

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 Maggie's List

ADDRESS (number and street) 6675 Weeping Willow Way Tallahassee FL 32311 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00469023 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Convention, Special, Runoff (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 07 01 2010 through 09 30 2010

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

Type or Print Name of Treasurer Nancy H. Watkins, Assistant Treasurer

Signature of Treasurer Electronically Filed by Nancy H. Watkins, Assistant Treasurer Date 10 12 2010

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 table with 7 columns and 1 row. FEC FORM 3X (Rev. 12/2004)

A. Form/Schedule : **F3XN**

Transaction ID :

No expenditure, other than a direct contribution, was made on behalf of a specifically identified federal candidate. No expenditure was for a public communication that referred to a clearly identified candidate for Federal office and that promoted, supported, attacked or opposed any such candidate for Federal office.

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
Maggie's List

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		2000.28
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	16359.53									
(c) Total Receipts (from Line 19) .....	18990.00	37575.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	35349.53	39575.28								
7. Total Disbursements (from Line 31) .....	11164.91	15390.66								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	24184.62	24184.62								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name  
Maggie's List

Report Covering the Period: From:    To:

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		
(i) Itemized (use Schedule A) .....	12750.00	26050.00
(ii) Unitemized .....	240.00	2525.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	12990.00	28575.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	6000.00	9000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	18990.00	37575.00
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)) .....	18990.00	37575.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	18990.00	37575.00

## DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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	400.00
(b) Other Federal Operating Expenditures.....	4034.91	6360.66
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	4034.91	6760.66
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	7130.00	8630.00
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))..	11164.91	15390.66
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	11164.91	14990.66

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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) .....	18990.00	37575.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	18990.00	37575.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	4034.91	6360.66
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	4034.91	6360.66

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

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

FOR LINE NUMBER: PAGE 7 / 22  
(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)  
Maggie's List

**A.** Full Name (Last, First, Middle Initial)  
Judith A. Albertelli

Mailing Address 11651 Olde Mandarin Road

City State Zip Code  
Jacksonville FL 32223

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

Name of Employer n/a Occupation community volunteer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 29 / 2010  
Transaction ID: SA11AI.4371  
Amount of Each Receipt this Period 1000.00  
Earmarked-Sandy Adams for Congress

**B.** Full Name (Last, First, Middle Initial)  
Nancy M. Bradley

Mailing Address 4424 New Broad Street

City State Zip Code  
Orlando FL 32814

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

Name of Employer Daytona College Occupation education

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 29 / 2010  
Transaction ID: SA11AI.4375  
Amount of Each Receipt this Period 1000.00  
Earmarked-Sandy Adams for Congress

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

Mailing Address 3708 Bonnell Drive

City State Zip Code  
Austin TX 78731

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

Name of Employer self-employed Occupation investor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 18 / 2010  
Transaction ID: SA11AI.4258  
Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2500.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 22  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Maggie's List

**A.**

Full Name (Last, First, Middle Initial) Christina C. Johnson		Date of Receipt MM / DD / YYYY 08 / 18 / 2010
Mailing Address 3284 Whitney Drive, E.		<b>Transaction ID:</b> SA11AI.4256
City Tallahassee	State FL	Zip Code 32308
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Tew Cardenas Advocacy Group	Occupation consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

**B.**

Full Name (Last, First, Middle Initial) Barbara S. Livingston		Date of Receipt MM / DD / YYYY 08 / 10 / 2010
Mailing Address 1715 N.W. 12th Road		<b>Transaction ID:</b> SA11AI.4275
City Gainesville	State FL	Zip Code 32605
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer n/a	Occupation retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

**C.**

Full Name (Last, First, Middle Initial) Wayne McDaniel		Date of Receipt MM / DD / YYYY 09 / 07 / 2010
Mailing Address 2010 Doormar Drive		<b>Transaction ID:</b> SA11AI.4330
City Tallahassee	State FL	Zip Code 32308
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer McDaniel Consulting, LLC	Occupation owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	2250.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 22  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Maggie's List

**A.** Full Name (Last, First, Middle Initial)  
Nancy Riley

Mailing Address 2967 Teal Lane

City State Zip Code  
Clearwater FL 33762

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Coldwell Banker realtor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY  
07 / 31 / 2010

**Transaction ID:** SA11AI.4273

Amount of Each Receipt this Period 1000.00

**B.** Full Name (Last, First, Middle Initial)  
Linda Teetz

Mailing Address 1280 Olde Doubloon Drive

City State Zip Code  
Vero Beach FL 32963

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
n/a retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY  
09 / 03 / 2010

**Transaction ID:** SA11AI.4334

Amount of Each Receipt this Period 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Deborah L. Van Dormolen

Mailing Address 1507 Hilltop Circle

City State Zip Code  
Salado TX 76571

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
n/a retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt MM / DD / YYYY  
09 / 20 / 2010

**Transaction ID:** SA11AI.4321

Amount of Each Receipt this Period 1000.00

Earmarked-Kay Granger Campaign Fund

**SUBTOTAL** of Receipts This Page (optional) ..... 3000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 / 22
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Maggie's List

<b>A.</b>	Full Name (Last, First, Middle Initial) Deborah L. Van Dormolen		Date of Receipt
	Mailing Address 1507 Hilltop Circle		<input type="text" value="09"/> / <input type="text" value="20"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Salado	TX	76571
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer n/a		Occupation retired	Transaction ID: SA11AI.4322 Amount of Each Receipt this Period <input type="text" value="2000.00"/> Earmarked-Dr. Donna Campbell for Congress
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="2000.00"/>	

<b>B.</b>	Full Name (Last, First, Middle Initial) Deborah L. Van Dormolen		Date of Receipt
	Mailing Address 1507 Hilltop Circle		<input type="text" value="09"/> / <input type="text" value="20"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Salado	TX	76571
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer n/a		Occupation retired	Transaction ID: SA11AI.4329 Amount of Each Receipt this Period <input type="text" value="3000.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="5000.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="5000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="12750.00"/>

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

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

FOR LINE NUMBER: PAGE 11 / 22  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
Maggie's List

**A.** Full Name (Last, First, Middle Initial)  
Friends of Bill Posey  
Mailing Address P. O. Box 360877

City State Zip Code  
Melbourne FL 32936

FEC ID number of contributing federal political committee. **C** C00444968

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 30 / 2010

**Transaction ID:** SA11C.4336

Amount of Each Receipt this Period  
2000.00

**B.** Full Name (Last, First, Middle Initial)  
Friends of Cliff Stearns  
Mailing Address P. O. Box 308

City State Zip Code  
Silver Springs FL 34489

FEC ID number of contributing federal political committee. **C** C00229377

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 28 / 2010

**Transaction ID:** SA11C.4279

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Friends of Ginny Brown-Waite  
Mailing Address P.O. Box 865

City State Zip Code  
Brooksville FL 34605

FEC ID number of contributing federal political committee. **C** C00367680

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 17 / 2010

**Transaction ID:** SA11C.4282

Amount of Each Receipt this Period  
3000.00

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

**TOTAL** This Period (last page this line number only) ..... ► 6000.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 12 / 22

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

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NAME OF COMMITTEE (In Full)  
Maggie's List

A.	Full Name (Last, First, Middle Initial) Chase Card Services	Transaction ID: SB21B.4358 Date of Disbursement
	Mailing Address P. O. Box 15153	<input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2010"/>
	City Wilmington State DE Zip Code 19886	Amount of Each Disbursement this Period
	Purpose of Disbursement see memo entry-1 required	<input type="text" value="604.52"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Staples	Transaction ID: SB21B.4358.0 Date of Disbursement
	Mailing Address P. O. Box 689020	<input type="text" value="08"/> / <input type="text" value="14"/> / <input type="text" value="2010"/>
	City Des Moines State IA Zip Code 50368	Amount of Each Disbursement this Period
	Purpose of Disbursement office supplies	<input type="text" value="52.68"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) CMH Printing	Transaction ID: SB21B.4358.2 Date of Disbursement
	Mailing Address 8416 Mahan Drive	<input type="text" value="08"/> / <input type="text" value="20"/> / <input type="text" value="2010"/>
	City Tallahassee State FL Zip Code 32309	Amount of Each Disbursement this Period
	Purpose of Disbursement printing	<input type="text" value="182.75"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="604.52"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# 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 / 22

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

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NAME OF COMMITTEE (In Full)  
Maggie's List

A.

Full Name (Last, First, Middle Initial)  
Chase Card Services

Mailing Address P. O. Box 15153

City Wilmington State DE Zip Code 19886

Purpose of Disbursement  
No itemization required

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B.4264  
Date of Disbursement

09 / 02 / 2010

Amount of Each Disbursement this Period

115.06

B.

Full Name (Last, First, Middle Initial)  
eDonation.com

Mailing Address 117 N. Saint Asaph Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
online fundraising

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B.4246  
Date of Disbursement

07 / 02 / 2010

Amount of Each Disbursement this Period

32.85

C.

Full Name (Last, First, Middle Initial)  
eDonation.com

Mailing Address 117 N. Saint Asaph Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
online fundraising

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B.4262  
Date of Disbursement

08 / 03 / 2010

Amount of Each Disbursement this Period

90.09

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

238.00

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 14 / 22

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

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NAME OF COMMITTEE (In Full)  
Maggie's List

A.

Full Name (Last, First, Middle Initial)  
Holiday Inn Resort Panama City Beach

Transaction ID: SB21B.4271  
Date of Disbursement

Mailing Address 11127 Front Beach Road

09 / 10 / 2010

City Panama City Beach State FL Zip Code 32407

Amount of Each Disbursement this Period

Purpose of Disbursement  
food and beverage

391.10

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
Christina C. Johnson

Transaction ID: SB21B.4349  
Date of Disbursement

Mailing Address 3284 Whitney Drive, E.

08 / 06 / 2010

City Tallahassee State FL Zip Code 32308

Amount of Each Disbursement this Period

Purpose of Disbursement  
see memo entries

911.91

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
FedEx Kinko's

Transaction ID: SB21B.4349.0  
Date of Disbursement

Mailing Address 3425 Thomasville Road, #4

08 / 06 / 2010

City Tallahassee State FL Zip Code 32309

Amount of Each Disbursement this Period

Purpose of Disbursement  
printing

205.85

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

[MEMO ITEM]

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

1303.01

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Maggie's List

A.	Full Name (Last, First, Middle Initial) FedEx Kinko's	Transaction ID: SB21B.4349.1 Date of Disbursement 08 / 06 / 2010
	Mailing Address 3425 Thomasville Road, #4	Amount of Each Disbursement this Period 95.39
	City Tallahassee State FL Zip Code 32309	
	Purpose of Disbursement printing	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) FedEx Kinko's	Transaction ID: SB21B.4349.2 Date of Disbursement 08 / 06 / 2010
	Mailing Address 3425 Thomasville Road, #4	Amount of Each Disbursement this Period 43.93
	City Tallahassee State FL Zip Code 32309	
	Purpose of Disbursement delivery	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) LogoTournament.com	Transaction ID: SB21B.4349.3 Date of Disbursement 08 / 06 / 2010
	Mailing Address 4307-130th Avenue, S.E. Alberta	Amount of Each Disbursement this Period 566.74
	City Canada, T2Z 3V8 State ZZ Zip Code	
	Purpose of Disbursement graphic design	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

<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 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

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NAME OF COMMITTEE (In Full)  
Maggie's List

A.	Full Name (Last, First, Middle Initial) Sandra B. Mortham	Transaction ID: SB21B.4341 Date of Disbursement
	Mailing Address 6675 Weepong Willow Way	<input type="text" value="07"/> / <input type="text" value="26"/> / <input type="text" value="2010"/>
	City Tallahassee State FL Zip Code 32311	Amount of Each Disbursement this Period
	Purpose of Disbursement see memo entries	<input type="text" value="1492.19"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Caucus Room	Transaction ID: SB21B.4341.1 Date of Disbursement
	Mailing Address 401 9th Street, N.W.	<input type="text" value="06"/> / <input type="text" value="22"/> / <input type="text" value="2010"/>
	City Washington State DC Zip Code 20001	Amount of Each Disbursement this Period
	Purpose of Disbursement catering-fundraising	<input type="text" value="1261.31"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) Sandra B. Mortham	Transaction ID: SB21B.4417 Date of Disbursement
	Mailing Address 6675 Weepong Willow Way	<input type="text" value="07"/> / <input type="text" value="29"/> / <input type="text" value="2010"/>
	City Tallahassee State FL Zip Code 32311	Amount of Each Disbursement this Period
	Purpose of Disbursement See memo entry	<input type="text" value="397.19"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="1889.38"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Maggie's List

A.

Full Name (Last, First, Middle Initial)  
CMH Printing

Mailing Address 8416 Mahan Drive

City Tallahassee State FL Zip Code 32309

Purpose of Disbursement  
Printing

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B.4417.0  
Date of Disbursement

07 / 20 / 2010

Amount of Each Disbursement this Period

397.19

[MEMO ITEM]

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

0.00

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

4034.91

# 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

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NAME OF COMMITTEE (In Full)  
Maggie's List

**A.** Full Name (Last, First, Middle Initial)  
Ann Marie Buerkle for Congress

Mailing Address 3779 Underwood Way

City Syracuse State NY Zip Code 13215

Purpose of Disbursement contribution

Candidate Name  
Ann Marie Buerkle

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: NY District: 25

Transaction ID: SB23.4313

Date of Disbursement

09 / 27 / 2010

Amount of Each Disbursement this Period

500.00

**B.** Full Name (Last, First, Middle Initial)  
Diane Black for Congress

Mailing Address 819 Plantation Blvd.

City Gallatin State TN Zip Code 37066

Purpose of Disbursement contribution

Candidate Name  
Diane Lynn Black

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: TN District: 06

Transaction ID: SB23.4308

Date of Disbursement

09 / 27 / 2010

Amount of Each Disbursement this Period

500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Donna Campbell for Congress

Mailing Address P. O. Box 156

City Columbus State TX Zip Code 78934

Purpose of Disbursement  
Deborah L. Van Dormolen

Candidate Name  
Donna Campbell

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: TX District: 25

Transaction ID: SB23.4320

Date of Disbursement

09 / 27 / 2010

Amount of Each Disbursement this Period

2000.00

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

3000.00

**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)

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

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NAME OF COMMITTEE (In Full)  
Maggie's List

A.	Full Name (Last, First, Middle Initial) Friends of Nan Hayworth	Transaction ID: SB23.4314 Date of Disbursement
	Mailing Address P. O. Box 189	<input type="text" value="09"/> / <input type="text" value="27"/> / <input type="text" value="2010"/>
	City Mount Kisco State NY Zip Code 10549	Amount of Each Disbursement this Period
	Purpose of Disbursement contribution	<input type="text" value="500.00"/>
	Candidate Name Nan Hayworth	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 19	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Jaime Herrera for Congress	Transaction ID: SB23.4305 Date of Disbursement
	Mailing Address P. O. Box 1614	<input type="text" value="09"/> / <input type="text" value="27"/> / <input type="text" value="2010"/>
	City Ridgefield State WA Zip Code 98642	Amount of Each Disbursement this Period
	Purpose of Disbursement contribution	<input type="text" value="500.00"/>
	Candidate Name Jaime Lynn Herrera	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 03	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Kay Granger Campaign Fund	Transaction ID: SB23.4319 Date of Disbursement
	Mailing Address 715 Jones Street, Suite 101	<input type="text" value="09"/> / <input type="text" value="27"/> / <input type="text" value="2010"/>
	City Fort Worth State TX Zip Code 76102	Amount of Each Disbursement this Period
	Purpose of Disbursement Deborah L. Van Dormolen	<input type="text" value="1000.00"/>
	Candidate Name Kay Granger	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 12	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="2000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# 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

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NAME OF COMMITTEE (In Full)  
Maggie's List

<p><b>A.</b> Full Name (Last, First, Middle Initial) Kristi for Congress</p> <p>Mailing Address P. O. Box 852</p> <p>City Sioux Falls State SD Zip Code 57101</p> <p>Purpose of Disbursement contribution</p> <p>Candidate Name Kristi Lynn Noem</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SD District: 00</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.4309</p> <p>Date of Disbursement 09 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Martha Roby for Congress</p> <p>Mailing Address P. O. Box 195</p> <p>City Montgomery State AL Zip Code 36101</p> <p>Purpose of Disbursement contribution</p> <p>Candidate Name Martha Roby</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 02</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.4312</p> <p>Date of Disbursement 09 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Sandy Adams for Congress</p> <p>Mailing Address P. O. Box 1566</p> <p>City Orlando State FL Zip Code 32802</p> <p>Purpose of Disbursement contribution Mrs. Reed Brown, II</p> <p>Candidate Name Sandy Adams</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 24</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.4316</p> <p>Date of Disbursement 09 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 10.00</p>

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

1010.00

**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

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NAME OF COMMITTEE (In Full)  
Maggie's List

A.

Full Name (Last, First, Middle Initial)  
Sandy Adams for Congress

Transaction ID: SB23.4317  
Date of Disbursement

Mailing Address P. O. Box 1566

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	3		2	0	1	0

City Orlando State FL Zip Code 32802

Amount of Each Disbursement this Period

Purpose of Disbursement  
Nancy L. Collier

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

20.00
-------

Candidate Name  
Sandy Adams

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: FL District: 24

B.

Full Name (Last, First, Middle Initial)  
Sandy Adams for Congress

Transaction ID: SB23.4318  
Date of Disbursement

Mailing Address P. O. Box 1566

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	3		2	0	1	0

City Orlando State FL Zip Code 32802

Amount of Each Disbursement this Period

Purpose of Disbursement  
Mary Bear

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

100.00
--------

Candidate Name  
Sandy Adams

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: FL District: 24

C.

Full Name (Last, First, Middle Initial)  
Vicky Hartzler for Congress

Transaction ID: SB23.4310  
Date of Disbursement

Mailing Address P. O. Box 531

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	7		2	0	1	0

City Harrisonville State MO Zip Code 64701

Amount of Each Disbursement this Period

Purpose of Disbursement  
contribution

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

500.00
--------

Candidate Name  
Vicky Jo Hartzler

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: MO District: 04

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

620.00
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**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Maggie's List

A.

Full Name (Last, First, Middle Initial)  
Walorski for Congress, Inc.

Transaction ID: SB23.4311

Date of Disbursement

Mailing Address P. O. Box 954

<sup>M</sup> 0	<sup>M</sup> 9	/	<sup>D</sup> 2	<sup>D</sup> 7	/	<sup>Y</sup> 2	<sup>Y</sup> 0	<sup>Y</sup> 1	<sup>Y</sup> 0
----------------	----------------	---	----------------	----------------	---	----------------	----------------	----------------	----------------

City State Zip Code  
Mishawaka IN 46546

Amount of Each Disbursement this Period

500.00
--------

Purpose of Disbursement  
contribution

Category/  
Type

Candidate Name  
Jackie Walorski

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: IN District: 02

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

500.00

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

7130.00