

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
MiLead Fund

ADDRESS (number and street) 1006 Pendleton Street
Check if different than previously reported. (ACC) Alexandria VA 22314

2. **FEC IDENTIFICATION NUMBER** C00377663
3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports: April 15 Quarterly Report(Q1), July 15 Quarterly Report(Q2), October 15 Quarterly Report(Q3), January 31 Quarterly Report(YE), July 31 Mid-Year Report(Non-election Year Only) (MY), Termination Report (TER)
(b) Monthly Report Due On: Feb 20 (M2), May 20 (M5), Aug 20 (M8), Nov 20 (M11) (Non-Election Year Only), Mar 20 (M3), Jun 20 (M6), Sep 20 (M9), Dec 20 (M12) (Non-Election Year Only), Apr 20 (M4), Jul 20 (M7), Oct 20 (M10), Jan 31 (YE)
(c) 12-Day **PRE**-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post**-Election Report for the: General (30G), Runoff (30R), Special (30S)
Election on _____ in the State of _____

5. Covering Period 04 01 2008 through 06 30 2008

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

Type or Print Name of Treasurer Paul Kilgore

Signature of Treasurer Electronically Filed by Paul Kilgore Date 07 14 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.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
MiLead Fund

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		1490.19
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	7167.82									
(c) Total Receipts (from Line 19)	13000.00	20500.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	20167.82	21990.19								
7. Total Disbursements (from Line 31)	11603.66	13426.03								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	8564.16	8564.16								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
MiLead Fund

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	2500.00	2500.00
(i) Itemized (use Schedule A)	0.00	0.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	2500.00	2500.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	10500.00	18000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	13000.00	20500.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	13000.00	20500.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	13000.00	20500.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	2103.66	3926.03
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	2103.66	3926.03
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	9500.00	9500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	11603.66	13426.03
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	11603.66	13426.03

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3	13000.00	20500.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	13000.00	20500.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	2103.66	3926.03
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2103.66	3926.03

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 13
(check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
MiLead Fund

A.

Full Name (Last, First, Middle Initial)
Altior PAC

Mailing Address 214 Massachusetts Ave NE Ste 210

City Washington State DC Zip Code 20002-4958

FEC ID number of contributing federal political committee. **C** C00034884

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt: 04 / 08 / 2008
Transaction ID: 80714.C164
Amount of Each Receipt this Period: 2000.00
Receipt

B.

Full Name (Last, First, Middle Initial)
Amer. Speech-Language-Hearing Assoc PAC

Mailing Address 10801 Rockville Pike

City Rockville State MD Zip Code 20852-3226

FEC ID number of contributing federal political committee. **C** C00210666

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt: 06 / 30 / 2008
Transaction ID: 80714.C166
Amount of Each Receipt this Period: 2500.00
Receipt

C.

Full Name (Last, First, Middle Initial)
Boeing PAC

Mailing Address 1200 Wilson Blvd

City Arlington State VA Zip Code 22209-2305

FEC ID number of contributing federal political committee. **C** C00142711

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 06 / 05 / 2008
Transaction ID: 80714.C165
Amount of Each Receipt this Period: 1000.00
Receipt

SUBTOTAL of Receipts This Page (optional) ▶ 5500.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 13
(check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
MiLead Fund

A.

Full Name (Last, First, Middle Initial)
Raytheon PAC

Mailing Address 1100 Wilson Blvd Ste 1500

City State Zip Code
Arlington VA 22209-2270

FEC ID number of contributing federal political committee. **C** C00097568

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 8

Transaction ID: 80714.C163

Amount of Each Receipt this Period
5000.00

Receipt

SUBTOTAL of Receipts This Page (optional)	5000.00
TOTAL This Period (last page this line number only)	10500.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 8 / 13	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
MiLead Fund

A.

Full Name (Last, First, Middle Initial) Mark Valente III		Date of Receipt
Mailing Address 7055 Leestone St		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
City Springfield	State VA	Zip Code 22151-3520
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID: 80714.C167
Name of Employer Valente & Associates	Occupation President	Amount of Each Receipt this Period <input type="text" value="2500.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="2500.00"/>	Receipt

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="2500.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="2500.00"/>

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

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

FOR LINE NUMBER: (check only one)

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

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
MiLead Fund

<p>A. Full Name (Last, First, Middle Initial) Professional Data Services</p> <p>Mailing Address 264 N Lumpkin St # 202</p> <p>City Athens State GA Zip Code 30601-2742</p> <p>Purpose of Disbursement PAC Compliance Consulting</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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80714.E34 Date of Disbursement 05 / 19 / 2008</p> <p>Amount of Each Disbursement this Period 1200.00</p> <p>PAC COMPLIANCE CONSULTING</p>
<p>B. Full Name (Last, First, Middle Initial) The Townsend Group</p> <p>Mailing Address 429 N Saint Asaph St</p> <p>City Alexandria State VA Zip Code 22314-2317</p> <p>Purpose of Disbursement PAC Fundraising Consulting</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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80714.E35 Date of Disbursement 05 / 19 / 2008</p> <p>Amount of Each Disbursement this Period 903.66</p> <p>PAC FUNDRAISING CONSULTING</p>

SUBTOTAL of Disbursements This Page (optional)	2103.66
TOTAL This Period (last page this line number only)	2103.66

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
MiLead Fund

<p>A. Full Name (Last, First, Middle Initial) Bachmann For Congress</p> <p>Mailing Address PO Box 49756</p> <p>City Blaine State MN Zip Code 55449-0756</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name MICHELE M BACHMANN</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: MN District: 06</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80714.E43</p> <p>Date of Disbursement 04 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>CONTRIBUTION</p>
<p>B. Full Name (Last, First, Middle Initial) Casperon for Congress</p> <p>Mailing Address PO Box 495</p> <p>City Escanaba State MI Zip Code 49829-0495</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name THOMAS A CASPERSON</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: MI District: 01</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80714.E47</p> <p>Date of Disbursement 06 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>CONTRIBUTION</p>
<p>C. Full Name (Last, First, Middle Initial) Committee to Re-Elect Vito Fossella</p> <p>Mailing Address 34 Dumont Ave</p> <p>City Staten Island State NY Zip Code 10305-1450</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name VITO FOSSELLA</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NY District: 13</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80714.E37</p> <p>Date of Disbursement 04 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>CONTRIBUTION</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
MiLead Fund

A. Full Name (Last, First, Middle Initial) Gard for Congress Mailing Address 1915 S Webster Avenue City Green Bay State WI Zip Code 54301-5200 Purpose of Disbursement CONTRIBUTION Candidate Name JOHN G GARD Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 08 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80714.E46 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 8 Amount of Each Disbursement this Period 2500.00 Category/Type CONTRIBUTION
	Full Name (Last, First, Middle Initial) Graves for Congress Mailing Address 4701 NW 82nd St City Kansas City State MO Zip Code 64151-1102 Purpose of Disbursement CONTRIBUTION Candidate Name SAMUEL B GRAVES Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 06 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Anne Northup for Congress Mailing Address PO Box 7313 City Louisville State KY Zip Code 40257-0313 Purpose of Disbursement CONTRIBUTION Candidate Name ANNE M NORTHUP Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 03 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80714.E39 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 3 / 2 0 0 8 Amount of Each Disbursement this Period 500.00 Category/Type CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional)	3500.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
MiLead Fund

A. Full Name (Last, First, Middle Initial)
Ozinga for Congress

Mailing Address 1901 Old LaGrange Rd Ste 430

City Mokena State IL Zip Code 60448-

Purpose of Disbursement CONTRIBUTION

Candidate Name MARTIN OZINGA, III

Office Sought: House Senate President

Disbursement For: 2008 Primary General Other (specify) ▼

State: IL District: 11

Transaction ID: 80714.E44
Date of Disbursement 04 / 23 / 2008

Amount of Each Disbursement this Period 500.00

Category/Type CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
Friends of Erik Paulsen

Mailing Address PO Box 44369

City Eden Prairie State MN Zip Code 55344-1369

Purpose of Disbursement CONTRIBUTION

Candidate Name ERIK PAULSEN

Office Sought: House Senate President

Disbursement For: 2008 Primary General Other (specify) ▼

State: MN District: 03

Transaction ID: 80714.E40
Date of Disbursement 04 / 23 / 2008

Amount of Each Disbursement this Period 500.00

Category/Type CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
Walberg for Congress

Mailing Address 6769 Teachout Rd

City Tipton State MI Zip Code 49287-9807

Purpose of Disbursement CONTRIBUTION

Candidate Name TIMOTHY WALBERG

Office Sought: House Senate President

Disbursement For: 2008 Primary General Other (specify) ▼

State: MI District: 07

Transaction ID: 80714.E42
Date of Disbursement 04 / 23 / 2008

Amount of Each Disbursement this Period 1000.00

Category/Type CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional) ► 2000.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 13 / 13

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

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
MiLead Fund

A.

Full Name (Last, First, Middle Initial)
Darren White for Congress

Mailing Address PO Box 16601

City Albuquerque State NM Zip Code 87191-6601

Purpose of Disbursement
CONTRIBUTION

Candidate Name
DARREN P WHITE

Office Sought: House
 Senate
 President

State: NM District: 01

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Category/
Type

Transaction ID: 80714.E41

Date of Disbursement

/ /

Amount of Each Disbursement this Period

CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional) ►

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