 94025-6129

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

Name of Employer Occupation  
SRI International Engineer

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Amount of Each Receipt this Period: 1000.00

Date of Receipt: 07 / 23 / 2008  
Transaction ID: C2588658A

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

\* Earmarked Contribution: See Below

**B.** 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 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Amount of Each Receipt this Period: 2730.20

Date of Receipt: 07 / 23 / 2008  
Transaction ID: C2588658AB

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

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**C.** Full Name (Last, First, Middle Initial)  
James Yedor

Mailing Address 1622 Sierra Alta Dr.

City State Zip Code  
Santa Ana CA 92705

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

Name of Employer Occupation  
Self-employed Securities Trader

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Amount of Each Receipt this Period: 2300.00

Date of Receipt: 07 / 08 / 2008  
Transaction ID: C2480404A

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

\* Earmarked Contribution: See Below

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **2300.00**

**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 33 / 98
	<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)  
Jennings 2008

<b>A.</b>	Full Name (Last, First, Middle Initial) ACTBLUE		Date of Receipt MM / DD / YYYY 07 / 08 / 2008
	Mailing Address P.O. Box 382110		<b>Transaction ID:</b> C2480404AB
	City Cambridge	State MA	Zip Code 02238
	FEC ID number of contributing federal political committee. <b>C</b> C00401224		Amount of Each Receipt this Period 1300.00
	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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2730.20		

<b>B.</b>	Full Name (Last, First, Middle Initial) Mary Bills		Date of Receipt MM / DD / YYYY 07 / 01 / 2008
	Mailing Address PO Box 1592		<b>Transaction ID:</b> C2464222
	City Rancho Santa Fe	State CA	Zip Code 92067
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
	Name of Employer Info Requested	Occupation Info Requested	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <b>* Earmarked Contribution: See Below</b>
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Democracy Engine		Date of Receipt MM / DD / YYYY 07 / 15 / 2008
	Mailing Address 36 A Street #5B		<b>Transaction ID:</b> C2464222B
	City Boston	State MA	Zip Code 02127
	FEC ID number of contributing federal political committee. <b>C</b> C00418970		Amount of Each Receipt this Period 500.00
	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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	500.00
<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 34 / 98  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Jennings 2008

**A.** Full Name (Last, First, Middle Initial)  
Caroline Gabel

Mailing Address 113 Hoffman Lane

City State Zip Code  
Chestertown MD 21620

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

Name of Employer Info Requested Occupation Info Requested

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  
 07 / 03 / 2008

**Transaction ID:** C2464223A

Amount of Each Receipt this Period  
1000.00

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

\* Earmarked Contribution:  
See Below

**B.** Full Name (Last, First, Middle Initial)  
Democracy Engine

Mailing Address 36 A Street #5B

City State Zip Code  
Boston MA 02127

FEC ID number of contributing federal political committee. **C** C00418970

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 15 / 2008

**Transaction ID:** C2464223AB

Amount of Each Receipt this Period  
1000.00

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>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>52105.50</b>

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 98

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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)  
Jennings 2008

**A.**

Full Name (Last, First, Middle Initial)  
BCTGM International Union PAC

Mailing Address 10401 Connecticut Avenue

City State Zip Code  
Kensington MD 20895

FEC ID number of contributing federal political committee. C C00127621

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 08 / 05 / 2008

**Transaction ID:** C2591491

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)  
Lucille Roybal-Allard for Congress

Mailing Address P.O. Box 582

City State Zip Code  
Kensington MD 20895

FEC ID number of contributing federal political committee. C C00259143

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 08 / 05 / 2008

**Transaction ID:** C2591490

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)  
MEBA PAF

Mailing Address 444 North Capitol Street  
Suite 8000

City State Zip Code  
Washington DC 20001

FEC ID number of contributing federal political committee. C C00279380

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt 07 / 15 / 2008

**Transaction ID:** C2464186

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) ..... 4000.00

**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 36 / 98  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Jennings 2008

**A.** Full Name (Last, First, Middle Initial)  
NARAL PRO-CHOICE AMERICA

Mailing Address 1156 15TH STREET NW SUITE 700

City State Zip Code  
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C** C70002761

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  
 07 / 28 / 2008

**Transaction ID:** C2588438

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)  
SecureUS

Mailing Address PO Box 96

City State Zip Code  
Torrance CA 90507

FEC ID number of contributing federal political committee. **C** C00411538

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  
 08 / 05 / 2008

**Transaction ID:** C2591469

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)  
Sheet Metal Workers' Intl Assoc PAC

Mailing Address 1750 NEW YORK AVE NW

City State Zip Code  
WASHINGTON DC 20006

FEC ID number of contributing federal political committee. **C** C70001136

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  
 07 / 15 / 2008

**Transaction ID:** C2464184

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) ..... ► **6000.00**

**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 37 / 98  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Jennings 2008

**A.** Full Name (Last, First, Middle Initial)  
SIERRA CLUB POLITICAL COMMITTEE  
Mailing Address 85 Second Street 2nd Flr.  
City San Francisco State CA Zip Code 94105  
FEC ID number of contributing federal political committee. **C** C00135368  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 10.00  
Date of Receipt 07 / 22 / 2008  
Transaction ID: C2480387  
Amount of Each Receipt this Period 10.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
\* In-Kind: Website Endorsement

**B.** Full Name (Last, First, Middle Initial)  
Solis for Congress  
Mailing Address 6380 Wilshire Blvd. #1612  
City Los Angeles State CA Zip Code 90048  
FEC ID number of contributing federal political committee. **C** C00346296  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00  
Date of Receipt 07 / 15 / 2008  
Transaction ID: C2464167  
Amount of Each Receipt this Period 1000.00  
 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)  
Democratic Congressional Campaign Committee, Inc.  
Mailing Address Attn: Mr. Brent Parrish  
430 S Capitol St SE, Fl 2  
City Washington State DC Zip Code 20003-4024  
FEC ID number of contributing federal political committee. **C** C00000935  
Name of Employer Occupation  
Conduit total listed in Agg. field  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00  
Date of Receipt 07 / 15 / 2008  
Transaction ID: C2464167B  
Amount of Each Receipt this Period 1000.00  
 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) ..... ► 1010.00  
**TOTAL** This Period (last page this line number only) ..... ► 11010.00

**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 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

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)  
Jennings 2008

A.	Full Name (Last, First, Middle Initial) ACTBLUE	Transaction ID: D154632
	Mailing Address P.O. Box 382110	Date of Disbursement 07 / 15 / 2008
	City Cambridge State MA Zip Code 02238	Amount of Each Disbursement this Period 1.96
	Purpose of Disbursement Processing Fees Candidate Name ACTBLUE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) ACTBLUE	Transaction ID: D154952
	Mailing Address P.O. Box 382110	Date of Disbursement 07 / 22 / 2008
	City Cambridge State MA Zip Code 02238	Amount of Each Disbursement this Period 51.22
	Purpose of Disbursement Processing Fees Candidate Name ACTBLUE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) ACTBLUE	Transaction ID: D172671
	Mailing Address P.O. Box 382110	Date of Disbursement 07 / 28 / 2008
	City Cambridge State MA Zip Code 02238	Amount of Each Disbursement this Period 6.48
	Purpose of Disbursement Processing Fees Candidate Name ACTBLUE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>59.66</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)  
Jennings 2008

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>ACTBLUE</b>  Mailing Address P.O. Box 382110  City Cambridge State MA Zip Code 02238  Purpose of Disbursement Processing Fees Candidate Name ACTBLUE Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> D172746 <b>Date of Disbursement</b> 07 / 31 / 2008  Amount of Each Disbursement this Period 48.19  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	001 Category/ Type
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>Alltel</b>  Mailing Address PO Box 530533  City Atlanta State GA Zip Code 30353  Purpose of Disbursement Phone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> D154610 <b>Date of Disbursement</b> 07 / 14 / 2008  Amount of Each Disbursement this Period 61.37  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	001 Category/ Type
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>AT&amp;T</b>  Mailing Address PO Box 6463  City Carol Stream State IL Zip Code 60197-6463  Purpose of Disbursement Phone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> D152531 <b>Date of Disbursement</b> 07 / 05 / 2008  Amount of Each Disbursement this Period 96.05  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	001 Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>205.61</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)

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<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)  
Jennings 2008

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Auditech Associates, LLC</p> <p>Mailing Address 471 Birchington Lane</p> <p>City Melbourne State FL Zip Code 32940</p> <p>Purpose of Disbursement Compliance Consulting</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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D152179</p> <p>Date of Disbursement 07 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 15643.75</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) Auditech Associates, LLC</p> <p>Mailing Address 471 Birchington Lane</p> <p>City Melbourne State FL Zip Code 32940</p> <p>Purpose of Disbursement Compliance Consulting</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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D172769</p> <p>Date of Disbursement 08 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 4000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Authorize.net</p> <p>Mailing Address 915 S 500 E Ste 200</p> <p>City American Fork State UT Zip Code 84003-3373</p> <p>Purpose of Disbursement Merchant Fees</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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D172979</p> <p>Date of Disbursement 07 / 02 / 2008</p> <p>Amount of Each Disbursement this Period 99.10</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) ..... ▶

19742.85

**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)  
Jennings 2008

<p><b>A.</b> Full Name (Last, First, Middle Initial) Authorize.net</p> <p>Mailing Address 915 S 500 E Ste 200</p> <p>City American Fork State UT Zip Code 84003-3373</p> <p>Purpose of Disbursement Merchant Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D175112 <b>Date of Disbursement</b> 08 / 04 / 2008</p> <p>Amount of Each Disbursement this Period 84.40</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) Bank of America</p> <p>Mailing Address PO Box 49136</p> <p>City Sarasota State FL Zip Code 34230-6136</p> <p>Purpose of Disbursement Merchant Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D172993 <b>Date of Disbursement</b> 07 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 60.09</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) Bank of America</p> <p>Mailing Address PO Box 49136</p> <p>City Sarasota State FL Zip Code 34230-6136</p> <p>Purpose of Disbursement Merchant Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D172994 <b>Date of Disbursement</b> 07 / 07 / 2008</p> <p>Amount of Each Disbursement this Period 1.63</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) ..... ►

146.12

**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)  
Jennings 2008

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Bank of America</p> <p>Mailing Address PO Box 49136</p> <p>City Sarasota State FL Zip Code 34230-6136</p> <p>Purpose of Disbursement Wire Txfr 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D172995</p> <p>Date of Disbursement 07 / 07 / 2008</p> <p>Amount of Each Disbursement this Period 10.00</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) Bank of America</p> <p>Mailing Address PO Box 49136</p> <p>City Sarasota State FL Zip Code 34230-6136</p> <p>Purpose of Disbursement Check Order</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D172996</p> <p>Date of Disbursement 07 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 50.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Bank of America</p> <p>Mailing Address PO Box 49136</p> <p>City Sarasota State FL Zip Code 34230-6136</p> <p>Purpose of Disbursement Wire Txfr 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D172997</p> <p>Date of Disbursement 07 / 31 / 2008</p> <p>Amount of Each Disbursement this Period 10.00</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) ..... ▶

70.00

**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 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)  
Jennings 2008

A.	Full Name (Last, First, Middle Initial) Bank of America	Transaction ID: D178898 Date of Disbursement 08 / 01 / 2008
	Mailing Address PO Box 49136	Amount of Each Disbursement this Period 59.65
	City Sarasota State FL Zip Code 34230-6136	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Processing Fees Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/ Type

B.	Full Name (Last, First, Middle Initial) Bank of America	Transaction ID: D178899 Date of Disbursement 08 / 05 / 2008
	Mailing Address PO Box 49136	Amount of Each Disbursement this Period 26.00
	City Sarasota State FL Zip Code 34230-6136	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Merchant Fees Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/ Type

C.	Full Name (Last, First, Middle Initial) Bishopp Dworkin, LLC	Transaction ID: D152258 Date of Disbursement 07 / 01 / 2008
	Mailing Address Attn: Scott Dworkin 1743 P Street, NW, Ste 201	Amount of Each Disbursement this Period 760.00
	City Washington State DC Zip Code 20036	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Fundraising Fee Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		003 Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>845.65</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)  
Jennings 2008

<p><b>A.</b> Full Name (Last, First, Middle Initial) Budget Self Storage</p> <p>Mailing Address 2201 Fruitville Road</p> <p>City Sarasota State FL Zip Code 34237</p> <p>Purpose of Disbursement Storage</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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D154926</p> <p>Date of Disbursement 07 / 21 / 2008</p> <p>Amount of Each Disbursement this Period 188.00</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) Daniel Kadin &amp; Associates</p> <p>Mailing Address 115 West 73rd Street, PHA</p> <p>City New York State NY Zip Code 10023</p> <p>Purpose of Disbursement Fundraising Consultant</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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D151629</p> <p>Date of Disbursement 07 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</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) Emily's List</p> <p>Mailing Address 1120 Connecticut Avenue NW Ste 1100</p> <p>City Washington State DC Zip Code 20036</p> <p>Purpose of Disbursement Direct Mail Expense</p> <p>Candidate Name Emily's List</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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D173000</p> <p>Date of Disbursement 07 / 14 / 2008</p> <p>Amount of Each Disbursement this Period 12665.90</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) ..... ▶

15353.90

**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)

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<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)  
Jennings 2008

<b>A.</b>	Full Name (Last, First, Middle Initial) FedEx Kinko's	Transaction ID: D172985 Date of Disbursement
	Mailing Address 1901 S Tamiami Trl	<input type="text" value="07"/> / <input type="text" value="28"/> / <input type="text" value="2008"/>
	City Sarasota State FL Zip Code 34239-3624	Amount of Each Disbursement this Period
	Purpose of Disbursement Shipping Candidate Name	<input type="text" value="25.89"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<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) HSC, Inc.	Transaction ID: D154925 Date of Disbursement
	Mailing Address 360 Grand Avenue, Ste 138	<input type="text" value="07"/> / <input type="text" value="21"/> / <input type="text" value="2008"/>
	City Oakland State CA Zip Code 94610	Amount of Each Disbursement this Period
	Purpose of Disbursement Polling Candidate Name	<input type="text" value="15000.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<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) International Union of Police (AFL-CIO)	Transaction ID: D154620 Date of Disbursement
	Mailing Address 1549 Ringling Blvd, Fl 6	<input type="text" value="07"/> / <input type="text" value="15"/> / <input type="text" value="2008"/>
	City Sarasota State FL Zip Code 34236-6764	Amount of Each Disbursement this Period
	Purpose of Disbursement Rent & Utilities Candidate Name	<input type="text" value="4401.35"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<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) .....	<input type="text" value="19427.24"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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)

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<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)  
Jennings 2008

<b>A.</b>	Full Name (Last, First, Middle Initial) International Union of Police (AFL-CIO)	<b>Transaction ID:</b> D154621 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 1 5 / 2 0 0 8	
	Mailing Address 1549 Ringling Blvd, Fl 6		Amount of Each Disbursement this Period <b>1298.94</b>
	City Sarasota State FL Zip Code 34236-6764		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Office Equipment	001	
	Candidate Name	Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008	
	State: District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>B.</b>	Full Name (Last, First, Middle Initial) International Union of Police (AFL-CIO)	<b>Transaction ID:</b> D151885 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 0 1 / 2 0 0 8	
	Mailing Address 1549 Ringling Blvd, Fl 6		Amount of Each Disbursement this Period <b>4401.35</b>
	City Sarasota State FL Zip Code 34236-6764		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Rent & Utilities	001	
	Candidate Name	Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008	
	State: District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>C.</b>	Full Name (Last, First, Middle Initial) Jennifer Treat Fundraising Ink	<b>Transaction ID:</b> D172819 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 8	
	Mailing Address 4301 Connecticut Avenue NW, Ste 43		Amount of Each Disbursement this Period <b>3500.00</b>
	City Washington State DC Zip Code 20008		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Direct Mail Consulting	003	
	Candidate Name	Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008	
	State: District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>9200.29</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)

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<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)  
Jennings 2008

<p><b>A.</b> Full Name (Last, First, Middle Initial) Kalik &amp; Associates, Inc.</p> <p>Mailing Address 10291 Arizona Circle</p> <p>City Bethesda State MD Zip Code 20817</p> <p>Purpose of Disbursement Fundraising Consultant Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D152530 <b>Date of Disbursement</b> 07 / 05 / 2008</p> <p>Amount of Each Disbursement this Period 3580.34</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) Ms. Libbi Morgan</p> <p>Mailing Address 888 Blvd of the Arts, Tower II, #1</p> <p>City Sarasota State FL Zip Code 34236</p> <p>Purpose of Disbursement PR Consultant Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D152318 <b>Date of Disbursement</b> 07 / 02 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</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) Ms. Libbi Morgan</p> <p>Mailing Address 888 Blvd of the Arts, Tower II, #1</p> <p>City Sarasota State FL Zip Code 34236</p> <p>Purpose of Disbursement PR Consultant Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D172743 <b>Date of Disbursement</b> 07 / 31 / 2008</p> <p>Amount of Each Disbursement this Period 2226.38</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) ..... ▶

8306.72

**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)  
Jennings 2008

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) NGP Software, Inc.</p> <p>Mailing Address 1225 Eye Street NW, Ste 1225</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Compliance Software Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D154623 <b>Date of Disbursement</b> 07 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 5595.00</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) NGP Software, Inc.</p> <p>Mailing Address 1225 Eye Street NW, Ste 1225</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Compliance Software Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D151996 <b>Date of Disbursement</b> 07 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 3150.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Mr. Lonny Paris</p> <p>Mailing Address 1755 York Avenue, Apt 18H</p> <p>City New York State NY Zip Code 10128</p> <p>Purpose of Disbursement Mgmt Consultant Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D152085 <b>Date of Disbursement</b> 07 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 8700.00</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) ..... ►

**17445.00**

**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 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)  
Jennings 2008

A.

Full Name (Last, First, Middle Initial)  
Mr. Lonny Paris

Transaction ID: D172627  
Date of Disbursement

Mailing Address 1755 York Avenue, Apt 18H

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

City State Zip Code  
New York NY 10128

Amount of Each Disbursement this Period

7495.10
---------

Purpose of Disbursement  
Mgmt Consultant  
Candidate Name

001
-----

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)  
Mr. Lonny Paris

Transaction ID: D172745  
Date of Disbursement

Mailing Address 1755 York Avenue, Apt 18H

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

City State Zip Code  
New York NY 10128

Amount of Each Disbursement this Period

1110.00
---------

Purpose of Disbursement  
Mgmt Consultant  
Candidate Name

001
-----

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)  
Paychex

Transaction ID: D172820  
Date of Disbursement

Mailing Address 3060 Williams Dr  
Ste 200

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

City State Zip Code  
Fairfax VA 22031-4642

Amount of Each Disbursement this Period

8598.61
---------

Purpose of Disbursement  
Payroll Taxes  
Candidate Name

001
-----

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) .....

17203.71
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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)  
Jennings 2008

<p><b>A.</b> Full Name (Last, First, Middle Initial) Paychex</p> <p>Mailing Address 3060 Williams Dr Ste 200</p> <p>City Fairfax State VA Zip Code 22031-4642</p> <p>Purpose of Disbursement Payroll Taxes Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D152524 <b>Date of Disbursement</b> 07 / 02 / 2008</p> <p>Amount of Each Disbursement this Period 9333.81</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) Paychex</p> <p>Mailing Address 3060 Williams Dr Ste 200</p> <p>City Fairfax State VA Zip Code 22031-4642</p> <p>Purpose of Disbursement Payroll Service Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D172984 <b>Date of Disbursement</b> 07 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 99.00</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) Mr. Michael R. Pender, Jr.</p> <p>Mailing Address Cavanaugh &amp; Company LLP 2381 Fruitville Road</p> <p>City Sarasota State FL Zip Code 34236-5840</p> <p>Purpose of Disbursement CPA Services Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D172702 <b>Date of Disbursement</b> 07 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 2300.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>* In-Kind Received</p>

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

11732.81

**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)  
Jennings 2008

A.

Full Name (Last, First, Middle Initial)  
Mr. Michael R. Pender, Jr.

Transaction ID: D172703  
Date of Disbursement

Mailing Address Cavanaugh & Company LLP  
2381 Fruitville Road

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	7		2	0	0	8

City Sarasota State FL Zip Code 34236-5840

Amount of Each Disbursement this Period

147.50
--------

Purpose of Disbursement  
CPA Services

Category/ Type
-------------------

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

Candidate Name

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

\* In-Kind Received

State: District:

B.

Full Name (Last, First, Middle Initial)  
Perkins Coie

Transaction ID: D154948  
Date of Disbursement

Mailing Address 1201 3rd Ave, 40th Floor

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	2		2	0	0	8

City Seattle State WA Zip Code 98101-3099

Amount of Each Disbursement this Period

3473.34
---------

Purpose of Disbursement  
Legal Counsel

001 Category/ Type
--------------------------

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

Candidate Name

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

State: District:

C.

Full Name (Last, First, Middle Initial)  
Political C.F.O's, Inc.

Transaction ID: D152527  
Date of Disbursement

Mailing Address 201 King Street, Ste 200

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	5		2	0	0	8

City Alexandria State VA Zip Code 22314-6600

Amount of Each Disbursement this Period

50.00
-------

Purpose of Disbursement  
Software

001 Category/ Type
--------------------------

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

Candidate Name

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

State: District:

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

3670.84
---------

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 52 / 98

<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)  
Jennings 2008

A.	Full Name (Last, First, Middle Initial) PR Promotions  Mailing Address 1708 Sunrise Drive  City Potomac State MD Zip Code 20854  Purpose of Disbursement Visibility Materials Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D151860 Date of Disbursement 07 / 01 / 2008  Amount of Each Disbursement this Period 13600.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Ray Anthony Printer  Mailing Address 413 W Waters Avenue  City Tampa State FL Zip Code 33604-2940  Purpose of Disbursement Business Cards Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D154941 Date of Disbursement 07 / 21 / 2008  Amount of Each Disbursement this Period 42.80  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) The Feldman Group, Inc  Mailing Address 508-510 8th Street SE  City Washington State DC Zip Code 20003  Purpose of Disbursement Polling Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D154924 Date of Disbursement 07 / 21 / 2008  Amount of Each Disbursement this Period 16911.75  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

30554.55

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)  
Jennings 2008

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) The Feldman Group, Inc</p> <p>Mailing Address 508-510 8th Street SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Polling</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> D152326</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="29155.85"/></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) The Feldman Group, Inc</p> <p>Mailing Address 508-510 8th Street SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Polling</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> D152346</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="15500.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) The New Media Firm</p> <p>Mailing Address 1634 Eye Street NW, Ste 704</p> <p>City Washington State DC Zip Code 20006</p> <p>Purpose of Disbursement 3-month Retainer</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> D151995</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="12000.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="56655.85"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text" value=""/></p>

# 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)  
Jennings 2008

A.	Full Name (Last, First, Middle Initial) The UPS Store  Mailing Address 244 Shopping Ave  City Sarasota State FL Zip Code 34237-7125 Purpose of Disbursement Shipping Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D175106 Date of Disbursement 08 / 04 / 2008  Amount of Each Disbursement this Period 36.44 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) UPS  Mailing Address 316 Pennsylvania Ave SE Ste 300  City Washington State DC Zip Code 20003-1173 Purpose of Disbursement Shipping Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D172980 Date of Disbursement 07 / 07 / 2008  Amount of Each Disbursement this Period 47.24 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) UPS  Mailing Address 316 Pennsylvania Ave SE Ste 300  City Washington State DC Zip Code 20003-1173 Purpose of Disbursement Shipping Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D172981 Date of Disbursement 07 / 14 / 2008  Amount of Each Disbursement this Period 18.56 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

102.24

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)  
Jennings 2008

<b>A.</b>	Full Name (Last, First, Middle Initial) UPS  Mailing Address 316 Pennsylvania Ave SE Ste 300  City Washington State DC Zip Code 20003-1173  Purpose of Disbursement Shipping Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D172982 <b>Date of Disbursement</b> 07 / 21 / 2008  Amount of Each Disbursement this Period 41.98  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	001 Category/ Type
<b>B.</b>	Full Name (Last, First, Middle Initial) UPS  Mailing Address 316 Pennsylvania Ave SE Ste 300  City Washington State DC Zip Code 20003-1173  Purpose of Disbursement Shipping Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D172983 <b>Date of Disbursement</b> 07 / 28 / 2008  Amount of Each Disbursement this Period 38.55  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	001 Category/ Type
<b>C.</b>	Full Name (Last, First, Middle Initial) Verizon  Mailing Address PO Box 920041  City Dallas State TX Zip Code 75392-0041  Purpose of Disbursement Phone Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D154622 <b>Date of Disbursement</b> 07 / 15 / 2008  Amount of Each Disbursement this Period 514.16  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	001 Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>594.69</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)  
Jennings 2008

<p><b>A.</b> Full Name (Last, First, Middle Initial) Wachovia Bank</p> <p>Mailing Address 1525 W Wt Harris Blvd</p> <p>City Charlotte State NC Zip Code 28262-8522</p> <p>Purpose of Disbursement Merchant Fees Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D172975 <b>Date of Disbursement</b> 07 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 233.23</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) Wachovia Bank</p> <p>Mailing Address 1525 W Wt Harris Blvd</p> <p>City Charlotte State NC Zip Code 28262-8522</p> <p>Purpose of Disbursement Merchant Fees Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D172976 <b>Date of Disbursement</b> 07 / 02 / 2008</p> <p>Amount of Each Disbursement this Period 2.93</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) Wachovia Bank</p> <p>Mailing Address 1525 W Wt Harris Blvd</p> <p>City Charlotte State NC Zip Code 28262-8522</p> <p>Purpose of Disbursement Merchant Fees Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D172977 <b>Date of Disbursement</b> 07 / 02 / 2008</p> <p>Amount of Each Disbursement this Period 732.25</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) ..... ▶

968.41

**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)

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<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)  
Jennings 2008

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Wachovia Bank</p> <p>Mailing Address 1525 W Wt Harris Blvd</p> <p>City Charlotte State NC Zip Code 28262-8522</p> <p>Purpose of Disbursement Service Charge Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D172978 <b>Date of Disbursement</b> 07 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 26.01</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) Wachovia Bank</p> <p>Mailing Address 1525 W Wt Harris Blvd</p> <p>City Charlotte State NC Zip Code 28262-8522</p> <p>Purpose of Disbursement Merchant Fees Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D175113 <b>Date of Disbursement</b> 08 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 566.73</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) Wachovia Bank</p> <p>Mailing Address 1525 W Wt Harris Blvd</p> <p>City Charlotte State NC Zip Code 28262-8522</p> <p>Purpose of Disbursement Merchant Fees Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D175114 <b>Date of Disbursement</b> 08 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 745.92</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) ..... ▶

1338.66

**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)  
Jennings 2008

<p><b>A.</b> Full Name (Last, First, Middle Initial) Wachovia Bank</p> <p>Mailing Address 1525 W Wt Harris Blvd</p> <p>City Charlotte State NC Zip Code 28262-8522</p> <p>Purpose of Disbursement Merchant Fees</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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D175115</p> <p>Date of Disbursement 08 / 04 / 2008</p> <p>Amount of Each Disbursement this Period 1.51</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) Zata 3</p> <p>Mailing Address 458 New Jersey Avenue SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Phone Match</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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D172818</p> <p>Date of Disbursement 08 / 04 / 2008</p> <p>Amount of Each Disbursement this Period 336.09</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) Mr. Brian Straw</p> <p>Mailing Address 6235 19th Street N</p> <p>City Arlington State VA Zip Code 22205</p> <p>Purpose of Disbursement SEE BELOW</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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D152082</p> <p>Date of Disbursement 07 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 158.53</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) ..... ▶

496.13

**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)  
Jennings 2008

A.	Full Name (Last, First, Middle Initial) Shell	Transaction ID: D152084 Date of Disbursement 07 / 01 / 2008
	Mailing Address 3006 -- 1st Street	Amount of Each Disbursement this Period 54.10
	City Bradenton State FL Zip Code 34208	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
	Purpose of Disbursement Fuel Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type 002

B.	Full Name (Last, First, Middle Initial) Sir Speedy	Transaction ID: D152083 Date of Disbursement 07 / 01 / 2008
	Mailing Address 3939 S Tamiami Trl	Amount of Each Disbursement this Period 104.43
	City Sarasota State FL Zip Code 34231-3605	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
	Purpose of Disbursement Copies Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type 003

C.	Full Name (Last, First, Middle Initial) Mr. Lonny Paris	Transaction ID: D152086 Date of Disbursement 07 / 01 / 2008
	Mailing Address 1755 York Avenue, Apt 18H	Amount of Each Disbursement this Period 66.57
	City New York State NY Zip Code 10128	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement SEE BELOW Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	66.57
<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)  
Jennings 2008

A.	Full Name (Last, First, Middle Initial) Ms. Amy Farley	Transaction ID: D152089 Date of Disbursement 07 / 01 / 2008
	Mailing Address 201 Indian Springs Rd.	Amount of Each Disbursement this Period 401.50
	City Williamsburg State VA Zip Code 23185	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement SEE BELOW Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) AirTran Airways	Transaction ID: D152090 Date of Disbursement 07 / 01 / 2008
	Mailing Address 9955 Airtran Blvd	Amount of Each Disbursement this Period 401.50
	City Orlando State FL Zip Code 32827-5330	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Airfare Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Mr. Bill McKenna	Transaction ID: D152091 Date of Disbursement 07 / 01 / 2008
	Mailing Address 7678 Camminare Dr	Amount of Each Disbursement this Period 227.55
	City Sarasota State FL Zip Code 34238-4774	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement SEE BELOW Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	629.05
<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)  
Jennings 2008

A.	Full Name (Last, First, Middle Initial) FedEx Kinko's	Transaction ID: D152093 Date of Disbursement 07 / 01 / 2008
	Mailing Address 1901 S Tamiami Trl	Amount of Each Disbursement this Period 96.29
	City Sarasota State FL Zip Code 34239-3624	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
	Purpose of Disbursement Large Chart Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type 006

B.	Full Name (Last, First, Middle Initial) Mr. Bill McKenna	Transaction ID: D152092 Date of Disbursement 07 / 01 / 2008
	Mailing Address 7678 Camminare Dr	Amount of Each Disbursement this Period 70.70
	City Sarasota State FL Zip Code 34238-4774	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
	Purpose of Disbursement Mileage Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type 002

C.	Full Name (Last, First, Middle Initial) Office Depot	Transaction ID: D152095 Date of Disbursement 07 / 01 / 2008
	Mailing Address 4940 S. Tamiami Trail	Amount of Each Disbursement this Period 39.57
	City Sarasota State FL Zip Code 34231	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
	Purpose of Disbursement Office Supplies Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type 001

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<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 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)  
Jennings 2008

A.	Full Name (Last, First, Middle Initial) Sam's Club	Transaction ID: D152098 Date of Disbursement 07 / 01 / 2008
	Mailing Address 300 North Cattleman	Amount of Each Disbursement this Period 55.20
	City Sarasota State FL Zip Code 34236	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
	Purpose of Disbursement Fuel Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		002 Category/Type

B.	Full Name (Last, First, Middle Initial) Sam's Club	Transaction ID: D152099 Date of Disbursement 07 / 01 / 2008
	Mailing Address 300 North Cattleman	Amount of Each Disbursement this Period 49.74
	City Sarasota State FL Zip Code 34236	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
	Purpose of Disbursement Fuel Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		002 Category/Type

C.	Full Name (Last, First, Middle Initial) Ms. Melissa Smith	Transaction ID: D152104 Date of Disbursement 07 / 01 / 2008
	Mailing Address 650 Newton Place NW, #3	Amount of Each Disbursement this Period 108.91
	City Washington State DC Zip Code 20010	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement SEE BELOW Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>108.91</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)  
Jennings 2008

A.	Full Name (Last, First, Middle Initial) FedEx Kinko's	Transaction ID: D152109 Date of Disbursement 07 / 01 / 2008
	Mailing Address 1901 S Tamiami Trl	Amount of Each Disbursement this Period 34.81
	City Sarasota State FL Zip Code 34239-3624	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
	Purpose of Disbursement Shipping Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Yellow Cab Company Of DC, Inc.	Transaction ID: D152105 Date of Disbursement 07 / 01 / 2008
	Mailing Address 1636 Bladensburg Road NE	Amount of Each Disbursement this Period 14.00
	City Washington State DC Zip Code 20002	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
	Purpose of Disbursement Taxi Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Yellow Cab Company Of DC, Inc.	Transaction ID: D152106 Date of Disbursement 07 / 01 / 2008
	Mailing Address 1636 Bladensburg Road NE	Amount of Each Disbursement this Period 12.00
	City Washington State DC Zip Code 20002	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
	Purpose of Disbursement Taxi Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<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 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)  
Jennings 2008

<b>A.</b> Full Name (Last, First, Middle Initial) Yellow Cab Company Of DC, Inc. <hr/> Mailing Address 1636 Bladensburg Road NE <hr/> City Washington State DC Zip Code 20002 Purpose of Disbursement Taxi Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: D152107 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 1 / 2 0 0 8
	Amount of Each Disbursement this Period 12.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>

<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Jon Thompson <hr/> Mailing Address 609 Holter <hr/> City Helena State MT Zip Code 59601 Purpose of Disbursement SEE BELOW Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: D152114 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 1 / 2 0 0 8
	Amount of Each Disbursement this Period 1070.83 <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) Delta <hr/> Mailing Address PO Box 20706 <hr/> City Atlanta State GA Zip Code 30320-6001 Purpose of Disbursement Airfare Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: D152121 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 1 / 2 0 0 8
	Amount of Each Disbursement this Period 531.29 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1070.83
<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)  
Jennings 2008

A.	Full Name (Last, First, Middle Initial) Indigo Hotel	Transaction ID: D152116 Date of Disbursement 07 / 01 / 2008
	Mailing Address 1223 Boulevard of the Arts	Amount of Each Disbursement this Period 210.90
	City Sarasota State FL Zip Code 34236	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
	Purpose of Disbursement Lodging Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Ms. Jamey Lowdermilk	Transaction ID: D152123 Date of Disbursement 07 / 01 / 2008
	Mailing Address 330 Gloucestershire Road	Amount of Each Disbursement this Period 722.73
	City Winston Salem State NC Zip Code 27104	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
	Purpose of Disbursement SEE BELOW Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) 7-Eleven	Transaction ID: D152139 Date of Disbursement 07 / 01 / 2008
	Mailing Address 5745 Clark Rd	Amount of Each Disbursement this Period 8.72
	City Sarasota State FL Zip Code 34233-3304	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
	Purpose of Disbursement Fuel Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	722.73
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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Detailed Summary Page

FOR LINE NUMBER:  
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<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)  
Jennings 2008

A.	Full Name (Last, First, Middle Initial) Best Buy	Transaction ID: D152138 Date of Disbursement 07 / 01 / 2008
	Mailing Address 4020 S Tamiami Trl	Amount of Each Disbursement this Period 216.01
	City Sarasota State FL Zip Code 34231	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Office Supplies Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Patrick's Restaurant	Transaction ID: D152126 Date of Disbursement 07 / 01 / 2008
	Mailing Address 1400 Main St	Amount of Each Disbursement this Period 25.00
	City Sarasota State FL Zip Code 34236-5733	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Food Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Mr. Scott Seymour	Transaction ID: D152142 Date of Disbursement 07 / 01 / 2008
	Mailing Address 12923 Deviar Drive	Amount of Each Disbursement this Period 470.50
	City Centreville State VA Zip Code 20120	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement SEE BELOW Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

470.50

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
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<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)  
Jennings 2008

A.	Full Name (Last, First, Middle Initial) 7-Eleven	Transaction ID: D152150 Date of Disbursement 07 / 01 / 2008
	Mailing Address 5745 Clark Rd	Amount of Each Disbursement this Period 60.00
	City Sarasota State FL Zip Code 34233-3304	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
	Purpose of Disbursement Fuel Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) 7-Eleven	Transaction ID: D152151 Date of Disbursement 07 / 01 / 2008
	Mailing Address 5745 Clark Rd	Amount of Each Disbursement this Period 7.93
	City Sarasota State FL Zip Code 34233-3304	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
	Purpose of Disbursement Food Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) 7-Eleven	Transaction ID: D152152 Date of Disbursement 07 / 01 / 2008
	Mailing Address 5745 Clark Rd	Amount of Each Disbursement this Period 3.14
	City Sarasota State FL Zip Code 34233-3304	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
	Purpose of Disbursement Food Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

0.00

**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 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)  
Jennings 2008

A.	Full Name (Last, First, Middle Initial) Shell	Transaction ID: D152147 Date of Disbursement 07 / 01 / 2008
	Mailing Address 3006 -- 1st Street	Amount of Each Disbursement this Period 61.91
	City Bradenton State FL Zip Code 34208	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
	Purpose of Disbursement Fuel Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Shell	Transaction ID: D152148 Date of Disbursement 07 / 01 / 2008
	Mailing Address 3006 -- 1st Street	Amount of Each Disbursement this Period 59.67
	City Bradenton State FL Zip Code 34208	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
	Purpose of Disbursement Fuel Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Shell	Transaction ID: D152149 Date of Disbursement 07 / 01 / 2008
	Mailing Address 3006 -- 1st Street	Amount of Each Disbursement this Period 40.00
	City Bradenton State FL Zip Code 34208	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
	Purpose of Disbursement Fuel Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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<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)  
Jennings 2008

A.	Full Name (Last, First, Middle Initial) Mr. Joseph Patrick Boyle	Transaction ID: D152160 Date of Disbursement 07 / 01 / 2008
	Mailing Address 4644 S Lockwood Ridge Rd.	Amount of Each Disbursement this Period 1634.69
	City Sarasota State FL Zip Code 34231	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement SEE BELOW Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Office Max	Transaction ID: D152164 Date of Disbursement 07 / 01 / 2008
	Mailing Address 3680 South Tuttle Avenue	Amount of Each Disbursement this Period 60.85
	City Sarasota State FL Zip Code 34239	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
	Purpose of Disbursement Mailing Supplies Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Office Max	Transaction ID: D152165 Date of Disbursement 07 / 01 / 2008
	Mailing Address 3680 South Tuttle Avenue	Amount of Each Disbursement this Period 20.82
	City Sarasota State FL Zip Code 34239	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
	Purpose of Disbursement Office Supplies Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1634.69
<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)  
Jennings 2008

A.	Full Name (Last, First, Middle Initial) Postmaster	Transaction ID: D152169 Date of Disbursement
	Mailing Address 1661 Ringling Blvd	<input type="text" value="07"/> / <input type="text" value="01"/> / <input type="text" value="2008"/>
	City Sarasota State FL Zip Code 34230-6875	Amount of Each Disbursement this Period
	Purpose of Disbursement Postage	<input type="text" value="126.00"/>
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>[MEMO ITEM]</b>
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) Postmaster	Transaction ID: D152170 Date of Disbursement
	Mailing Address 1661 Ringling Blvd	<input type="text" value="07"/> / <input type="text" value="01"/> / <input type="text" value="2008"/>
	City Sarasota State FL Zip Code 34230-6875	Amount of Each Disbursement this Period
	Purpose of Disbursement Postage	<input type="text" value="168.00"/>
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>[MEMO ITEM]</b>
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) Sir Speedy	Transaction ID: D152161 Date of Disbursement
	Mailing Address 3939 S Tamiami Trl	<input type="text" value="07"/> / <input type="text" value="01"/> / <input type="text" value="2008"/>
	City Sarasota State FL Zip Code 34231-3605	Amount of Each Disbursement this Period
	Purpose of Disbursement Invitations	<input type="text" value="906.76"/>
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>[MEMO ITEM]</b>
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="0.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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FOR LINE NUMBER:  
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<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)  
Jennings 2008

A.	Full Name (Last, First, Middle Initial) Sir Speedy	Transaction ID: D152162 Date of Disbursement 07 / 01 / 2008
	Mailing Address 3939 S Tamiami Trl	Amount of Each Disbursement this Period 52.04
	City Sarasota State FL Zip Code 34231-3605	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
	Purpose of Disbursement Invitations Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Sir Speedy	Transaction ID: D152163 Date of Disbursement 07 / 01 / 2008
	Mailing Address 3939 S Tamiami Trl	Amount of Each Disbursement this Period 104.43
	City Sarasota State FL Zip Code 34231-3605	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
	Purpose of Disbursement Invitations Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) The UPS Store	Transaction ID: D152166 Date of Disbursement 07 / 01 / 2008
	Mailing Address 244 Shopping Ave	Amount of Each Disbursement this Period 15.52
	City Sarasota State FL Zip Code 34237-7125	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
	Purpose of Disbursement Shipping Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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<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)  
Jennings 2008

A.	Full Name (Last, First, Middle Initial) Westin Diplomat Hotel	Transaction ID: D152168 Date of Disbursement 07 / 01 / 2008
	Mailing Address 3555 South Ocean Drive	Amount of Each Disbursement this Period 18.00
	City Hollywood State FL Zip Code 33019	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Parking Candidate Name	002 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Paychex	Transaction ID: D152508 Date of Disbursement 07 / 01 / 2008
	Mailing Address 3060 Williams Dr Ste 200	Amount of Each Disbursement this Period 25177.51
	City Fairfax State VA Zip Code 22031-4642	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement SEE BELOW Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Ms. Mary Alison Andrews	Transaction ID: D152512 Date of Disbursement 07 / 01 / 2008
	Mailing Address 9794 Bay Harbour Circle, Apt 101	Amount of Each Disbursement this Period 2516.75
	City Fort Myers State FL Zip Code 33919	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Payroll Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	25177.51
<b>TOTAL</b> This Period (last page this line number only) .....	



# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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<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)  
Jennings 2008

<p><b>A.</b> Full Name (Last, First, Middle Initial) Mr. Joseph Patrick Boyle</p> <p>Mailing Address 4644 S Lockwood Ridge Rd.</p> <p>City Sarasota State FL Zip Code 34231</p> <p>Purpose of Disbursement Payroll</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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D152514 <b>Date of Disbursement</b> 07 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 4198.08</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Ms. Jamey Lowdermilk</p> <p>Mailing Address 330 Gloucestershire Road</p> <p>City Winston Salem State NC Zip Code 27104</p> <p>Purpose of Disbursement Payroll</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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D152516 <b>Date of Disbursement</b> 07 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 3187.83</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Ms. Mary Noel Sams</p> <p>Mailing Address 3124 Sandleheath</p> <p>City Sarasota State FL Zip Code 34235</p> <p>Purpose of Disbursement Payroll</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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D152518 <b>Date of Disbursement</b> 07 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 2973.48</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>

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

0.00

**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 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)  
Jennings 2008

<p><b>A.</b> Full Name (Last, First, Middle Initial) Mr. Scott Seymour</p> <p>Mailing Address 12923 Deviar Drive</p> <p>City Centreville State VA Zip Code 20120</p> <p>Purpose of Disbursement Payroll</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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D152519</p> <p>Date of Disbursement 07 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 2778.17</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Ms. Melissa Smith</p> <p>Mailing Address 650 Newton Place NW, #3</p> <p>City Washington State DC Zip Code 20010</p> <p>Purpose of Disbursement Payroll</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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D152520</p> <p>Date of Disbursement 07 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 2778.17</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Mr. Brian Straw</p> <p>Mailing Address 6235 19th Street N</p> <p>City Arlington State VA Zip Code 22205</p> <p>Purpose of Disbursement Payroll</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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D152521</p> <p>Date of Disbursement 07 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 2130.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>

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

0.00

**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 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)  
Jennings 2008

A.	Full Name (Last, First, Middle Initial) Mr. Jon Thompson	Transaction ID: D152522 Date of Disbursement 07 / 01 / 2008
	Mailing Address 609 Holter	Amount of Each Disbursement this Period 2851.08
	City Helena State MT Zip Code 59601	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
	Purpose of Disbursement Payroll Candidate Name Category/Type 001	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) Ms. Stacia F. Young	Transaction ID: D152523 Date of Disbursement 07 / 01 / 2008
	Mailing Address 93 Stanhope Road	Amount of Each Disbursement this Period 1763.95
	City Sparta State NJ Zip Code 07871	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
	Purpose of Disbursement Payroll Candidate Name Category/Type 001	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) Ms. Christine L. Jennings	Transaction ID: D152532 Date of Disbursement 07 / 05 / 2008
	Mailing Address 988 Blvd Of The Arts, Apt 510	Amount of Each Disbursement this Period 1945.56
	City Sarasota State FL Zip Code 34236-4835	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement SEE BELOW Candidate Name Christine Jennings Category/Type	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: FL District: 13	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1945.56
<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)  
Jennings 2008

A.	Full Name (Last, First, Middle Initial) Club Quarters	Transaction ID: D152551 Date of Disbursement
	Mailing Address 839 17th Street NW	<input type="text" value="07"/> / <input type="text" value="05"/> / <input type="text" value="2008"/>
	City Washington State DC Zip Code 20006	Amount of Each Disbursement this Period
	Purpose of Disbursement Lodging	<input type="text" value="421.36"/>
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>[MEMO ITEM]</b>
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) Club Quarters	Transaction ID: D152552 Date of Disbursement
	Mailing Address 40 West 45th Street	<input type="text" value="07"/> / <input type="text" value="05"/> / <input type="text" value="2008"/>
	City New York State NY Zip Code 10036	Amount of Each Disbursement this Period
	Purpose of Disbursement Lodging	<input type="text" value="280.14"/>
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>[MEMO ITEM]</b>
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) Omni Shoreham Hotel	Transaction ID: D152562 Date of Disbursement
	Mailing Address 2500 Calvert Street NW	<input type="text" value="07"/> / <input type="text" value="05"/> / <input type="text" value="2008"/>
	City Washington State DC Zip Code 20008	Amount of Each Disbursement this Period
	Purpose of Disbursement Lodging	<input type="text" value="471.74"/>
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>[MEMO ITEM]</b>
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="0.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# 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)  
Jennings 2008

<p><b>A.</b> Full Name (Last, First, Middle Initial) US Airways</p> <p>Mailing Address 111 W Rio Salado Pkwy</p> <p>City Tempe State AZ Zip Code 85281-2880</p> <p>Purpose of Disbursement Airfare</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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D152563</p> <p>Date of Disbursement 07 / 05 / 2008</p> <p>Amount of Each Disbursement this Period 155.50</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Westin Diplomat Hotel</p> <p>Mailing Address 3555 South Ocean Drive</p> <p>City Hollywood State FL Zip Code 33019</p> <p>Purpose of Disbursement Lodging</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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D152560</p> <p>Date of Disbursement 07 / 05 / 2008</p> <p>Amount of Each Disbursement this Period 294.15</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Yellow Cab Company Of DC, Inc.</p> <p>Mailing Address 1636 Bladensburg Road NE</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Taxi</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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D152533</p> <p>Date of Disbursement 07 / 05 / 2008</p> <p>Amount of Each Disbursement this Period 5.50</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>

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

0.00

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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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)  
Jennings 2008

A.

Full Name (Last, First, Middle Initial)  
Yellow Cab Company Of DC, Inc.

Mailing Address 1636 Bladensburg Road NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Taxi

Candidate Name

002  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D152534  
Date of Disbursement

07 / 05 / 2008

Amount of Each Disbursement this Period

22.00

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
Yellow Cab Company Of DC, Inc.

Mailing Address 1636 Bladensburg Road NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Taxi

Candidate Name

002  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D152536  
Date of Disbursement

07 / 05 / 2008

Amount of Each Disbursement this Period

31.45

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
Yellow Cab Company Of DC, Inc.

Mailing Address 1636 Bladensburg Road NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Taxi

Candidate Name

002  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D152537  
Date of Disbursement

07 / 05 / 2008

Amount of Each Disbursement this Period

9.00

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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 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)  
Jennings 2008

A.

Full Name (Last, First, Middle Initial)  
Yellow Cab Company Of DC, Inc.

Mailing Address 1636 Bladensburg Road NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Taxi

Candidate Name

002  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D152538  
Date of Disbursement

07 / 05 / 2008

Amount of Each Disbursement this Period

18.00

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
Yellow Cab Company Of DC, Inc.

Mailing Address 1636 Bladensburg Road NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Taxi

Candidate Name

002  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D152539  
Date of Disbursement

07 / 05 / 2008

Amount of Each Disbursement this Period

9.00

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
Yellow Cab Company Of DC, Inc.

Mailing Address 1636 Bladensburg Road NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Taxi

Candidate Name

002  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D152541  
Date of Disbursement

07 / 05 / 2008

Amount of Each Disbursement this Period

8.00

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

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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)  
Jennings 2008

A.

Full Name (Last, First, Middle Initial)  
Yellow Cab Company Of DC, Inc.

Mailing Address 1636 Bladensburg Road NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Taxi

Candidate Name

002  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D152542  
Date of Disbursement

07 / 05 / 2008

Amount of Each Disbursement this Period

8.00

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
Yellow Cab Company Of DC, Inc.

Mailing Address 1636 Bladensburg Road NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Taxi

Candidate Name

002  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D152543  
Date of Disbursement

07 / 05 / 2008

Amount of Each Disbursement this Period

12.00

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
Yellow Cab Company Of DC, Inc.

Mailing Address 1636 Bladensburg Road NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Taxi

Candidate Name

002  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D152544  
Date of Disbursement

07 / 05 / 2008

Amount of Each Disbursement this Period

29.75

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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



# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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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)  
Jennings 2008

A.

Full Name (Last, First, Middle Initial)  
Yellow Cab Company Of DC, Inc.

Mailing Address 1636 Bladensburg Road NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Taxi

Candidate Name

002  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D152545  
Date of Disbursement

07 / 05 / 2008

Amount of Each Disbursement this Period

11.75

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
Bank of America

Mailing Address PO Box 49136

City Sarasota State FL Zip Code 34230-6136

Purpose of Disbursement  
SEE BELOW

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D154463  
Date of Disbursement

07 / 14 / 2008

Amount of Each Disbursement this Period

6132.97

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

C.

Full Name (Last, First, Middle Initial)  
7-Eleven

Mailing Address 5745 Clark Rd

City Sarasota State FL Zip Code 34233-3304

Purpose of Disbursement  
Fuel

Candidate Name

002  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D154479  
Date of Disbursement

07 / 14 / 2008

Amount of Each Disbursement this Period

31.51

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

6132.97

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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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)  
Jennings 2008

A.

Full Name (Last, First, Middle Initial)  
All The Right Moves

Mailing Address PO Box 20581

City Bradenton State FL Zip Code 34204

Purpose of Disbursement Moving Services  
Candidate Name

001  
Category/  
Type

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

Transaction ID: D154470  
Date of Disbursement

07 / 14 / 2008

Amount of Each Disbursement this Period

542.50

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
BJ's Wholesale Club

Mailing Address 8085 Cooper Creek

City University Park State FL Zip Code 34201-2028

Purpose of Disbursement Office Supplies  
Candidate Name

001  
Category/  
Type

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

Transaction ID: D154474  
Date of Disbursement

07 / 14 / 2008

Amount of Each Disbursement this Period

262.53

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
Continental Airlines

Mailing Address Sarasota/Bradenton Airport (SRQ)  
6008 Airport Circle

City Sarasota State FL Zip Code 34243

Purpose of Disbursement Airfare  
Candidate Name

002  
Category/  
Type

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

Transaction ID: D154469  
Date of Disbursement

07 / 14 / 2008

Amount of Each Disbursement this Period

331.50

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

[MEMO ITEM]

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

0.00

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 83 / 98

<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)  
Jennings 2008

A.	Full Name (Last, First, Middle Initial) Delta	Transaction ID: D154476 Date of Disbursement 07 / 14 / 2008
	Mailing Address PO Box 20706	Amount of Each Disbursement this Period 290.00
	City Atlanta State GA Zip Code 30320-6001	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
	Purpose of Disbursement Airfare Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type 002

B.	Full Name (Last, First, Middle Initial) Designer Graphics	Transaction ID: D154477 Date of Disbursement 07 / 14 / 2008
	Mailing Address 12404 Hwy 155 S.	Amount of Each Disbursement this Period 2537.90
	City Tyler State TX Zip Code 75703	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
	Purpose of Disbursement T-Shirts Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type 006

C.	Full Name (Last, First, Middle Initial) JetBlue	Transaction ID: D154468 Date of Disbursement 07 / 14 / 2008
	Mailing Address 11829 Queens Blvd	Amount of Each Disbursement this Period 224.50
	City Forest Hills State NY Zip Code 11375	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
	Purpose of Disbursement Airfare Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type 002

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<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 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)  
Jennings 2008

A.	Full Name (Last, First, Middle Initial) Online Stores Inc	Transaction ID: D154471 Date of Disbursement 07 / 14 / 2008
	Mailing Address 1000 Westinghouse Drive, Ste 1	Amount of Each Disbursement this Period 946.28
	City New Stanton State PA Zip Code 15672	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
	Purpose of Disbursement Flags Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Postmaster	Transaction ID: D154593 Date of Disbursement 07 / 14 / 2008
	Mailing Address 1661 Ringling Blvd	Amount of Each Disbursement this Period 141.93
	City Sarasota State FL Zip Code 34230-6875	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
	Purpose of Disbursement Postage Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Sprint	Transaction ID: D154467 Date of Disbursement 07 / 14 / 2008
	Mailing Address KSOPHT0101-Z4300 6391 Sprint Parkway	Amount of Each Disbursement this Period 250.00
	City Overland Park State KS Zip Code 66251	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
	Purpose of Disbursement Phone Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<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 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)  
Jennings 2008

<b>A.</b>	Full Name (Last, First, Middle Initial) Staples Mailing Address 8199 S Tamiami Trl City Sarasota State FL Zip Code 34231-6849 Purpose of Disbursement Paper Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D154596 Date of Disbursement 07 / 14 / 2008 Amount of Each Disbursement this Period 111.79 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>	001 Category/ Type
<b>B.</b>	Full Name (Last, First, Middle Initial) Travelocity Mailing Address 4200 Buckingham Boulevard MD 1400 City Fort Worth State TX Zip Code 76155 Purpose of Disbursement Booking Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D154465 Date of Disbursement 07 / 14 / 2008 Amount of Each Disbursement this Period 7.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>	002 Category/ Type
<b>C.</b>	Full Name (Last, First, Middle Initial) Travelocity Mailing Address 4200 Buckingham Boulevard MD 1400 City Fort Worth State TX Zip Code 76155 Purpose of Disbursement Booking Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D154466 Date of Disbursement 07 / 14 / 2008 Amount of Each Disbursement this Period 7.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>	002 Category/ Type

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

0.00

**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 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)  
Jennings 2008

A.	Full Name (Last, First, Middle Initial) Mr. Lonny Paris	Transaction ID: D154927 Date of Disbursement 07 / 21 / 2008
	Mailing Address 1755 York Avenue, Apt 18H	Amount of Each Disbursement this Period 824.71
	City New York State NY Zip Code 10128	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement SEE BELOW Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) AT&T	Transaction ID: D154928 Date of Disbursement 07 / 21 / 2008
	Mailing Address PO Box 6463	Amount of Each Disbursement this Period 824.71
	City Carol Stream State IL Zip Code 60197-6463	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Phone Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Ms. Melissa Smith	Transaction ID: D154929 Date of Disbursement 07 / 21 / 2008
	Mailing Address 650 Newton Place NW, #3	Amount of Each Disbursement this Period 845.55
	City Washington State DC Zip Code 20010	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement SEE BELOW Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1670.26
<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)  
Jennings 2008

A.	Full Name (Last, First, Middle Initial) Alltel	Transaction ID: D154934 Date of Disbursement 07 / 21 / 2008
	Mailing Address PO Box 530533	Amount of Each Disbursement this Period 147.85
	City Atlanta State GA Zip Code 30353	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
	Purpose of Disbursement Phone Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Alltel	Transaction ID: D154935 Date of Disbursement 07 / 21 / 2008
	Mailing Address PO Box 530533	Amount of Each Disbursement this Period 109.32
	City Atlanta State GA Zip Code 30353	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
	Purpose of Disbursement Phone Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Alltel	Transaction ID: D154936 Date of Disbursement 07 / 21 / 2008
	Mailing Address PO Box 530533	Amount of Each Disbursement this Period 109.32
	City Atlanta State GA Zip Code 30353	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
	Purpose of Disbursement Phone Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<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 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)  
Jennings 2008

A.	Full Name (Last, First, Middle Initial) Staples	Transaction ID: D154938 Date of Disbursement 07 / 21 / 2008
	Mailing Address 8199 S Tamiami Trl	Amount of Each Disbursement this Period 244.93
	City Sarasota State FL Zip Code 34231-6849	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Software Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Yellow Cab Company Of DC, Inc.	Transaction ID: D154931 Date of Disbursement 07 / 21 / 2008
	Mailing Address 1636 Bladensburg Road NE	Amount of Each Disbursement this Period 15.50
	City Washington State DC Zip Code 20002	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Taxi Candidate Name	002 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Mr. Bill McKenna	Transaction ID: D172628 Date of Disbursement 08 / 01 / 2008
	Mailing Address 7678 Camminare Dr	Amount of Each Disbursement this Period 18.18
	City Sarasota State FL Zip Code 34238-4774	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement SEE BELOW Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

18.18

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)  
Jennings 2008

A.	Full Name (Last, First, Middle Initial) Ms. Melissa Smith <hr/> Mailing Address 650 Newton Place NW, #3 <hr/> City Washington State DC Zip Code 20010 <hr/> Purpose of Disbursement SEE BELOW Candidate Name _____ <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D172630 Date of Disbursement 08 / 01 / 2008 <hr/> Amount of Each Disbursement this Period 300.10 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Assurant Health <hr/> Mailing Address PO Box 3175 <hr/> City Milwaukee State WI Zip Code 53201-3175 <hr/> Purpose of Disbursement Health Care Insurance Candidate Name _____ <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D172631 Date of Disbursement 08 / 01 / 2008 <hr/> Amount of Each Disbursement this Period 300.10 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
C.	Full Name (Last, First, Middle Initial) Mr. Joseph Patrick Boyle <hr/> Mailing Address 4644 S Lockwood Ridge Rd. <hr/> City Sarasota State FL Zip Code 34231 <hr/> Purpose of Disbursement SEE BELOW Candidate Name _____ <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D172634 Date of Disbursement 08 / 01 / 2008 <hr/> Amount of Each Disbursement this Period 48.15 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

348.25

**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)  
Jennings 2008

A.

Full Name (Last, First, Middle Initial)  
Yellow Cab Company Of DC, Inc.

Mailing Address 1636 Bladensburg Road NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Taxi

Candidate Name

002  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D172635  
Date of Disbursement

08 / 01 / 2008

Amount of Each Disbursement this Period

48.15

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
Ms. Mary Alison Andrews

Mailing Address 9794 Bay Harbour Circle, Apt 101

City Fort Myers State FL Zip Code 33919

Purpose of Disbursement  
SEE BELOW

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D172636  
Date of Disbursement

08 / 01 / 2008

Amount of Each Disbursement this Period

24.29

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

C.

Full Name (Last, First, Middle Initial)  
Publix

Mailing Address PO Box 407

City Lakeland State FL Zip Code 33802-0407

Purpose of Disbursement  
Office Supplies

Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D172637  
Date of Disbursement

08 / 01 / 2008

Amount of Each Disbursement this Period

23.01

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

24.29

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)  
Jennings 2008

A.	Full Name (Last, First, Middle Initial) Publix	Transaction ID: D172638 Date of Disbursement 08 / 01 / 2008
	Mailing Address PO Box 407	Amount of Each Disbursement this Period 1.28
	City Lakeland State FL Zip Code 33802-0407	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
	Purpose of Disbursement Office Supplies Candidate Name Category/Type 001	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Ms. Christine L. Jennings	Transaction ID: D172643 Date of Disbursement 08 / 01 / 2008
	Mailing Address 988 Blvd Of The Arts, Apt 510	Amount of Each Disbursement this Period 832.45
	City Sarasota State FL Zip Code 34236-4835	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
	Purpose of Disbursement SEE BELOW Candidate Name Christine Jennings Category/Type	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 13	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Delta	Transaction ID: D172645 Date of Disbursement 08 / 01 / 2008
	Mailing Address PO Box 20706	Amount of Each Disbursement this Period 99.50
	City Atlanta State GA Zip Code 30320-6001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
	Purpose of Disbursement Airfare Candidate Name Category/Type 002	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>832.45</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)  
Jennings 2008

A.	Full Name (Last, First, Middle Initial) US Airways	Transaction ID: D172647
	Mailing Address 111 W Rio Salado Pkwy	Date of Disbursement 08 / 01 / 2008
	City Tempe State AZ Zip Code 85281-2880	Amount of Each Disbursement this Period 478.00
	Purpose of Disbursement Airfare Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="checkbox"/> Category/Type 002 <b>[MEMO ITEM]</b>
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) US Airways	Transaction ID: D172648
	Mailing Address 111 W Rio Salado Pkwy	Date of Disbursement 08 / 01 / 2008
	City Tempe State AZ Zip Code 85281-2880	Amount of Each Disbursement this Period 155.50
	Purpose of Disbursement Airfare Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="checkbox"/> Category/Type 002 <b>[MEMO ITEM]</b>
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Mr. Scott Seymour	Transaction ID: D172650
	Mailing Address 12923 Deviar Drive	Date of Disbursement 08 / 01 / 2008
	City Centreville State VA Zip Code 20120	Amount of Each Disbursement this Period 171.04
	Purpose of Disbursement SEE BELOW Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="checkbox"/> Category/Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>171.04</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)  
Jennings 2008

A.	Full Name (Last, First, Middle Initial) 7-Eleven	Transaction ID: D172655 Date of Disbursement 08 / 01 / 2008
	Mailing Address 5745 Clark Rd	Amount of Each Disbursement this Period 64.10
	City Sarasota State FL Zip Code 34233-3304	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
	Purpose of Disbursement Fuel Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Shell	Transaction ID: D172658 Date of Disbursement 08 / 01 / 2008
	Mailing Address 3006 -- 1st Street	Amount of Each Disbursement this Period 62.94
	City Bradenton State FL Zip Code 34208	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
	Purpose of Disbursement Fuel Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Shell	Transaction ID: D172659 Date of Disbursement 08 / 01 / 2008
	Mailing Address 3006 -- 1st Street	Amount of Each Disbursement this Period 14.00
	City Bradenton State FL Zip Code 34208	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
	Purpose of Disbursement Fuel Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<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 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)  
Jennings 2008

A.	Full Name (Last, First, Middle Initial) Paychex	Transaction ID: D172821 Date of Disbursement 08 / 01 / 2008
	Mailing Address 3060 Williams Dr Ste 200	Amount of Each Disbursement this Period 23922.61
	City Fairfax State VA Zip Code 22031-4642	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement SEE BELOW Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) Ms. Mary Alison Andrews	Transaction ID: D172823 Date of Disbursement 08 / 01 / 2008
	Mailing Address 9794 Bay Harbour Circle, Apt 101	Amount of Each Disbursement this Period 2516.75
	City Fort Myers State FL Zip Code 33919	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Payroll Candidate Name	Category/Type 001
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
	State: District:	

C.	Full Name (Last, First, Middle Initial) Mr. Joseph Patrick Boyle	Transaction ID: D172826 Date of Disbursement 08 / 01 / 2008
	Mailing Address 4644 S Lockwood Ridge Rd.	Amount of Each Disbursement this Period 4198.08
	City Sarasota State FL Zip Code 34231	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Payroll Candidate Name	Category/Type 001
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	23922.61
<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)  
Jennings 2008

A.

Full Name (Last, First, Middle Initial)  
Mr. Joseph Cooper

Mailing Address 515 30th Ave W, Apt H104

City State Zip Code  
Bradenton FL 34205-8055

Purpose of Disbursement  
Payroll

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D172839  
Date of Disbursement

08 / 01 / 2008

Amount of Each Disbursement this Period

2473.00

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
Ms. Megan Mitchell

Mailing Address 75 Goshen Road

City State Zip Code  
Chester NY 10918

Purpose of Disbursement  
Payroll

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D172841  
Date of Disbursement

08 / 01 / 2008

Amount of Each Disbursement this Period

2279.54

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
Ms. Mary Noel Sams

Mailing Address 3124 Sandleheath

City State Zip Code  
Sarasota FL 34235

Purpose of Disbursement  
Payroll

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D172844  
Date of Disbursement

08 / 01 / 2008

Amount of Each Disbursement this Period

2973.48

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

[MEMO ITEM]

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

0.00

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 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)  
Jennings 2008

A.	Full Name (Last, First, Middle Initial) Mr. Scott Seymour	Transaction ID: D172850 Date of Disbursement 08 / 01 / 2008
	Mailing Address 12923 Deviar Drive	Amount of Each Disbursement this Period 2980.22
	City Centreville State VA Zip Code 20120	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
	Purpose of Disbursement Payroll Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Ms. Melissa Smith	Transaction ID: D172858 Date of Disbursement 08 / 01 / 2008
	Mailing Address 650 Newton Place NW, #3	Amount of Each Disbursement this Period 2778.17
	City Washington State DC Zip Code 20010	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
	Purpose of Disbursement Payroll Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Mr. Jon Thompson	Transaction ID: D172859 Date of Disbursement 08 / 01 / 2008
	Mailing Address 609 Holter	Amount of Each Disbursement this Period 1637.12
	City Helena State MT Zip Code 59601	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
	Purpose of Disbursement Payroll Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<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)

PAGE 97 / 98

<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)  
Jennings 2008

A.

Full Name (Last, First, Middle Initial)  
Ms. Stacia F. Young

Mailing Address 93 Stanhope Road

City State Zip Code  
Sparta NJ 07871

Purpose of Disbursement  
Payroll

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D172860  
Date of Disbursement

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

Amount of Each Disbursement this Period

2086.25
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Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

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

0.00
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TOTAL This Period (last page this line number only) ..... ►

279067.33
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Image# 28993106004

Form/Schedule: **F3A**  
Transaction ID:

This amendment is in response to FEC Inquiry dated Nov 4, 2008, Re: Amended Year End Report (10/1/2007-12/31/2007), received 10/8/08, as well as the April Quarterly, July Quarterly and Pre-Primary Reports. Column 'B' figures were corrected.

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