

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 NEW PAC

ADDRESS (number and street) P.O. BOX 7480 VISALIA CA 93290 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00398750 3. IS THIS REPORT NEW (N) OR AMENDED (A) X

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report(Q1) X (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 (12S) 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 01 01 2010 through 03 31 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 Toni Dian Nunes

Signature of Treasurer Electronically Filed by Toni Dian Nunes Date 10 04 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 FE6AN026 FEC FORM 3X (Rev. 12/2004)

A. Form/Schedule : **F3XA**  
Transaction ID :

In response to the Federal Election Commission letter dated: 9/3/10. Amendments have been made to this report to correct data entry errors.

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

Write or Type Committee Name  
NEW PAC

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	3

D	D
3	1

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		79042.92
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	79042.92									
(c) Total Receipts (from Line 19) .....	60500.00	60500.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	139542.92	139542.92								
7. Total Disbursements (from Line 31) .....	39489.85	39489.85								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	100053.07	100053.07								
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  
NEW PAC

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

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) .....	7500.00	7500.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	7500.00	7500.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	53000.00	53000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	60500.00	60500.00
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)) .....	60500.00	60500.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	60500.00	60500.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	13489.85	13489.85
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	13489.85	13489.85
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	26000.00	26000.00
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))..	39489.85	39489.85
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	39489.85	39489.85

**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) .....	60500.00	60500.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	60500.00	60500.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	13489.85	13489.85
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	13489.85	13489.85

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 7 / 26</span>
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<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)  
NEW PAC

**A.**

Full Name (Last, First, Middle Initial) SAN MANUEL TRIBAL ADMINISTRATION		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 1 / 2 0 1 0
Mailing Address 26569 COMMUNITY CENTER DRIVE		<b>Transaction ID:</b> SA11AI.6618
City HIGHLAND	State CA	Zip Code 92346
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer	Occupation	DATED: 12/16/09 RECVD: 1/21/10
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

**B.**

Full Name (Last, First, Middle Initial) SANTA YNEZ BAND OF MISSION INDIANS		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 8 / 2 0 1 0
Mailing Address P.O. BOX 517		<b>Transaction ID:</b> SA11AI.6623
City SANTA YNEZ	State CA	Zip Code 93460
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	7500.00
<b>TOTAL</b> This Period (last page this line number only) .....	7500.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 26  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
NEW PAC

**A.** Full Name (Last, First, Middle Initial)  
ABBOTT LABORATORIES EMPLOYEE POLITICAL ACTION COMMITTEE

Mailing Address 100 Abbott Park Rd.  
D312 AP6D-2

City State Zip Code  
Abbott Park IL 60064

FEC ID number of contributing federal political committee. **C** C00040279

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	3	/	2	8	/	2	0	1	0

**Transaction ID:** SA11C.6622

Amount of Each Receipt this Period  
5000.00

**B.** Full Name (Last, First, Middle Initial)  
AMGEN INC. POLITICAL ACTION COMMITTEE

Mailing Address 601 13th Street, NW  
12th Floor

City State Zip Code  
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00251876

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  

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

**Transaction ID:** SA11C.6532

Amount of Each Receipt this Period  
2500.00

**C.** Full Name (Last, First, Middle Initial)  
AT&T INC. FEDERAL POLITICAL ACTION COMMITTEE (AT&T FEDERAL PAC)

Mailing Address 175 E. Houston Street  
Room 7-A-50

City State Zip Code  
San Antonio TX 78205

FEC ID number of contributing federal political committee. **C** C00109017

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  

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

**Transaction ID:** SA11C.6539

Amount of Each Receipt this Period  
2500.00

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

**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 9 / 26  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
NEW PAC

**A.** Full Name (Last, First, Middle Initial)  
BANK OF AMERICA CORPORATION FEDERAL PAC

Mailing Address 1909 K Street NW Suite 710  
DC9-920-07-01

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00364778

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 Y  
0 3 / 0 8 / 2 0 1 0

**Transaction ID:** SA11C.6535

Amount of Each Receipt this Period  
5000.00

**B.** Full Name (Last, First, Middle Initial)  
CALIFORNIA DAIRIES INC FEDERAL POLITICAL ACTION COMMITTEE

Mailing Address PO BOX 2198

City LOS BANOS State CA Zip Code 93635

FEC ID number of contributing federal political committee. **C** C00349746

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 Y  
0 2 / 1 6 / 2 0 1 0

**Transaction ID:** SA11C.6538

Amount of Each Receipt this Period  
5000.00

**C.** Full Name (Last, First, Middle Initial)  
DUKE ENERGY CORPORATION PAC

Mailing Address 400 South Tryon Street  
ST06F

City Charlotte State NC Zip Code 28285

FEC ID number of contributing federal political committee. **C** C00083535

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 Y  
0 2 / 0 2 / 2 0 1 0

**Transaction ID:** SA11C.6542

Amount of Each Receipt this Period  
5000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 15000.00

**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 / 26  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
NEW PAC

**A.** Full Name (Last, First, Middle Initial)  
FMR LLC POLITICAL ACTION COMMITTEE (FIDELITY PAC)

Mailing Address 82 Devonshire Street  
N5A

City State Zip Code  
Boston MA 02109

FEC ID number of contributing federal political committee. **C** C00215046

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  
 03 / 23 / 2010

**Transaction ID:** SA11C.6534

Amount of Each Receipt this Period  
3000.00

**B.** Full Name (Last, First, Middle Initial)  
HONEYWELL INTERNATIONAL POLITICAL ACTION COMMITTEE

Mailing Address 101 Constitution Ave. NW  
Suite 500 West

City State Zip Code  
Washington DC 20001

FEC ID number of contributing federal political committee. **C** C00096156

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 01 / 04 / 2010

**Transaction ID:** SA11C.6620

Amount of Each Receipt this Period  
2500.00

DATED: 12/29/09 REC'VD:  
1/4/10

**C.** Full Name (Last, First, Middle Initial)  
INTERNATIONAL COUNCIL OF SHOPPING CENTERS INC POLITICAL ACTION COMMITTEE (ICSC PAC)

Mailing Address 1399 New York Avenue  
Suite 720

City State Zip Code  
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00217638

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 01 / 21 / 2010

**Transaction ID:** SA11C.6619

Amount of Each Receipt this Period  
2500.00

DATED: 12/18/09 REC'VD:  
1/21/10

**SUBTOTAL** of Receipts This Page (optional) ..... ► **8000.00**

**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 11 / 26  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
NEW PAC

**A.** Full Name (Last, First, Middle Initial)  
INVESTMENT COMPANY INSTITUTE POLITICAL ACTION COMMITTEE (ICI PAC)  
Mailing Address 1401 H STREET NW SUITE 1200

City State Zip Code  
WASHINGTON DC 20005

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  

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

**Transaction ID:** SA11C.6540  
 Amount of Each Receipt this Period  
2500.00

**B.** Full Name (Last, First, Middle Initial)  
INVESTMENT COMPANY INSTITUTE POLITICAL ACTION COMMITTEE (ICI PAC)  
Mailing Address 1401 H STREET NW SUITE 1200

City State Zip Code  
WASHINGTON DC 20005

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

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	3	/	2	8	/	2	0	1	0

**Transaction ID:** SA11C.6621  
 Amount of Each Receipt this Period  
2500.00

**C.** Full Name (Last, First, Middle Initial)  
NEW YORK LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE  
Mailing Address 51 Madison Ave.  
Room 1109

City State Zip Code  
New York NY 10010

FEC ID number of contributing federal political committee. **C** C00158881

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	2	/	1	6	/	2	0	1	0

**Transaction ID:** SA11C.6536  
 Amount of Each Receipt this Period  
5000.00

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

**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 12 / 26  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
NEW PAC

**A.** Full Name (Last, First, Middle Initial)  
R.J. REYNOLDS POLITICAL ACTION COMMITTEE; REYNOLDS AMERICAN INC.  
 Mailing Address P. O. Box 718  
 City State Zip Code  
 Winston-Salem NC 27102  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 2 / 0 2 / 2 0 1 0  
**Transaction ID:** SA11C.6541  
 Amount of Each Receipt this Period  
 5000.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 5000.00

**B.** Full Name (Last, First, Middle Initial)  
US ONCOLOGY INC GOOD GOVERNMENT COMMITTEE  
 Mailing Address 16825 NORTHCHASE DRIVE SUITE 1300  
 City State Zip Code  
 HOUSTON TX 77060  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 2 / 1 6 / 2 0 1 0  
**Transaction ID:** SA11C.6537  
 Amount of Each Receipt this Period  
 5000.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 5000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 10000.00  
**TOTAL** This Period (last page this line number only) ..... ► 53000.00

**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 13 / 26

<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)  
NEW PAC

A.	Full Name (Last, First, Middle Initial) STEPHANIE AMARAL	Transaction ID: SB21B.6590
	Mailing Address 362 VALLEY VIEW DRIVE	Date of Disbursement MM / DD / YYYY 02 / 16 / 2010
	City EXETER State CA Zip Code 93221	Amount of Each Disbursement this Period 525.79
	Purpose of Disbursement TRAVEL Candidate Name	002 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) CARDMEMEBER SERVICES - UNITED	Transaction ID: SB21B.6543
	Mailing Address P.O. BOX 94014	Date of Disbursement MM / DD / YYYY 01 / 08 / 2010
	City PALANTINE State IL Zip Code 60094	Amount of Each Disbursement this Period 1940.59
	Purpose of Disbursement PAC EVENT EXP: ROOM RENTAL/FOOD Candidate Name	003 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) CAPITOL HILL CLUB	Transaction ID: SB21B.6543.0
	Mailing Address 300 FIRST STREET, SE	Date of Disbursement MM / DD / YYYY 01 / 08 / 2010
	City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period 1940.59
	Purpose of Disbursement PAC EVENT EXP: ROOM RENTAL/FOOD Candidate Name	003 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2466.38
<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)

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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

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)  
NEW PAC

<b>A.</b> Full Name (Last, First, Middle Initial) CARDMEMEBER SERVICES - UNITED Mailing Address P.O. BOX 94014 City PALANTINE State IL Zip Code 60094 Purpose of Disbursement PAC EVENT EXP: ROOM RENTAL/FOOD Candidate Name	Transaction ID: SB21B.6545 Date of Disbursement MM / DD / YYYY 02 / 04 / 2010
	Amount of Each Disbursement this Period 606.09
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type 003

<b>B.</b> Full Name (Last, First, Middle Initial) CAPITOL HILL CLUB Mailing Address 300 FIRST STREET, SE City WASHINGTON State DC Zip Code 20003 Purpose of Disbursement PAC EVENT EXP: ROOM RENTAL/FOOD Candidate Name	Transaction ID: SB21B.6545.0 Date of Disbursement MM / DD / YYYY 02 / 04 / 2010
	Amount of Each Disbursement this Period 606.09
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type 003 [MEMO ITEM]

<b>C.</b> Full Name (Last, First, Middle Initial) CARDMEMEBER SERVICES - UNITED Mailing Address P.O. BOX 94014 City PALANTINE State IL Zip Code 60094 Purpose of Disbursement TRAVEL Candidate Name	Transaction ID: SB21B.6550 Date of Disbursement MM / DD / YYYY 03 / 08 / 2010
	Amount of Each Disbursement this Period 1262.26
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type 002

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1868.35
<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)

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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)  
NEW PAC

**A.** Full Name (Last, First, Middle Initial)  
CARDMEMEBER SERVICES - UNITED

Mailing Address P.O. BOX 94014

City PALANTINE State IL Zip Code 60094

Purpose of Disbursement PAC EVENT EXP: ROOM RENTAL/CATERING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2010  Primary  General  Other (specify) ▼

State: District:

**Transaction ID:** SB21B.6624  
**Date of Disbursement:** 03 / 08 / 2010

Amount of Each Disbursement this Period  
4918.68

Category/Type: 007

**B.** Full Name (Last, First, Middle Initial)  
LA PIAZZA

Mailing Address 1600 E TULARE AVE

City TULARE State CA Zip Code 93274

Purpose of Disbursement PAC EVENT EXP: ROOM RENTAL/CATERING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2010  Primary  General  Other (specify) ▼

State: District:

**Transaction ID:** SB21B.6624.0  
**Date of Disbursement:** 03 / 08 / 2010

Amount of Each Disbursement this Period  
719.40

Category/Type: 007

[MEMO ITEM]

**C.** Full Name (Last, First, Middle Initial)  
PALAZZO STEAK DINING

Mailing Address 3255 LAS VEGAS BLVD, SOUTH

City LAS VEGAS State NV Zip Code 89109

Purpose of Disbursement PAC EVENT EXP: ROOM RENTAL/CATERING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2010  Primary  General  Other (specify) ▼

State: District:

**Transaction ID:** SB21B.6624.1  
**Date of Disbursement:** 03 / 08 / 2010

Amount of Each Disbursement this Period  
1319.28

Category/Type: 007

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) ..... ► 4918.68

**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)  
NEW PAC

A.

Full Name (Last, First, Middle Initial)  
TD GARDEN BOX OFFICE

Mailing Address 100 LEGENDS WAY

City BOSTON State MA Zip Code 02114

Purpose of Disbursement  
PAC EVENT EXP: RENTAL/CATERING

Candidate Name

007  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B.6624.2  
Date of Disbursement

03 / 08 / 2010

Amount of Each Disbursement this Period

2880.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
CLARISSA N HENDERSON

Mailing Address P.O. Box 7474

City VISALIA State CA Zip Code 93291

Purpose of Disbursement  
CONSULTING: OFFICE MANAGEMENT

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B.6581  
Date of Disbursement

01 / 04 / 2010

Amount of Each Disbursement this Period

500.00

C.

Full Name (Last, First, Middle Initial)  
CLARISSA N HENDERSON

Mailing Address P.O. Box 7474

City VISALIA State CA Zip Code 93291

Purpose of Disbursement  
CONSULTING: OFFICE MANAGEMENT

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B.6582  
Date of Disbursement

02 / 05 / 2010

Amount of Each Disbursement this Period

500.00

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

1000.00

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 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)  
NEW PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) CLARISSA N HENDERSON <hr/> Mailing Address P.O. Box 7474 <hr/> City VISALIA State CA Zip Code 93291 <hr/> Purpose of Disbursement CONSULTING: OFFICE MANAGEMENT Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.6584 Date of Disbursement 02 / 05 / 2010 <hr/> Amount of Each Disbursement this Period 450.00
<b>B.</b>	Full Name (Last, First, Middle Initial) CLARISSA N HENDERSON <hr/> Mailing Address P.O. Box 7474 <hr/> City VISALIA State CA Zip Code 93291 <hr/> Purpose of Disbursement TRAVEL Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.6585 Date of Disbursement 02 / 05 / 2010 <hr/> Amount of Each Disbursement this Period 594.63
<b>C.</b>	Full Name (Last, First, Middle Initial) CLARISSA N HENDERSON <hr/> Mailing Address P.O. Box 7474 <hr/> City VISALIA State CA Zip Code 93291 <hr/> Purpose of Disbursement OFFICE EXPENSE: POSTAGE/SUPPLIES/ETC Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.6586 Date of Disbursement 02 / 05 / 2010 <hr/> Amount of Each Disbursement this Period 806.09

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

1850.72

**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)  
NEW PAC

A.	Full Name (Last, First, Middle Initial) US POSTMASTER	Transaction ID: SB21B.6586.0 Date of Disbursement 02 / 05 / 2010
	Mailing Address GENERAL DELIVERY	Amount of Each Disbursement this Period 134.63
	City VISALIA State CA Zip Code 93290	
	Purpose of Disbursement OFFICE EXP: POSTAGE Candidate Name	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) OFFICE DEPOT	Transaction ID: SB21B.6586.2 Date of Disbursement 02 / 05 / 2010
	Mailing Address 2425 S MOONEY BLVD	Amount of Each Disbursement this Period 482.14
	City VISALIA State CA Zip Code 93277	
	Purpose of Disbursement OFFICE EXP: PAPER/TONER/ETC Candidate Name	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) CLARISSA N HENDERSON	Transaction ID: SB21B.6591 Date of Disbursement 03 / 10 / 2010
	Mailing Address P.O. Box 7474	Amount of Each Disbursement this Period 500.00
	City VISALIA State CA Zip Code 93291	
	Purpose of Disbursement CONSULTING: OFFICE MANAGEMENT Candidate Name	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	500.00
<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)  
NEW PAC

A.

Full Name (Last, First, Middle Initial)  
CLARISSA N HENDERSON

Transaction ID: SB21B.6592  
Date of Disbursement

Mailing Address P.O. Box 7474

/   /

City VISALIA State CA Zip Code 93291

Amount of Each Disbursement this Period

Purpose of Disbursement  
TRAVEL

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼  
State: District:

B.

Full Name (Last, First, Middle Initial)  
CLARISSA N HENDERSON

Transaction ID: SB21B.6593  
Date of Disbursement

Mailing Address P.O. Box 7474

/   /

City VISALIA State CA Zip Code 93291

Amount of Each Disbursement this Period

Purpose of Disbursement  
OFFICE EXP: TONER

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼  
State: District:

C.

Full Name (Last, First, Middle Initial)  
OFFICE DEPOT

Transaction ID: SB21B.6593.0  
Date of Disbursement

Mailing Address 2425 S MOONEY BLVD

/   /

City VISALIA State CA Zip Code 93277

Amount of Each Disbursement this Period

Purpose of Disbursement  
OFFICE EXP: TONER

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼  
State: District:

[MEMO ITEM]

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

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)  
NEW PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>ALLEN WEST FOR CONGRESS</b> <hr/> Mailing Address PO Box 1028 <hr/> City State Zip Code Deerfield Beach FL 33443 <hr/> Purpose of Disbursement <hr/> Candidate Name <b>ALLEN B WEST</b> <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: FL District: 22	Transaction ID: SB23.6575 Date of Disbursement 02 / 24 / 2010 <hr/> Amount of Each Disbursement this Period 1000.00 <hr/> 011 Category/ Type
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>ANDY HARRIS FOR CONGRESS</b> <hr/> Mailing Address PO Box 1527 <hr/> City State Zip Code Annapolis MD 21404 <hr/> Purpose of Disbursement <hr/> Candidate Name <b>ANDREW P HARRIS</b> <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MD District: 01	Transaction ID: SB23.6596 Date of Disbursement 02 / 24 / 2010 <hr/> Amount of Each Disbursement this Period 1000.00 <hr/> 011 Category/ Type
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>BERG FOR CONGRESS</b> <hr/> Mailing Address PO BOX 9394 <hr/> City State Zip Code FARGO ND 58106 <hr/> Purpose of Disbursement <hr/> Candidate Name <b>RICHARD A BERG</b> <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: ND District: 00	Transaction ID: SB23.6612 Date of Disbursement 03 / 25 / 2010 <hr/> Amount of Each Disbursement this Period 1000.00 <hr/> 011 Category/ Type

**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)

<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)  
NEW PAC

A.	Full Name (Last, First, Middle Initial) DJOU FOR HAWAII	Transaction ID: SB23.6564 Date of Disbursement 02 / 03 / 2010
	Mailing Address PO BOX 235280	Amount of Each Disbursement this Period 1000.00
	City HONOLULU State HI Zip Code 96823	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name CHARLES KONG DJOU	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: HI District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) ETHAN HASTERT FOR CONGRESS COMMITTEE	Transaction ID: SB23.6553 Date of Disbursement 01 / 29 / 2010
	Mailing Address PO Box 576	Amount of Each Disbursement this Period 1000.00
	City Geneva State IL Zip Code 60134	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name ETHAN ALLEN HASTERT	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 14	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) FRIENDS OF DENNIS ROSS	Transaction ID: SB23.6572 Date of Disbursement 02 / 24 / 2010
	Mailing Address PO BOX 7310	Amount of Each Disbursement this Period 1000.00
	City LAKELAND State FL Zip Code 33807	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name DENNIS ALAN ROSS	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 12	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	3000.00
<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 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)  
NEW PAC

**A.** Full Name (Last, First, Middle Initial)  
FRIENDS OF JOHN LOUGHLIN

Mailing Address PO BOX 244

City ADAMSVILLE State RI Zip Code 02801

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
JOHN J II LOUGHLIN

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼  
State: RI District: 01

Transaction ID: SB23.6605  
Date of Disbursement

03 / 24 / 2010

Amount of Each Disbursement this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
JIM GERLACH FOR CONGRESS COMMITTEE

Mailing Address 911 WELSH AYRES WAY

City DOWNINGTOWN State PA Zip Code 19335

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
JIM GERLACH

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼  
State: PA District: 06

Transaction ID: SB23.6604  
Date of Disbursement

03 / 16 / 2010

Amount of Each Disbursement this Period

2000.00

**C.** Full Name (Last, First, Middle Initial)  
KEN CALVERT FOR CONGRESS

Mailing Address PO Box 20123

City Riverside State CA Zip Code 92516

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
KENNETH S MR. CALVERT

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼  
State: CA District: 44

Transaction ID: SB23.6611  
Date of Disbursement

03 / 31 / 2010

Amount of Each Disbursement this Period

1000.00

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

4000.00

**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)  
NEW PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>KINZINGER FOR CONGRESS</b>  Mailing Address <b>PO BOX 1050</b>  City <b>Bourbonnais</b> State <b>IL</b> Zip Code <b>60914</b> Purpose of Disbursement Amended: Data entry error Candidate Name <b>ADAM KINZINGER</b> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: <b>IL</b> District: <b>11</b>	<b>Transaction ID:</b> SB23.6557 <b>Date of Disbursement</b> M M / D D / Y Y Y Y <b>0 2 / 0 3 / 2 0 1 0</b>  Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">1000.00</div>
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>MARTHA ROBY FOR CONGRESS</b>  Mailing Address <b>PO Box 195</b>  City <b>Montgomery</b> State <b>AL</b> Zip Code <b>36101</b> Purpose of Disbursement Candidate Name <b>MARTHA ROBY</b> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: <b>AL</b> District: <b>02</b>	<b>Transaction ID:</b> SB23.6565 <b>Date of Disbursement</b> M M / D D / Y Y Y Y <b>0 2 / 2 4 / 2 0 1 0</b>  Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">1000.00</div>
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>PAT MEEHAN FOR CONGRESS</b>  Mailing Address <b>5035 TOWNSHIP LINE ROAD</b> <b>PO BOX 308</b>  City <b>DREXEL HILL</b> State <b>PA</b> Zip Code <b>19026</b> Purpose of Disbursement Candidate Name <b>PATRICK L MEEHAN</b> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: <b>PA</b> District: <b>07</b>	<b>Transaction ID:</b> SB23.6601 <b>Date of Disbursement</b> M M / D D / Y Y Y Y <b>0 2 / 2 4 / 2 0 1 0</b>  Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">1000.00</div>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<div style="border: 1px solid black; padding: 5px;">3000.00</div>
<b>TOTAL</b> This Period (last page this line number only) .....	<div style="border: 1px solid black; padding: 5px; height: 20px;"></div>



# 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 25 / 26

<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)  
NEW PAC

A.

Full Name (Last, First, Middle Initial)  
STIVERS FOR CONGRESS

Mailing Address 81 S FIFTH STREET

City COLUMBUS State OH Zip Code 43215

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
STEVE STIVERS

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: OH District: 15

Transaction ID: SB23.6600  
Date of Disbursement

02 / 24 / 2010

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)  
TIM BURNS FOR CONGRESS

Mailing Address PO BOX 4483

City EIGHTY FOUR State PA Zip Code 15330

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
TIMOTHY RAYMOND BURNS

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: PA District: 12

Transaction ID: SB23.6615  
Date of Disbursement

03 / 25 / 2010

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)  
TIM GRIFFIN FOR CONGRESS CAMPAIGN COMMITTEE

Mailing Address P.O. Box 7526

City Little Rock State AR Zip Code 72217

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
JOHN TIMOTHY GRIFFIN

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: AR District: 02

Transaction ID: SB23.6568  
Date of Disbursement

02 / 24 / 2010

Amount of Each Disbursement this Period

1000.00

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)

<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)  
NEW PAC

A.	Full Name (Last, First, Middle Initial) VAUGHN WARD FOR CONGRESS	Transaction ID: SB23.6578
	Mailing Address 324 E. Stonewater Court	Date of Disbursement MM / DD / YYYY 02 / 24 / 2010
	City Eagle State ID Zip Code 83616	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	011 Category/Type
	Candidate Name VAUGHN L WARD	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ID District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) VAUGHN WARD FOR CONGRESS	Transaction ID: SB23.6608
	Mailing Address 324 E. Stonewater Court	Date of Disbursement MM / DD / YYYY 03 / 30 / 2010
	City Eagle State ID Zip Code 83616	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	011 Category/Type
	Candidate Name VAUGHN L WARD	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ID District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) .....	2000.00
TOTAL This Period (last page this line number only) .....	26000.00