



Campaign Finance Section
Financial Report

Financial Reports are required to be submitted to the Campaign Finance Section of the Office of the State Election Commissioner by all Candidates, Committees, and Organizations. Late or incomplete reports are subject to fines levied by the Commissioner's Office, so please be sure to check all applicable deadlines and file on time. Add extra sheets if necessary.

Full Organization Name: Friends For Lee

Account Number: ***** Date of this Report: 10/16/2008

Reporting Period Start: 01/01/2008 Reporting Period End: 10/04/2008

Office: State House Of Representatives - District 40

Check the box that applies to this report:

Primary Election 8-DAY 30-DAY
General Election 8-DAY X 30-DAY
Other Election 8-DAY 30-DAY
Special Election 8-DAY 30-DAY

YEAR END

Final Organization Closing: YES X NO Closing Date:
Amendment: YES X NO

I authorize that all information included in this Financial Report package is accurate and correct. I agree to abide by all rules and regulations regarding Campaign Finance and the election process in the State of Delaware. I understand that representatives from the Office of the State Election Commissioner will perform an audit of all information provided on this report.

TREASURER SIGNATURE DATE

CANDIDATE SIGNATURE DATE

09/24/2008	Sussex County Republican Women	32046 River Rd, Millsboro, DE 19966	\$300.00	\$300.00
09/24/2008	Delaware Acre Fund	PO Box 600 Greenwood, DE 19950	\$150.00	\$150.00
09/24/2008	Genesis Healthcare Corp PAC	101 E. State St. Kennett Square, PA 19348	\$150.00	\$150.00
09/24/2008	Norfolk Corp	3 Commerce Pl, Norfolk VA 23510	\$100.00	\$100.00
09/24/2008	Walgreens	200 Wilmot Rd, Deerfield IL 60015	\$250.00	\$250.00
08/13/2008	unknown	unkown	\$650.00	\$650.00
08/13/2008	unknown	unknown	\$300.00	\$300.00
09/16/2008	DE Bank PAC	PO Box 781 Dover, DE 19903	\$150.00	\$150.00
TOTAL RECEIPTS IN EXCESS OF \$100				\$5,840.00
TOTAL RECEIPTS NOT IN EXCESS OF \$100				\$1,747.18
GRAND TOTAL RECEIPTS (TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 2A)				\$7,587.18

08/20/2008	Bethel Post Office	Bethel, DE 19931	\$324.00	\$324.00
08/27/2008	Laurel Star	PO Box 1000, Seaford, DE 19973	\$425.00	\$425.00
08/30/2008	Laurel Star	PO Box 1000, Seaford, DE 19973	\$200.00	\$200.00
09/12/2008	Chad Hastings	Laurel, DE 19956	\$160.00	\$160.00
09/12/2008	Mike LeCates	16102 Whitesville Rd Delmar DE 19940	\$1,100.00	\$1,100.00
09/12/2008	Laurel Fire Hall	10th Street, Laurel, DE 19956	\$250.00	\$250.00
09/15/2008	Charlotte Givens	PO Box 186, Bethel, DE 19931	\$229.81	\$229.81
09/23/2008	Print Shack	Brickyard Rd, Seaford, DE 19973	\$427.19	\$427.19
09/23/2008	Dover Post	PO Box 664, Dover, DE 19901	\$595.18	\$595.18
09/27/2008	Laurel Star	PO Box 1000, Seaford, DE 19973	\$360.50	\$360.50
09/27/2008	Print Shack	Brickyard Rd, Seaford, DE 19973	\$788.61	\$788.61
TOTAL EXPENDITURES IN EXCESS OF \$100				\$8,829.17
TOTAL EXPENDITURES NOT IN EXCESS OF \$100				\$322.35
GRAND TOTAL EXPENDITURES (TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 3F)				\$9,151.52



SCHEDULE E - EXPENSE REIMBURSEMENTS

Account Number: _____ ***** _____ Reporting Period: _____ 01/01/2008 _____ 10/04/2008
FROM TO

All expense reimbursements received by you and paid by you must be itemized.

REIMBURSEMENTS RECEIVED (Monies paid to you as reimbursements for expenses you incurred.)

Date Received	Reimburer	Description of Activity	Activity Date	Total Expense	Reimbursement
TOTAL REIMBURSEMENTS RECEIVED (TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 2D.)					

REIMBURSEMENTS PAID (Monies paid by you to reimburse others for expenses they incurred.)

Date Paid	Payee	Description of Activity	Activity Date	Total Expense	Reimbursement
TOTAL REIMBURSEMENTS PAID (TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 3I.)					

