

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

DOC PAC

ADDRESS (number and street) 2470 Daniell's Bridge Rd Ste 121

Check if different than previously reported. (ACC) Athens GA 30606

2. **FEC IDENTIFICATION NUMBER** CITY STATE ZIPCODE

C00396721

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report(Q1)
- July 15 Quarterly Report(Q2)
- October 15 Quarterly Report(Q3)
- January 31 Quarterly Report(YE)
- July 31 Mid-Year Report(Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day PRE-Election Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12G) | |

Election on _____ in the State of _____

- (d) 30-Day Post -Election Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on _____ in the State of _____

5. Covering Period 01 01 2011 through 06 30 2011

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

Type or Print Name of Treasurer Paul Kilgore

Signature of Treasurer Electronically Filed by Paul Kilgore Date 07 05 2011

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							
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FEC FORM 3X (Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
DOC PAC

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	X	Y	Y	Y	2	0	1	1		42227.12
X	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period	42227.12									
(c) Total Receipts (from Line 19)	55162.94	55162.94								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	97390.06	97390.06								
7. Total Disbursements (from Line 31)	71530.89	71530.89								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	25859.17	25859.17								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
DOC PAC

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

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)	9000.00	9000.00
(ii) Unitemized	100.00	100.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	9100.00	9100.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	41000.00	41000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	50100.00	50100.00
12. Transfers From Affiliated/Other Party Committees	4550.00	4550.00
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)	512.94	512.94
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))	55162.94	55162.94
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	55162.94	55162.94

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	48530.89	48530.89
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	48530.89	48530.89
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	23000.00	23000.00
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))..	71530.89	71530.89
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	71530.89	71530.89

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)	50100.00	50100.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	50100.00	50100.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	48530.89	48530.89
37. Offsets to Operating Expenditures (from Line 15, page 3)	512.94	512.94
38. Net Operating Expenditures (subtract Line 37 from Line 36)	48017.95	48017.95

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 31
(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)
DOC PAC

A. Full Name (Last, First, Middle Initial)
BGR Government Affairs, LLC

Mailing Address PO Box 14416

City Washington State DC Zip Code 20044

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 06 / 14 / 2011
Transaction ID: SA11AI.4467
 Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
Lanny Griffith

Mailing Address 601 13th St NW 11th Fl South

City Washington State DC Zip Code 20005

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

Name of Employer BGR Government Affairs Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 06 / 14 / 2011
Transaction ID: SA11AI.4467.0
 Amount of Each Receipt this Period: 500.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
David Boyer

Mailing Address 400 Madison St Apt 407

City Alexandria State VA Zip Code 22314

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

Name of Employer BGR Government Affairs Occupation Government Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 06 / 14 / 2011
Transaction ID: SA11AI.4461
 Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 31
(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)
DOC PAC

<p>A. Full Name (Last, First, Middle Initial) Mrs. Kelly L. Loeffler</p> <p>Mailing Address 3650 Tuxedo Rd NW</p> <p>City State Zip Code Atlanta GA 30305</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Intercontinental Exchange Inc</p> <p>Occupation Vice President</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 2500.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 4 / 2 0 1 1</p> <p>Transaction ID: SA11AI.4362</p> <p>Amount of Each Receipt this Period 2500.00</p>
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<p>B. Full Name (Last, First, Middle Initial) Mr. Jeffrey C. Sprecher</p> <p>Mailing Address 3650 Tuxedo Rd NW</p> <p>City State Zip Code Atlanta GA 30305</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer International Exchange In-c.</p> <p>Occupation CEO</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 2500.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 4 / 2 0 1 1</p> <p>Transaction ID: SA11AI.4359</p> <p>Amount of Each Receipt this Period 2500.00</p>
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<p>C. Full Name (Last, First, Middle Initial) Mark Valente, III</p> <p>Mailing Address 7055 Leestone St</p> <p>City State Zip Code Springfield VA 22151</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Valente & Associates</p> <p>Occupation President</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1500.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 1 1</p> <p>Transaction ID: SA11AI.4436</p> <p>Amount of Each Receipt this Period 1500.00</p>
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SUBTOTAL of Receipts This Page (optional)	6500.00
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 / 31
	(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)
DOC PAC

A.	Full Name (Last, First, Middle Initial) Mr. Tim W. Williams	Date of Receipt
	Mailing Address 3571 Todd Drive	<input type="text" value="06"/> / <input type="text" value="14"/> / <input type="text" value="2011"/>
	City State Zip Code Douglasville GA 30135	Transaction ID: SA11AI.4463
	FEC ID number of contributing federal political committee. <input type="text" value="C"/>	Amount of Each Receipt this Period <input type="text" value="1500.00"/>
	Name of Employer Greystone Power Corporation Occupation Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1500.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1500.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="9000.00"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 31

(check only one)

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

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NAME OF COMMITTEE (In Full)
DOC PAC

A.

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

Mailing Address Worldwide Headquarters
1932 Wynnton Road

City Columbus State GA Zip Code 31999

FEC ID number of contributing federal political committee. C C00034157

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt MM / DD / YYYY
05 / 02 / 2011

Transaction ID: SA11C.4398

Amount of Each Receipt this Period 2500.00

B.

Full Name (Last, First, Middle Initial)
American College of Cardiology PAC

Mailing Address 2400 N St NW

City Washington State DC Zip Code 20037

FEC ID number of contributing federal political committee. C C00375360

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY
04 / 08 / 2011

Transaction ID: SA11C.4381

Amount of Each Receipt this Period 1000.00

C.

Full Name (Last, First, Middle Initial)
American College of Radiology PAC

Mailing Address 1891 Preston White Drive

City Reston State VA Zip Code 20191

FEC ID number of contributing federal political committee. C C00343459

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt MM / DD / YYYY
05 / 23 / 2011

Transaction ID: SA11C.4411

Amount of Each Receipt this Period 2500.00

SUBTOTAL of Receipts This Page (optional) 6000.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 31
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
DOC PAC

A. Full Name (Last, First, Middle Initial)
AMERICAN COLLEGE OF SURGEONS PROFESSIONAL ASSOCIATION PAC
 Mailing Address 20 F ST NW, STE 1000
 City WASHINGTON State DC Zip Code 20001
 Date of Receipt 05 / 23 / 2011
 Transaction ID: SA11C.4407
 Amount of Each Receipt this Period 2500.00
 FEC ID number of contributing federal political committee. **C** C00382424
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

B. Full Name (Last, First, Middle Initial)
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE
 Mailing Address 25 MASSACHUSETTS AVE, NW SUITE 600
 City WASHINGTON State DC Zip Code 20001
 Date of Receipt 05 / 23 / 2011
 Transaction ID: SA11C.4409
 Amount of Each Receipt this Period 2500.00
 FEC ID number of contributing federal political committee. **C** C00000422
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

C. Full Name (Last, First, Middle Initial)
AMERICAS HEALTH INSURANCE PLANS PAC (AHIP PAC)
 Mailing Address 601 PENNSYLVANIA AVENUE NW SUITE 500 SOUTH BUILDING
 City WASHINGTON State DC Zip Code 20004
 Date of Receipt 06 / 02 / 2011
 Transaction ID: SA11C.4438
 Amount of Each Receipt this Period 2500.00
 FEC ID number of contributing federal political committee. **C** C00106740
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

SUBTOTAL of Receipts This Page (optional) ► 7500.00
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 / 31
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
DOC PAC

A. Full Name (Last, First, Middle Initial)
APA PAC

Mailing Address 1000 Wilson Boulevard
Suite 1825

City State Zip Code
Arlington VA 22209

FEC ID number of contributing federal political committee. **C** C00373696

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	0	/	2	0	1	1

Transaction ID: SA11C.4384

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
APOLLO GROUP INC. POLITICAL ORGANIZATION FOR LEGISLATIVE LEADERSHIP

Mailing Address 4025 S. Riverpoint Pkwy
MS CF-KX10

City State Zip Code
Phoenix AZ 85040

FEC ID number of contributing federal political committee. **C** C00309781

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	5	/	1	1	/	2	0	1	1

Transaction ID: SA11C.4402

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 208 S. AKARD STREET
SUITE 2701

City State Zip Code
DALLAS TX 75202

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

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
0	4	/	1	0	/	2	0	1	1

Transaction ID: SA11C.4385

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **4000.00**

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 / 31
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
DOC PAC

A. Full Name (Last, First, Middle Initial)
BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC
 Mailing Address 1310 G Street NW
 City State Zip Code
 Washington DC 20005
 Date of Receipt
 M M / D D / Y Y Y Y
 0 6 / 0 2 / 2 0 1 1
Transaction ID: SA11C.4440
 Amount of Each Receipt this Period
 2500.00
 FEC ID number of contributing federal political committee. **C** C00194746
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

B. Full Name (Last, First, Middle Initial)
COLLEGE OF AMERICAN PATHOLOGISTS POLITICAL ACTION COMMITTEE
 Mailing Address 1350 I Street, NW Suite 590
 City State Zip Code
 Washington DC 20005
 Date of Receipt
 M M / D D / Y Y Y Y
 0 6 / 2 1 / 2 0 1 1
Transaction ID: SA11C.4472
 Amount of Each Receipt this Period
 2500.00
 FEC ID number of contributing federal political committee. **C** C00274944
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

C. Full Name (Last, First, Middle Initial)
COMCAST CORPORATION POLITICAL ACTION COMMITTEE- FEDERAL
 Mailing Address 1701 JFK BLVD, 49TH FLOOR
 City State Zip Code
 PHILADELPHIA PA 19103
 Date of Receipt
 M M / D D / Y Y Y Y
 0 6 / 2 1 / 2 0 1 1
Transaction ID: SA11C.4478
 Amount of Each Receipt this Period
 2500.00
 FEC ID number of contributing federal political committee. **C** C00248716
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

SUBTOTAL of Receipts This Page (optional) ► 7500.00
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 13 / 31
(check only one)

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

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NAME OF COMMITTEE (In Full)
DOC PAC

A. Full Name (Last, First, Middle Initial)
FEDERATION OF AMERICAN HOSPITALS PAC

Mailing Address 801 PENNSYLVANIA AVENUE
SUITE 245

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00002261

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
0 6 / 2 1 / 2 0 1 1

Transaction ID: SA11C.4474

Amount of Each Receipt this Period
2000.00

B. Full Name (Last, First, Middle Initial)
MERCK & CO., INC., EMPLOYEES POLITICAL ACTION COMMITTEE (MERCK PAC)

Mailing Address 601 Pennsylvania Ave., NW
North Building, Suite 1200

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00097485

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
0 5 / 1 1 / 2 0 1 1

Transaction ID: SA11C.4403

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
POLITICAL ACTION COMMITTEE OF THE AMERICAN ASSOCIATION OF ORTHOPAEDIC SURGEONS

Mailing Address 317 Massachusetts Avenue, NE
1st Floor

City Washington State DC Zip Code 20002

FEC ID number of contributing federal political committee. **C** C00343137

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 6 / 1 4 / 2 0 1 1

Transaction ID: SA11C.4466

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional) ► 9500.00

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 14 / 31
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
DOC PAC

A. Full Name (Last, First, Middle Initial)
SANOFI PASTEUR POLITICAL ACTION COMMITTEE

Mailing Address DISCOVERY DRIVE

City State Zip Code
SWIFTWATER PA 18370

FEC ID number of contributing federal political committee. **C** C00215236

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 6 / 2 1 / 2 0 1 1

Transaction ID: SA11C.4476

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
US ONCOLOGY INC. GOOD GOVERNMENT COMMITTEE

Mailing Address 10101 WOODLOCH FOREST DRIVE

City State Zip Code
THE WOODLANDS TX 77380

FEC ID number of contributing federal political committee. **C** C00339655

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 6 / 3 0 / 2 0 1 1

Transaction ID: SA11C.4511

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
WATSON PHARMACEUTICALS INC EMPLOYEES PAC

Mailing Address 311 BONNIE CIRCLE

City State Zip Code
CORONA CA 92880

FEC ID number of contributing federal political committee. **C** C00391086

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 6 / 1 4 / 2 0 1 1

Transaction ID: SA11C.4464

Amount of Each Receipt this Period
1500.00

SUBTOTAL of Receipts This Page (optional) ► 6500.00

TOTAL This Period (last page this line number only) ► 41000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 31
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
DOC PAC

A. Full Name (Last, First, Middle Initial)
Gingrey Victory Committee
Mailing Address 2470 Daniell's Bridge Rd Ste 121
City Athens State GA Zip Code 30606
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 4550.00
Date of Receipt 03 / 15 / 2011
Transaction ID: SA12.4366
Amount of Each Receipt this Period 4550.00
Transfer of Net JFC Funds

B. Full Name (Last, First, Middle Initial)
The Love Family Partnership
Mailing Address 4335 Wendell Dr SW
City Atlanta State GA Zip Code 30336
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 03 / 15 / 2010
Transaction ID: SA12.4366.0
Amount of Each Receipt this Period 5000.00
[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Mr. Dennis Love
Mailing Address 45 Chatsworth PI NW
City Atlanta State GA Zip Code 30327
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Pinkpack Inc. President
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00
Date of Receipt 03 / 15 / 2011
Transaction ID: SA12.4366.1
Amount of Each Receipt this Period 5000.00
Memo for Love Family Partnership
[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional) ► 4550.00
TOTAL This Period (last page this line number only) ► 4550.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 16 / 31	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full) DOC PAC
--

A.	Full Name (Last, First, Middle Initial) Ritz-Carlton Hotel Co	Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 1 1
	Mailing Address 4445 Willard Ave Ste 800	Transaction ID: SA15.4459
	City State Zip Code Chevy Chase MD 20815	Amount of Each Receipt this Period 506.44
	FEC ID number of contributing federal political committee. C	Refund
	Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 506.44

SUBTOTAL of Receipts This Page (optional)	506.44
TOTAL This Period (last page this line number only)	506.44

**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)
DOC PAC

A.	Full Name (Last, First, Middle Initial) Bankcard Center	Transaction ID: SB21B.4412 Date of Disbursement
	Mailing Address PO Box 569200	<input type="text" value="05"/> <input type="text" value="31"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Dallas State TX Zip Code 75356	Amount of Each Disbursement this Period
	Purpose of Disbursement PAC Expenses (See Memo Entries)	<input type="text" value="1024.39"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Ritz-Carlton Hotel Co	Transaction ID: SB21B.4412.0 Date of Disbursement
	Mailing Address 4445 Willard Ave Ste 800	<input type="text" value="05"/> <input type="text" value="31"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Chevy Chase State MD Zip Code 20815	Amount of Each Disbursement this Period
	Purpose of Disbursement PAC Travel Expenses	<input type="text" value="965.42"/>
	Candidate Name	<input type="text" value="001"/> 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) BlueCross BlueShield Association	Transaction ID: SB21B.4399 Date of Disbursement
	Mailing Address 1310 G St NW	<input type="text" value="05"/> <input type="text" value="03"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period
	Purpose of Disbursement PAC Event Tickets	<input type="text" value="5000.00"/>
	Candidate Name	<input type="text" value="001"/> 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) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="6024.39"/>
TOTAL 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 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)
DOC PAC

A.	Full Name (Last, First, Middle Initial) Delta Airlines	Transaction ID: SB21B.4401 Date of Disbursement
	Mailing Address PO Box 20706	<input type="text" value="04"/> <input type="text" value="01"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Atlanta State GA Zip Code 30320	Amount of Each Disbursement this Period
	Purpose of Disbursement PAC Airfare	<input type="text" value="785.20"/>
	Candidate Name	<input type="text" value="001"/> 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) Professional Data Services, Inc.	Transaction ID: SB21B.4517 Date of Disbursement
	Mailing Address 2470 Daniells Bridge Rd Ste 121	<input type="text" value="03"/> <input type="text" value="31"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Athens State GA Zip Code 30606	Amount of Each Disbursement this Period
	Purpose of Disbursement PAC Administration	<input type="text" value="1405.72"/>
	Candidate Name	<input type="text" value="001"/> 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) ▼

C.	Full Name (Last, First, Middle Initial) Professional Data Services, Inc.	Transaction ID: SB21B.4404 Date of Disbursement
	Mailing Address 2470 Daniells Bridge Rd Ste 121	<input type="text" value="05"/> <input type="text" value="18"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Athens State GA Zip Code 30606	Amount of Each Disbursement this Period
	Purpose of Disbursement PAC Administration	<input type="text" value="400.44"/>
	Candidate Name	<input type="text" value="001"/> 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) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="2591.36"/>
TOTAL 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 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)
DOC PAC

<p>A. Full Name (Last, First, Middle Initial) Professional Data Services, Inc.</p> <p>Mailing Address 2470 Daniells Bridge Rd Ste 121</p> <p>City Athens State GA Zip Code 30606</p> <p>Purpose of Disbursement PAC Administration</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.4471</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="1"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="200.00"/></p>
<p>B. Full Name (Last, First, Middle Initial) Reynolds Plantation</p> <p>Mailing Address 100 Linger Longer Rd</p> <p>City Greensboro State GA Zip Code 30642</p> <p>Purpose of Disbursement PAC Event Facility Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.4454</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1084.58"/></p>
<p>C. Full Name (Last, First, Middle Initial) Ritz-Carlton Hotel Co</p> <p>Mailing Address 4445 Willard Ave Ste 800</p> <p>City Chevy Chase State MD Zip Code 20815</p> <p>Purpose of Disbursement PAC Lodging</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.4442</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="506.44"/></p>

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)

<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)
DOC PAC

<p>A. Full Name (Last, First, Middle Initial) The Gula Graham Group</p> <p>Mailing Address 700 12th Street NW Ste 700</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement PAC Expenses (See Memo Entries)</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.4342 Date of Disbursement 01 / 03 / 2011</p> <p>Amount of Each Disbursement this Period 7824.16</p> <p>002 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Gansevoort</p> <p>Mailing Address 2377 Collins Avenue</p> <p>City Miami Beach State FL Zip Code 33139</p> <p>Purpose of Disbursement PAC Travel Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.4342.0 Date of Disbursement 01 / 03 / 2011</p> <p>Amount of Each Disbursement this Period 3513.77</p> <p>[MEMO ITEM]</p> <p>002 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) OLA Miami</p> <p>Mailing Address 1745 James Street</p> <p>City Miami Beach State FL Zip Code 33139</p> <p>Purpose of Disbursement PAC Meeting Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.4342.1 Date of Disbursement 01 / 03 / 2011</p> <p>Amount of Each Disbursement this Period 346.64</p> <p>[MEMO ITEM]</p> <p>002 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

7824.16

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)
DOC PAC

A. Full Name (Last, First, Middle Initial) Red the Steakhouse Mailing Address 119 Washington Avenue City Miami Beach State FL Zip Code 33139 Purpose of Disbursement PAC Event Catering/Facility Rental Candidate Name 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) ▼	Transaction ID: SB21B.4342.2 Date of Disbursement 01 / 03 / 2011
	Category/Type: 001	Amount of Each Disbursement this Period 3461.05

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial) STK Miami Mailing Address 2377 Collins Avenue City Miami Beach State FL Zip Code 33139 Purpose of Disbursement PAC Meeting Expense Candidate Name 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) ▼	Transaction ID: SB21B.4342.3 Date of Disbursement 01 / 03 / 2011
	Category/Type: 002	Amount of Each Disbursement this Period 364.50

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial) The Gula Graham Group Mailing Address 700 12th Street NW Ste 700 City Washington State DC Zip Code 20005 Purpose of Disbursement PAC Fundraising Consulting Candidate Name 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) ▼	Transaction ID: SB21B.4355 Date of Disbursement 02 / 01 / 2011
	Category/Type: 001	Amount of Each Disbursement this Period 1500.00

SUBTOTAL of Disbursements This Page (optional) ▶	1500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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)
DOC PAC

<p>A. Full Name (Last, First, Middle Initial) The Gula Graham Group</p> <p>Mailing Address 700 12th Street NW Ste 700</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement PAC Expenses (See Memo Entries)</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.4375 Date of Disbursement 04 / 01 / 2011</p> <p>Amount of Each Disbursement this Period 8723.68</p> <p>001 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Reynolds Plantation</p> <p>Mailing Address 100 Linger Longer Rd</p> <p>City Greensboro State GA Zip Code 30642</p> <p>Purpose of Disbursement PAC Event Catering/Facility Rental</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.4375.0 Date of Disbursement 04 / 01 / 2011</p> <p>Amount of Each Disbursement this Period 1874.00</p> <p>003 Category/ Type</p> <p>[MEMO ITEM]</p>
<p>C. Full Name (Last, First, Middle Initial) Delta Airlines</p> <p>Mailing Address PO Box 20706</p> <p>City Atlanta State GA Zip Code 30320</p> <p>Purpose of Disbursement PAC Travel Expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.4375.1 Date of Disbursement 04 / 01 / 2011</p> <p>Amount of Each Disbursement this Period 323.40</p> <p>002 Category/ Type</p> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional) ▶

8723.68

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)

<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)
DOC PAC

A. Full Name (Last, First, Middle Initial) The Ritz-Carlton Hotel Company, LLC <hr/> Mailing Address 4445 Willard Ave, Ste 800 <hr/> City Chevy Chase State MD Zip Code 20815 <hr/> Purpose of Disbursement PAC Event Facility Rental Candidate Name	Transaction ID: SB21B.4375.2 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 1 1
	Amount of Each Disbursement this Period 6154.48 [MEMO ITEM]
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) ▼	Category/Type 003

B. Full Name (Last, First, Middle Initial) Landini Brothers Restaurant <hr/> Mailing Address 115 King St <hr/> City Alexandria State VA Zip Code 22314 <hr/> Purpose of Disbursement PAC Event Catering Expense Candidate Name	Transaction ID: SB21B.4375.3 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 1 1
	Amount of Each Disbursement this Period 326.80 [MEMO ITEM]
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) ▼	Category/Type 003

C. Full Name (Last, First, Middle Initial) The Gula Graham Group <hr/> Mailing Address 700 12th Street NW Ste 700 <hr/> City Washington State DC Zip Code 20005 <hr/> Purpose of Disbursement PAC Expenses (See Memo Entries) Candidate Name	Transaction ID: SB21B.4387 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 1 1
	Amount of Each Disbursement this Period 581.75 [MEMO ITEM]
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) ▼	Category/Type 001

SUBTOTAL of Disbursements This Page (optional) ▶	581.75
TOTAL This Period (last page this line number only) ▶	[Empty Box]

**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)
DOC PAC

A. Full Name (Last, First, Middle Initial)
Levy Restaurants

Mailing Address 285 Andrew Young International

City Atlanta State GA Zip Code 30313

Purpose of Disbursement PAC Event Catering

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: SB21B.4387.0
Date of Disbursement 05 / 02 / 2011

Amount of Each Disbursement this Period 516.75

001 Category/Type

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
The Gula Graham Group

Mailing Address 700 12th Street NW Ste 700

City Washington State DC Zip Code 20005

Purpose of Disbursement PAC Expenses (See Memo Entries)

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: SB21B.4417
Date of Disbursement 06 / 01 / 2011

Amount of Each Disbursement this Period 19082.49

001 Category/Type

C. Full Name (Last, First, Middle Initial)
Delta Airlines

Mailing Address PO Box 20706

City Atlanta State GA Zip Code 30320

Purpose of Disbursement PAC Travel Expenses

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: SB21B.4417.0
Date of Disbursement 06 / 01 / 2011

Amount of Each Disbursement this Period 512.40

001 Category/Type

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ► 19082.49

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)
DOC PAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Golfdom</p> <p>Mailing Address 600 Superior Ave E Ste 1100</p> <p>City Cleveland State OH Zip Code 44114</p> <p>Purpose of Disbursement PAC Event Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.4417.1</p> <p>Date of Disbursement 06 / 01 / 2011</p> <p>Amount of Each Disbursement this Period 400.00</p> <p>[MEMO ITEM]</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Hallie Jane's Market & Catering</p> <p>Mailing Address 140 Academy St</p> <p>City Madison State GA Zip Code 30650</p> <p>Purpose of Disbursement PAC Event Catering</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.4417.2</p> <p>Date of Disbursement 06 / 01 / 2011</p> <p>Amount of Each Disbursement this Period 1957.65</p> <p>[MEMO ITEM]</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Enterprise Rent-A-Car</p> <p>Mailing Address 600 Corporate Park Dr</p> <p>City St Louis State MO Zip Code 63105</p> <p>Purpose of Disbursement PAC Travel Expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.4417.3</p> <p>Date of Disbursement 06 / 01 / 2011</p> <p>Amount of Each Disbursement this Period 140.26</p> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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 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)
DOC PAC

A.	Full Name (Last, First, Middle Initial) Ritz-Carlton Hotel Co			Transaction ID: SB21B.4417.4	
	Mailing Address 4445 Willard Ave Ste 800			Date of Disbursement 06 / 01 / 2011	
	City Chevy Chase	State MD	Zip Code 20815	Amount of Each Disbursement this Period 15654.57	
	Purpose of Disbursement PAC Event Facility Fee & Lodging		001		[MEMO ITEM]
	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) ▼			

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	48118.85

**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)
DOC PAC

A.	Full Name (Last, First, Middle Initial) ALLEN WEST FOR CONGRESS	Transaction ID: SB23.4483
	Mailing Address PO BOX 1028	Date of Disbursement 06 / 23 / 2011
	City DEERFIELD BEACH State FL Zip Code 33443	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contribution Candidate Name ALLEN B WEST	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 22	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) BASS VICTORY COMMITTEE	Transaction ID: SB23.4505
	Mailing Address P.O. BOX 3451	Date of Disbursement 06 / 23 / 2011
	City CONCORD State NH Zip Code 03302	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contribution Candidate Name CHARLES F. BASS	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 02	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) BENISHEK FOR CONGRESS, INC.	Transaction ID: SB23.4392
	Mailing Address PO BOX 2012	Date of Disbursement 05 / 02 / 2011
	City KINGSFORD State MI Zip Code 49802	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contribution Candidate Name DANIEL J BENISHEK	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 01	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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)
DOC PAC

<p>A. Full Name (Last, First, Middle Initial) CANSECO FOR CONGRESS</p> <p>Mailing Address 10004 WURZBACH ROAD #366</p> <p>City SAN ANTONIO State TX Zip Code 78230</p> <p>Purpose of Disbursement Contribution <input type="checkbox"/> 011 Category/Type</p> <p>Candidate Name FRANCISCO CANSECO</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 23</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.4507 Date of Disbursement: 06 / 23 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) DUFFY FOR CONGRESS</p> <p>Mailing Address PO BOX 538</p> <p>City WAUSAU State WI Zip Code 54402</p> <p>Purpose of Disbursement Contribution <input type="checkbox"/> 011 Category/Type</p> <p>Candidate Name SEAN DUFFY</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 07</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.4487 Date of Disbursement: 06 / 23 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) FITZPATRICK FOR CONGRESS</p> <p>Mailing Address PO Box 185</p> <p>City Langhorne State PA Zip Code 19047</p> <p>Purpose of Disbursement Contribution <input type="checkbox"/> 011 Category/Type</p> <p>Candidate Name MICHAEL G FITZPATRICK</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 08</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.4498 Date of Disbursement: 06 / 23 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p>

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)
DOC PAC

<p>A. Full Name (Last, First, Middle Initial) FRIENDS OF FRANK GUINTA</p> <p>Mailing Address P.O. BOX 877</p> <p>City MANCHESTER State NH Zip Code 03105</p> <p>Purpose of Disbursement Contribution <input type="checkbox"/> 011 Category/Type</p> <p>Candidate Name FRANK GUINTA</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 01</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.4503 Date of Disbursement: 06 / 23 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) JOE HECK</p> <p>Mailing Address PO BOX 750114</p> <p>City LAS VEGAS State NV Zip Code 89136</p> <p>Purpose of Disbursement Contribution <input type="checkbox"/> 011 Category/Type</p> <p>Candidate Name JOE HECK</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 03</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.4509 Date of Disbursement: 06 / 23 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) LATHAM FOR CONGRESS</p> <p>Mailing Address PO BOX 8237</p> <p>City DES MOINES State IA Zip Code 50301</p> <p>Purpose of Disbursement Contribution <input type="checkbox"/> 011 Category/Type</p> <p>Candidate Name THOMAS LATHAM</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 03</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.4480 Date of Disbursement: 06 / 23 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p>

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)
DOC PAC

A.

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

Mailing Address P.O. BOX 550

City VINELAND State NJ Zip Code 08362

Purpose of Disbursement
Contribution

Candidate Name
FRANK A. LOBIONDO

Office Sought: House
 Senate
 President

State: NJ District: 02

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Transaction ID: SB23.4395

Date of Disbursement

05 / 02 / 2011

Amount of Each Disbursement this Period

1000.00

011
Category/
Type

B.

Full Name (Last, First, Middle Initial)
LOU BARLETTA FOR CONGRESS

Mailing Address P.O. BOX 128

City HAZLETON State PA Zip Code 18201

Purpose of Disbursement
Contribution

Candidate Name
LOU BARLETTA

Office Sought: House
 Senate
 President

State: PA District: 11

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Transaction ID: SB23.4491

Date of Disbursement

06 / 23 / 2011

Amount of Each Disbursement this Period

1000.00

011
Category/
Type

C.

Full Name (Last, First, Middle Initial)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

Mailing Address 320 FIRST STREET SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: SB23.4364

Date of Disbursement

03 / 15 / 2011

Amount of Each Disbursement this Period

10000.00

011
Category/
Type

SUBTOTAL of Disbursements This Page (optional) ▶

12000.00

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)
DOC PAC

A. Full Name (Last, First, Middle Initial)
PAT MEEHAN FOR CONGRESS

Mailing Address 5035 TOWNSHIP LINE ROAD
PO BOX 308

City DREXEL HILL State PA Zip Code 19026

Purpose of Disbursement
Contribution

Candidate Name
PATRICK L MEEHAN

Office Sought: House
 Senate
 President
State: PA District: 07

Disbursement For: 2012
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.4497
Date of Disbursement

06 / 23 / 2011

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)
PAUL BROUN COMMITTEE

Mailing Address P.O. Box 6337

City Athens State GA Zip Code 30604

Purpose of Disbursement
Contribution

Candidate Name
PAUL COLLINS BROUN

Office Sought: House
 Senate
 President
State: GA District: 10

Disbursement For: 2012
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.4356
Date of Disbursement

02 / 21 / 2011

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

2000.00

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

23000.00