

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
National Organization to Retain the Majority

ADDRESS (number and street) 603 Stewart Street #819
 Check if different than previously reported. (ACC)
Seattle WA 98101

2. FEC IDENTIFICATION NUMBER C00450700
3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (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 08 01 2010 through 08 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 Philip E Lloyd

Signature of Treasurer Electronically Filed by Philip E Lloyd Date 09 14 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								
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SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
National Organization to Retain the Majority

Report Covering the Period: From:

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	8

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		84321.24
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	134095.00									
(c) Total Receipts (from Line 19)	16400.00	127700.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	150495.00	212021.24								
7. Total Disbursements (from Line 31)	17000.00	78526.24								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	133495.00	133495.00								
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name
National Organization to Retain the Majority

Report Covering the Period: From:

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	8

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)	15400.00	71100.00
(ii) Unitemized	0.00	100.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	15400.00	71200.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	1000.00	56500.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	16400.00	127700.00
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))	16400.00	127700.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	16400.00	127700.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	1000.00	17526.24
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	1000.00	17526.24
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	16000.00	61000.00
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))..	17000.00	78526.24
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	17000.00	78526.24

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)	16400.00	127700.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	16400.00	127700.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1000.00	17526.24
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1000.00	17526.24

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 14
	<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"/> 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)
National Organization to Retain the Majority

A.	Full Name (Last, First, Middle Initial) Madeleine Arison		Date of Receipt
	Mailing Address 9999 Collins Ave Apt 15GJ		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 13 / 2010
	City	State	Zip Code
	Bal Harbour	FL	33154
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4577
Name of Employer None		Occupation Homemaker	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 3000.00
			Contribution

B.	Full Name (Last, First, Middle Initial) Micky Arison		Date of Receipt
	Mailing Address 9999 Collins Ave Apt 5GJ		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 13 / 2010
	City	State	Zip Code
	Bal Harbour	FL	33154
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4581
Name of Employer Carnival Corp.		Occupation CEO	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 3000.00
			Contribution

C.	Full Name (Last, First, Middle Initial) Peter Brehm		Date of Receipt
	Mailing Address 300 Columbia Pt Dr D-104		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 13 / 2010
	City	State	Zip Code
	Richland	WA	99352
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4576
Name of Employer Infinia Corporation		Occupation Executive	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00
			Contribution

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 7000.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 7 / 14
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
National Organization to Retain the Majority

A. Full Name (Last, First, Middle Initial)
Robert Brooks

Mailing Address 415 2nd Street NE Ste 100

City Washington State DC Zip Code 20002

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

Name of Employer Evergreen Associates Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 24 / 2010
Transaction ID: SA11AI.4589
Amount of Each Receipt this Period 400.00
Contribution

B. Full Name (Last, First, Middle Initial)
Colleen Fain

Mailing Address 700 Arvida Parkway

City Coral Gables State FL Zip Code 33156

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

Name of Employer None Occupation Homemaker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 08 / 13 / 2010
Transaction ID: SA11AI.4583
Amount of Each Receipt this Period 2000.00
Contribution

C. Full Name (Last, First, Middle Initial)
Howard Frank

Mailing Address 445 Grand Bay Dr #1211

City Kay Biscayne State FL Zip Code 33149

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

Name of Employer Carnival Corp. Occupation Vice Chairman

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 08 / 13 / 2010
Transaction ID: SA11AI.4579
Amount of Each Receipt this Period 3000.00
Contribution

SUBTOTAL of Receipts This Page (optional) ▶ 5400.00

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 / 14	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
National Organization to Retain the Majority

A.	Full Name (Last, First, Middle Initial) Mary Frank		Date of Receipt	
	Mailing Address 445 Grand Bay Dr		M M / D D / Y Y Y Y 08 / 13 / 2010	
	City	State	Zip Code	Transaction ID: SA11AI.4587
	Key Biscayne	FL	33149	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		C	3000.00
	Name of Employer None	Occupation Homemaker		Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 3000.00		

SUBTOTAL of Receipts This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	15400.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 9 / 14
	(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)
National Organization to Retain the Majority

A.

Full Name (Last, First, Middle Initial)
PRINCESS CRUISES/TOURS INC PAC

Mailing Address 24305 TOWN CENTER DRIVE

City State Zip Code
SANTA CLARITA CA 91355

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

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 8 / 1 3 / 2 0 1 0

Transaction ID: SA11C.4585

Amount of Each Receipt this Period
1000.00

Contribution

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	1000.00

**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 10 / 14

<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)
National Organization to Retain the Majority

A.

Full Name (Last, First, Middle Initial)
HM & Co.

Mailing Address 1255 C Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Fundraising Fees

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.4621

Date of Disbursement

08 / 27 / 2010

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

1000.00

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

1000.00

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

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

FOR LINE NUMBER:
(check only one)

<input 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)
National Organization to Retain the Majority

A. Full Name (Last, First, Middle Initial) ADAM SMITH FOR CONGRESS COMMITTEE <hr/> Mailing Address PO Box 23626 <hr/> City Federal Way State WA Zip Code 98093 Purpose of Disbursement Contribution Candidate Name D ADAM SMITH Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 09 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4618 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 1 0
	Amount of Each Disbursement this Period 5000.00

B. Full Name (Last, First, Middle Initial) BILL OWENS FOR CONGRESS <hr/> Mailing Address PO Box 1575 <hr/> City Plattsburgh State NY Zip Code 12901 Purpose of Disbursement Contribution Candidate Name WILLIAM OWENS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 23 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4591 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 2 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00

C. Full Name (Last, First, Middle Initial) CHAD CAUSEY FOR CONGRESS <hr/> Mailing Address PO BOX 16966 <hr/> City JONESBORO State AR Zip Code 72403 Purpose of Disbursement Contribution Candidate Name CHAD CAUSEY Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 01 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4607 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 2 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶	7000.00
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 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)
National Organization to Retain the Majority

A.	Full Name (Last, First, Middle Initial) CONNOLLY FOR CONGRESS	Transaction ID: SB23.4605
	Mailing Address PO Box 563	Date of Disbursement MM / DD / YYYY 08 / 02 / 2010
	City Merrifield State VA Zip Code 22116	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contribution	Category/ Type
	Candidate Name GERRY CONNOLLY	
	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: VA District: 11	

B.	Full Name (Last, First, Middle Initial) FRIENDS OF STEPHENE MOORE	Transaction ID: SB23.4602
	Mailing Address PO BOX 19550	Date of Disbursement MM / DD / YYYY 08 / 02 / 2010
	City LENEXA State KS Zip Code 66285	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contribution	Category/ Type
	Candidate Name STEPHENE ANN MOORE	
	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: KS District: 03	

C.	Full Name (Last, First, Middle Initial) HERRON FOR CONGRESS	Transaction ID: SB23.4610
	Mailing Address 142 WEST MAIN STREET	Date of Disbursement MM / DD / YYYY 08 / 02 / 2010
	City DRESDEN State TN Zip Code 38225	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contribution	Category/ Type
	Candidate Name ROY BRASFIELD HERRON	
	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: TN District: 08	

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)
National Organization to Retain the Majority

A. Full Name (Last, First, Middle Initial)
JOHN SALAZAR FOR CONGRESS

Mailing Address PO Box 534

City Pueblo State CO Zip Code 81002

Purpose of Disbursement
Contribution

Candidate Name
JOHN TONY MR. SALAZAR

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: CO District: 03

Transaction ID: SB23.4594

Date of Disbursement

/ /

Amount of Each Disbursement this Period

B. Full Name (Last, First, Middle Initial)
JULIE LASSA FOR CONGRESS

Mailing Address PO Box 112

City Stevens Point State WI Zip Code 54481

Purpose of Disbursement
Contribution

Candidate Name
JULIE LASSA

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: WI District: 07

Transaction ID: SB23.4612

Date of Disbursement

/ /

Amount of Each Disbursement this Period

C. Full Name (Last, First, Middle Initial)
MIKE MCINTYRE FOR CONGRESS

Mailing Address P.O. Box 1

City Lumberton State NC Zip Code 28359

Purpose of Disbursement
Contribution

Candidate Name
MIKE MCINTYRE

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: NC District: 07

Transaction ID: SB23.4597

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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)

PAGE 14 / 14

<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)
National Organization to Retain the Majority

A. Full Name (Last, First, Middle Initial) MINNICK FOR CONGRESS <hr/> Mailing Address P O Box 306 <hr/> City Boise State ID Zip Code 83701 <hr/> Purpose of Disbursement Contribution Candidate Name WALTER C MINNICK 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: ID District: 01	Transaction ID: SB23.4600 Date of Disbursement 08 / 02 / 2010 <hr/> Amount of Each Disbursement this Period 1000.00
	Category/Type
B. Full Name (Last, First, Middle Initial) TRENT FOR CONGRESS <hr/> Mailing Address PO BOX 357 <hr/> City EVANSVILLE State IN Zip Code 47703 <hr/> Purpose of Disbursement Contribution Candidate Name WILLIAM TRENT VAN HAAFTEN 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: IN District: 08	Transaction ID: SB23.4615 Date of Disbursement 08 / 02 / 2010 <hr/> Amount of Each Disbursement this Period 1000.00
	Category/Type

SUBTOTAL of Disbursements This Page (optional) ►

2000.00

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

16000.00