

A. Form/Schedule : **F3XA**

Transaction ID :

This report has been amended to post the contribution from Honeywell International Political Action Committee. Due to a bookkeeping/clerical error this entry was originally posted incorrectly, and was missing from this report period. Signed: Toni Dian Nunes - Assistance Treasurer/Bookkeeper

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
NEW PAC

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	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>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		46353.42
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	60856.52									
(c) Total Receipts (from Line 19)	74667.64	161167.64								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	135524.16	207521.06								
7. Total Disbursements (from Line 31)	53981.24	125978.14								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	81542.92	81542.92								
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
NEW PAC

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

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)	29500.00	46000.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	29500.00	46000.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	45167.64	115167.64
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	74667.64	161167.64
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))	74667.64	161167.64
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	74667.64	161167.64

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.....	29981.24	69978.14
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	29981.24	69978.14
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	24000.00	53000.00
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	3000.00
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))..	53981.24	125978.14
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	53981.24	125978.14

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	74667.64	161167.64
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	74667.64	161167.64
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	29981.24	69978.14
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	29981.24	69978.14

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 38
(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

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

<p>A. Full Name (Last, First, Middle Initial) BARONA BAND OF MISSION INDIANS</p> <p>Mailing Address 1095 BARONA RD</p> <hr/> <p>City LAKESIDE State CA Zip Code 92040</p> <hr/> <p>FEC ID number of contributing federal political committee. C</p> <hr/> <p>Name of Employer _____ Occupation _____</p> <hr/> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p>Transaction ID: SA11AI.6460</p> <hr/> <p>Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%;">2500.00</td> </tr> </table> </p> <hr/> <p>Aggregate Year-to-Date ▼ <table border="1" style="width: 100%; text-align: right;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%;">5000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		3	1		2	0	0	9		2500.00		5000.00
M	M	/	D	D	/	Y	Y	Y	Y																
1	2		3	1		2	0	0	9																
	2500.00																								
	5000.00																								

<p>B. Full Name (Last, First, Middle Initial) ANN MARIE CLARK</p> <p>Mailing Address 9273 LERWICK DR</p> <hr/> <p>City DUBLIN State OH Zip Code 43017</p> <hr/> <p>FEC ID number of contributing federal political committee. C</p> <hr/> <p>Name of Employer SELF EMPLOYED Occupation SALES</p> <hr/> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p>Transaction ID: SA11AI.6451</p> <hr/> <p>Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%;">500.00</td> </tr> </table> </p> <hr/> <p>Aggregate Year-to-Date ▼ <table border="1" style="width: 100%; text-align: right;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%;">500.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	5		2	0	0	9		500.00		500.00
M	M	/	D	D	/	Y	Y	Y	Y																
1	0		1	5		2	0	0	9																
	500.00																								
	500.00																								

<p>C. Full Name (Last, First, Middle Initial) KIMBERLY K CLAUSS</p> <p>Mailing Address 4930 MAHONEY RD</p> <hr/> <p>City HILMAR State CA Zip Code 35324</p> <hr/> <p>FEC ID number of contributing federal political committee. C</p> <hr/> <p>Name of Employer CLAUSS DAIRY Occupation FARMER</p> <hr/> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p>Transaction ID: SA11AI.6507</p> <hr/> <p>Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%;">1000.00</td> </tr> </table> </p> <hr/> <p>Aggregate Year-to-Date ▼ <table border="1" style="width: 100%; text-align: right;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%;">1000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	5		2	0	0	9		1000.00		1000.00
M	M	/	D	D	/	Y	Y	Y	Y																
0	8		2	5		2	0	0	9																
	1000.00																								
	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 8 / 38
(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)
DEL MAR

Mailing Address **P.O. BOX 97**

City **WESTLEY** State **CA** Zip Code **95387**

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 **08 / 20 / 2009**
Transaction ID: SA11AI.6512
 Amount of Each Receipt this Period **1000.00**
PARTNERSHIP

B. Full Name (Last, First, Middle Initial)
JON MARING

Mailing Address **P.O. BOX 97**

City **WESTLEY** State **CA** Zip Code **95387**

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

Name of Employer **DEL MAR** Occupation **GROWER/PACKER/SHIPPER**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt **08 / 20 / 2009**
Transaction ID: SA11AI.6512.0
 Amount of Each Receipt this Period **1000.00**
PARTNER
[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
THOMAS W DOMPE

Mailing Address **P.O. BOX 217**

City **CROWS LANDING** State **CA** Zip Code **95313**

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

Name of Employer **SELF EMPLOYED** Occupation **FOOD PROSESOR**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2000.00**

Date of Receipt **08 / 25 / 2009**
Transaction ID: SA11AI.6494
 Amount of Each Receipt this Period **2000.00**

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 38
	<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	

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NAME OF COMMITTEE (In Full)
NEW PAC

A.	Full Name (Last, First, Middle Initial) ALAN N ENGEL		Date of Receipt
	Mailing Address 333 W MAUDE AVE, STE 218		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 08 / 28 / 2009
	City	State	Zip Code
	SUNNYVALE	CA	94085
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6518
Name of Employer S-101 MANAGEMENT, INC		Occupation PROPERTY MANAGEMENT	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
		<input type="text"/> 1000.00	

B.	Full Name (Last, First, Middle Initial) MICHAEL J FRANTZ		Date of Receipt
	Mailing Address 12180 CHAD LANE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 10 / 01 / 2009
	City	State	Zip Code
	WATERFORD	CA	95386
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6473
Name of Employer FRANTZ NURSERY		Occupation OWNER	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"/> 500.00
		<input type="text"/> 500.00	

C.	Full Name (Last, First, Middle Initial) SAM GEDULDIG		Date of Receipt
	Mailing Address 1519 PATHFINDER LANE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 12 / 14 / 2009
	City	State	Zip Code
	McLEAN	VA	22101
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6465
Name of Employer CLARK, LYTLE & GEDULDIG		Occupation PARTNER	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"/> 500.00
		<input type="text"/> 500.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 2000.00
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: (check only one)	PAGE 10 / 38
	<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	

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NAME OF COMMITTEE (In Full)
NEW PAC

A. Full Name (Last, First, Middle Initial)
SHULAMIT GLAUBACH

Mailing Address 1940 SACRAMENTO ST., #1

City State Zip Code
SAN FRANCISCO CA 94109

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

Name of Employer SELF EMPLOYED Occupation PSYCHIATRIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: MM / DD / YYYY
11 / 13 / 2009

Transaction ID: SA11AI.6446

Amount of Each Receipt this Period: 1000.00

B. Full Name (Last, First, Middle Initial)
J WILMAR JENSEN

Mailing Address 830 CAROLYN AVE

City State Zip Code
MODESTO CA 95354

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

Name of Employer JENSEN & JENSEN Occupation ATTORNEY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: MM / DD / YYYY
08 / 24 / 2009

Transaction ID: SA11AI.6502

Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
EDWARD SAMUEL KUTLER

Mailing Address 6405 TREE TOP CIR

City State Zip Code
COLUMBIA MD 21045

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

Name of Employer CLARK & WEINSTROCK Occupation EXECUTIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: MM / DD / YYYY
10 / 14 / 2009

Transaction ID: SA11AI.6453

Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ► 2500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 38
	<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	

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NAME OF COMMITTEE (In Full)
NEW PAC

A.	Full Name (Last, First, Middle Initial) MARK LEVY	Date of Receipt MM / DD / YYYY 08 / 28 / 2009
	Mailing Address 600 TOWNSEND STREET	Transaction ID: SA11AI.6520
	City State Zip Code SAN FRANCISCO CA 94103	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation GLEN UNA MANAGEMENT INVESTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) DAVID MARINOFF	Date of Receipt MM / DD / YYYY 11 / 13 / 2009
	Mailing Address 3020 HOLLYWOOD DR	Transaction ID: SA11AI.6448
	City State Zip Code OAKLAND CA 94611	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation EAST BAY PERINATAL PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C.	Full Name (Last, First, Middle Initial) DANIEL MARC MINKOFF	Date of Receipt MM / DD / YYYY 08 / 28 / 2009
	Mailing Address 5440 MARINELLI ROAD, #417	Transaction ID: SA11AI.6522
	City State Zip Code ROCKVILLE CA 20852	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation THE MINKOFF GROUP REAL ESTATE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 38
(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)
STEVEN M PEARLMUTTER

Mailing Address 99 MOUNTAIN SPRING AVE

City State Zip Code
SAN FRANCISCO CA 94114

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

Name of Employer Occupation
TWO TENTS SYSTEMS, LLC COMPUTER ENGINEER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 28 / 2009

Transaction ID: SA11AI.6524

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
PEREZ BROS.

Mailing Address P.O. BOX 97

City State Zip Code
CROWS LANDING CA 95313

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

Name of Employer Occupation
PARTNERSHIP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 08 / 2009

Transaction ID: SA11AI.6491

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
TOM PEREZ

Mailing Address P.O. BOX 97

City State Zip Code
CROWS LANDING CA 95313

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

Name of Employer Occupation
PEREZ BROS OWNER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 08 / 2009

Transaction ID: SA11AI.6491.0

Amount of Each Receipt this Period
1000.00

PARTNER
[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional) ► 2000.00

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 / 38
(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)
S&F FARMS

Mailing Address 3500 SHIELLS ROAD

City State Zip Code
NEWMAN CA 95360

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 Y
0 8 / 2 5 / 2 0 0 9

Transaction ID: SA11AI.6496

Amount of Each Receipt this Period
1000.00

PARTNERSHIP

B. Full Name (Last, First, Middle Initial)
JIM JASPER

Mailing Address 3500 SHIELLS ROAD

City State Zip Code
NEWMAN CA 95360

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

Name of Employer Occupation
STEWART & JASPER ORCHARDS FARM MANAGER/OWNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 2 5 / 2 0 0 9

Transaction ID: SA11AI.6496.0

Amount of Each Receipt this Period
1000.00

PARTNER

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
SANTA YNEZ BAND OF MISSION INDIANS

Mailing Address P.O. BOX 517

City State Zip Code
SANTA YNEZ CA 93460

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 Y
1 2 / 1 4 / 2 0 0 9

Transaction ID: SA11AI.6471

Amount of Each Receipt this Period
2500.00

SUBTOTAL of Receipts This Page (optional) ► **3500.00**

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 / 38
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
NEW PAC

A. Full Name (Last, First, Middle Initial)
RICHARD E SORKIN

Mailing Address 16 WINDSOR DR

City State Zip Code
SAN CARLOS CA 94070

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

Name of Employer Occupation
RES FINANCE INC CEO/CHAIRMAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
08 / 28 / 2009

Transaction ID: SA11AI.6526

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
MICHAEL SOSEBEE

Mailing Address 701 TRESTLE GLEN ROAD

City State Zip Code
OAKLAND CA 94610

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

Name of Employer Occupation
JEFFERIES & CO., INC BOND SALESMAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
08 / 28 / 2009

Transaction ID: SA11AI.6527

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
NICK TRANI

Mailing Address 208 BLOSSOM VIEW PLACE

City State Zip Code
MODESTO CA 95356

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

Name of Employer Occupation
NICK TRANI ENTERPRISES SELF EMPLOYED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
08 / 25 / 2009

Transaction ID: SA11AI.6510

Amount of Each Receipt this Period
1000.00

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

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

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

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

FOR LINE NUMBER: PAGE 15 / 38
(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)
FRANK A TRINTA

Mailing Address 524 POMELO AVE

City Patterson State CA Zip Code 95363

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

Name of Employer SELF EMPLOYED Occupation FARMER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 23 / 2009

Transaction ID: SA11AI.6500

Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
TULE RIVER TRIBAL COUNCIL

Mailing Address P.O. BOX 589

City PORTERVILLE State CA Zip Code 93258

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 09 / 29 / 2009

Transaction ID: SA11AI.6488

Amount of Each Receipt this Period 2000.00

C. Full Name (Last, First, Middle Initial)
TULE RIVER TRIBAL COUNCIL

Mailing Address P.O. BOX 589

City PORTERVILLE State CA Zip Code 93258

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 7500.00

Date of Receipt 12 / 31 / 2009

Transaction ID: SA11AI.6462

Amount of Each Receipt this Period 2500.00

SUBTOTAL of Receipts This Page (optional) ▶ 5000.00

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 16 / 38
	(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)
NEW PAC

A.

Full Name (Last, First, Middle Initial) MANUEL ED VIEIRA		Date of Receipt
Mailing Address P.O. BOX 286		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 08 / 2009
City	State	Zip Code
LIVINGSTON	CA	95334
FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.6489
<input type="text"/> C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text"/> 1000.00
Name of Employer SELF EMPLOYED	Occupation FARMER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text"/> 1000.00	

B.

Full Name (Last, First, Middle Initial) HUGH WILLIAMS		Date of Receipt
Mailing Address 205 S JOHNSON ROAD		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 25 / 2009
City	State	Zip Code
TURLOCK	CA	95380
FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.6508
<input type="text"/> C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text"/> 500.00
Name of Employer CENTRAL COAST FRYERS	Occupation PRODUCTION MANAGER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text"/> 500.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1500.00
TOTAL This Period (last page this line number only)	<input type="text"/> 29500.00

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

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

FOR LINE NUMBER: PAGE 17 / 38

(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)
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 Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11C.6467

Amount of Each Receipt this Period

2500.00

B.

Full Name (Last, First, Middle Initial)
ALTRIA GROUP, INC. POLITICAL ACTION COMMITTEE (ALTRIAPAC)

Mailing Address 101 Constitution Ave NW
Suite 400W

City State Zip Code
Washington DC 20001

FEC ID number of contributing federal political committee. **C** C00089136

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 9 / 2 9 / 2 0 0 9

Transaction ID: SA11C.6487

Amount of Each Receipt this Period

2500.00

C.

Full Name (Last, First, Middle Initial)
AMERICAN BANKERS ASSOCIATION PAC (BANKPAC)

Mailing Address 1120 Connecticut Avenue NW
Suite 600

City State Zip Code
Washington DC 20036

FEC ID number of contributing federal political committee. **C** C00004275

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 9 / 1 0 / 2 0 0 9

Transaction ID: SA11C.6493

Amount of Each Receipt this Period

2000.00

BUNDLE: NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

SUBTOTAL of Receipts This Page (optional) ▶

7000.00

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 18 / 38
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
NEW PAC

A. Full Name (Last, First, Middle Initial)
AMERICAN BANKERS ASSOCIATION PAC (BANKPAC)
 Mailing Address 1120 Connecticut Avenue NW
Suite 600
 City Washington State DC Zip Code 20036
 Date of Receipt MM / DD / YYYY 10 / 13 / 2009
Transaction ID: SA11C.6450
 Amount of Each Receipt this Period 3000.00
 FEC ID number of contributing federal political committee. **C** C00004275
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

B. Full Name (Last, First, Middle Initial)
CME GROUP, INC. PAC (CME/CBOT/NYMEX PAC)
 Mailing Address 20 South Wacker Drive
 City Chicago State IL Zip Code 60606
 Date of Receipt MM / DD / YYYY 12 / 15 / 2009
Transaction ID: SA11C.6468
 Amount of Each Receipt this Period 1000.00
 FEC ID number of contributing federal political committee. **C** C00076299
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

C. Full Name (Last, First, Middle Initial)
DIAGEO NORTH AMERICA INC EMPLOYEES' POLITICAL PARTICIPATION COMMITTEE
 Mailing Address 801 MAIN AVENUE
PO BOX 778
 City NORWALK State CT Zip Code 06851
 Date of Receipt MM / DD / YYYY 07 / 09 / 2009
Transaction ID: SA11C.6475
 Amount of Each Receipt this Period 2225.94
 FEC ID number of contributing federal political committee. **C** C00034470
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2225.94
 In-kind - CATERING COSTS
- DATED: 5/30/09

SUBTOTAL of Receipts This Page (optional) ► 6225.94
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 19 / 38

(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)
NEW PAC

A. Full Name (Last, First, Middle Initial)
DISTILLED SPIRITS COUNCIL OF THE UNITED STATES INC POLITICAL ACTION COMMITTEE

Mailing Address 1250 EYE ST., NW #400

City State Zip Code
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C** C00030734

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2440.35

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 06 / 2009

Transaction ID: SA11C.6481

Amount of Each Receipt this Period

2440.35

In-kind - CATERING - DATE-
D: 5/30/08

B. Full Name (Last, First, Middle Initial)
DISTILLED SPIRITS COUNCIL OF THE UNITED STATES INC POLITICAL ACTION COMMITTEE

Mailing Address 1250 EYE ST., NW #400

City State Zip Code
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C** C00030734

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2941.70

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 09 / 2009

Transaction ID: SA11C.6479

Amount of Each Receipt this Period

501.35

In-kind - CATERING - DATE-
D: 5/29/09

C. 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 ▼ 1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 10 / 2009

Transaction ID: SA11C.6516

Amount of Each Receipt this Period

1500.00

SUBTOTAL of Receipts This Page (optional) ▶

4441.70

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 20 / 38
(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)
FOSTER POULTRY FARMS PAC

Mailing Address PO BOX 457

City State Zip Code
LIVINGSTON CA 95334

FEC ID number of contributing federal political committee. **C** C00303628

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 8 / 2 0 / 2 0 0 9

Transaction ID: SA11C.6505

Amount of Each Receipt this Period
2000.00

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
 1 2 / 2 9 / 2 0 0 9

Transaction ID: SA11C.7233

Amount of Each Receipt this Period
2500.00

AMENDED TO POSTMARK

C. 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 ▼ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11C.6456

Amount of Each Receipt this Period
2500.00

SUBTOTAL of Receipts This Page (optional) ► 7000.00

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 21 / 38
(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)
KPMG PARTNERS/PRINCIPALS & EMPLOYEES PAC

Mailing Address P.O. Box 18254

City State Zip Code
Washington DC 20036

FEC ID number of contributing federal political committee. **C** C00280222

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
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11C.6458

Amount of Each Receipt this Period
5000.00

B. Full Name (Last, First, Middle Initial)
NATIONAL ASSOCIATION OF REALTORS

Mailing Address 430 N MICHIGAN AVENUE

City State Zip Code
CHICAGO IL 60611

FEC ID number of contributing federal political committee. **C** C70002563

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11C.6463

Amount of Each Receipt this Period
1000.00

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 Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11C.6470

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional) ► **11000.00**

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 22 / 38
	(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)
NEW PAC

A.	Full Name (Last, First, Middle Initial) PRICewaterhouseCOOPERS POLITICAL ACTION COMMITTEE I	Date of Receipt
	Mailing Address 1301 K Street, NW Suite 800W	<input type="text" value="12"/> <input type="text" value="18"/> <input type="text" value="2009"/>
	City State Zip Code Washington DC 20005	Transaction ID: SA11C.6461
	FEC ID number of contributing federal political committee. <input type="text" value="C00107235"/>	Amount of Each Receipt this Period <input type="text" value="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 ▼ <input type="text" value="5000.00"/>

B.	Full Name (Last, First, Middle Initial) SONNENSCHN NATH & ROSENTHAL LLP POLITICAL ACTION COMMITTEE (SONNENSCHN	Date of Receipt
	Mailing Address 1301 K STREET NW SUITE 600 EAST TOWER	<input type="text" value="08"/> <input type="text" value="14"/> <input type="text" value="2009"/>
	City State Zip Code WASHINGTON DC 20005	Transaction ID: SA11C.6529
	FEC ID number of contributing federal political committee. <input type="text" value="C00216127"/>	Amount of Each Receipt this Period <input type="text" value="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 ▼ <input type="text" value="2500.00"/>

C.	Full Name (Last, First, Middle Initial) THELEN REID BROWN RAYSMAN & STEINER POLITICAL ACTION COMMITTEE	Date of Receipt
	Mailing Address 701 Eighth Street NW Suite 800	<input type="text" value="12"/> <input type="text" value="10"/> <input type="text" value="2009"/>
	City State Zip Code WASHINGTON DC 20001	Transaction ID: SA11C.6472
	FEC ID number of contributing federal political committee. <input type="text" value="C"/>	Amount of Each Receipt this Period <input type="text" value="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 ▼ <input type="text" value="2500.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="7500.00"/>
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 23 / 38	
	(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"/> 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) NEW PAC
--

A.	Full Name (Last, First, Middle Initial) VIACOM INTERNATIONAL INC. POLITICAL ACTION COMMITTEE		Date of Receipt																				
	Mailing Address 1501 M Street Suite 1100 NW		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	8		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y													
	1	0		2	8		2	0	0	9													
	City	State	Zip Code	Transaction ID: SA11C.6455																			
	Washington	DC	20005	Amount of Each Receipt this Period																			
FEC ID number of contributing federal political committee.		C C00167759	<table border="1"><tr><td>2000.00</td></tr></table>	2000.00																			
2000.00																							
Name of Employer	Occupation																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼																						
	<table border="1"><tr><td>2000.00</td></tr></table>		2000.00																				
2000.00																							

SUBTOTAL of Receipts This Page (optional)	<table border="1"><tr><td>2000.00</td></tr></table>	2000.00
2000.00		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td>45167.64</td></tr></table>	45167.64
45167.64		

**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) ALLIED INSURANCE	Transaction ID: SB21B.6443
	Mailing Address P.O. BOX 10479	Date of Disbursement 12 / 10 / 2009
	City DES MOINES State IA Zip Code 50306	Amount of Each Disbursement this Period 1018.40
	Purpose of Disbursement INSURANCE 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.	Full Name (Last, First, Middle Initial) BUCKMAN - MITCHELL, INC.	Transaction ID: SB21B.6421
	Mailing Address P.O. BOX 629	Date of Disbursement 07 / 10 / 2009
	City VISALIA State CA Zip Code 93279	Amount of Each Disbursement this Period 267.42
	Purpose of Disbursement INSURANCE 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) ▼

C.	Full Name (Last, First, Middle Initial) CARDMEMBER SERVICES - UNITED	Transaction ID: SB21B.6384
	Mailing Address P.O. BOX 94014	Date of Disbursement 07 / 03 / 2009
	City PALANTINE State IL Zip Code 60094	Amount of Each Disbursement this Period 1989.15
	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) ▼

SUBTOTAL of Disbursements This Page (optional)	3274.97
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

<p>A. Full Name (Last, First, Middle Initial) CARDMEMBER SERVICES - UNITED</p> <p>Mailing Address P.O. BOX 94014</p> <p>City PALANTINE State IL Zip Code 60094</p> <p>Purpose of Disbursement TRAVEL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB21B.6385</p> <p>Date of Disbursement 07 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 2444.27</p> <p>002 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) CARDMEMBER SERVICES - UNITED</p> <p>Mailing Address P.O. BOX 94014</p> <p>City PALANTINE State IL Zip Code 60094</p> <p>Purpose of Disbursement TRAVEL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB21B.6388</p> <p>Date of Disbursement 09 / 01 / 2009</p> <p>Amount of Each Disbursement this Period 874.80</p> <p>002 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) CARDMEMBER SERVICES - UNITED</p> <p>Mailing Address P.O. BOX 94014</p> <p>City PALANTINE State IL Zip Code 60094</p> <p>Purpose of Disbursement TRAVEL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB21B.6389</p> <p>Date of Disbursement 10 / 07 / 2009</p> <p>Amount of Each Disbursement this Period 3137.57</p> <p>002 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

6456.64

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

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

Mailing Address P.O. BOX 94014

City PALANTINE State IL Zip Code 60094

Purpose of Disbursement
EVENT EXP: PAC FUNDRAISING

Candidate Name

007
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.6390
Date of Disbursement

10 / 07 / 2009

Amount of Each Disbursement this Period

2658.60

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
EVENT EXP: PAC FUNDRAISING/CATERING

Candidate Name

007
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.6390.0
Date of Disbursement

10 / 07 / 2009

Amount of Each Disbursement this Period

2658.60

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
CARDMEMBER SERVICES - UNITED

Mailing Address P.O. BOX 94014

City PALANTINE State IL Zip Code 60094

Purpose of Disbursement
OFFICE EXP: TELEPHONE

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.6392
Date of Disbursement

10 / 27 / 2009

Amount of Each Disbursement this Period

275.92

SUBTOTAL of Disbursements This Page (optional) ▶

2934.52

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

A. Full Name (Last, First, Middle Initial) VERIZON WIRELESS Mailing Address P.O. BOX 96082 City BELLEVUE State WA Zip Code 98009 Purpose of Disbursement OFFICE EXP: TELEPHONE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21B.6392.0 Date of Disbursement 10 / 27 / 2009
	Amount of Each Disbursement this Period 275.92 [MEMO ITEM]

B. Full Name (Last, First, Middle Initial) CARDMEMBER SERVICES - UNITED Mailing Address P.O. BOX 94014 City PALANTINE State IL Zip Code 60094 Purpose of Disbursement EVENT EXP: PAC FUNDRAISING Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21B.6395 Date of Disbursement 10 / 27 / 2009
	Amount of Each Disbursement this Period 1506.54

C. Full Name (Last, First, Middle Initial) CAPITOL HOST CATERING Mailing Address B227 LONGWORTH BUILDING City WASHINGTON State DC Zip Code 20515 Purpose of Disbursement EVENT EXP: CATERING Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21B.6395.0 Date of Disbursement 10 / 27 / 2009
	Amount of Each Disbursement this Period 727.54 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶	1506.54
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

A.	Full Name (Last, First, Middle Initial) FOGO DE CHAO BRAZILIAN STEAKHOUSE	Transaction ID: SB21B.6395.1 Date of Disbursement 10 / 27 / 2009	
	Mailing Address 1101 PENNSYLVANIA AVE., NW		
	City WASHINGTON State DC Zip Code 20004 Purpose of Disbursement EVENT EXP: CATERING Candidate Name	Amount of Each Disbursement this Period 779.00	
	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]
	Full Name (Last, First, Middle Initial) CARDMEMBER SERVICES - UNITED	Transaction ID: SB21B.6399 Date of Disbursement 12 / 09 / 2009	
B.	Mailing Address P.O. BOX 94014		
	City PALANTINE State IL Zip Code 60094 Purpose of Disbursement EVENT EXP: PAC FUNDRAISER/CATERING Candidate Name	Amount of Each Disbursement this Period 659.76	
	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) ▼	
	Full Name (Last, First, Middle Initial) CAPITOL HILL CLUB	Transaction ID: SB21B.6399.0 Date of Disbursement 12 / 09 / 2009	
C.	Mailing Address 300 FIRST STREET, SE		
	City WASHINGTON State DC Zip Code 20003 Purpose of Disbursement EVENT EXP: CATERING Candidate Name	Amount of Each Disbursement this Period 659.76	
	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]

SUBTOTAL of Disbursements This Page (optional) ▶

659.76

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 29 / 38

<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

<p>A. Full Name (Last, First, Middle Initial) CARDMEMBER SERVICES - UNITED</p> <p>Mailing Address P.O. BOX 94014</p> <p>City PALANTINE State IL Zip Code 60094</p> <p>Purpose of Disbursement OFFICE EXP: TELEPHONE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB21B.6401</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="162.57"/></p>
<p>B. Full Name (Last, First, Middle Initial) CENTRAL VALLEY BUSINESS FORMS</p> <p>Mailing Address 7500 W SUNNYVIEW AVE</p> <p>City VISALIA State CA Zip Code 93291</p> <p>Purpose of Disbursement OFFICE EXP: ENVELOPES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB21B.6442</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="316.21"/></p>
<p>C. Full Name (Last, First, Middle Initial) DIAGEO NORTH AMERICA INC EMPLOYEES' POLITICAL PARTICIPATION COMMITTEE</p> <p>Mailing Address 801 MAIN AVENUE PO BOX 778</p> <p>City NORWALK State CT Zip Code 06851</p> <p>Purpose of Disbursement In-kind - CATERING COSTS - DATED: 5/30/09</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB21B.6477</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2225.94"/></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)
NEW PAC

A.	Full Name (Last, First, Middle Initial) DISTILLED SPIRITS COUNCIL OF THE UNITED STATES INC POLITICAL ACTION COMMITTEE Mailing Address 1250 EYE ST., NW #400 City WASHINGTON State DC Zip Code 20005 Purpose of Disbursement In-kind - CATERING - DATED: 5/30/08 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.6482 Date of Disbursement 07 / 06 / 2009 Amount of Each Disbursement this Period 2440.35 Category/Type
B.	Full Name (Last, First, Middle Initial) DISTILLED SPIRITS COUNCIL OF THE UNITED STATES INC POLITICAL ACTION COMMITTEE Mailing Address 1250 EYE ST., NW #400 City WASHINGTON State DC Zip Code 20005 Purpose of Disbursement In-kind - CATERING - DATED: 5/29/09 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.6480 Date of Disbursement 07 / 09 / 2009 Amount of Each Disbursement this Period 501.35 Category/Type
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 TRAVEL Candidate Name 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.6419 Date of Disbursement 07 / 09 / 2009 Amount of Each Disbursement this Period 2064.68 002 Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶

5006.38

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

A.	Full Name (Last, First, Middle Initial) CLARISSA N HENDERSON	Transaction ID: SB21B.6423 Date of Disbursement 08 / 06 / 2009
	Mailing Address P.O. Box 7474	Amount of Each Disbursement this Period 200.00
	City VISALIA State CA Zip Code 93291	
	Purpose of Disbursement CONSULTING: OFFICE MANAGEMENT	001 Category/ Type
	Candidate Name	
	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) CLARISSA N HENDERSON	Transaction ID: SB21B.6424 Date of Disbursement 08 / 06 / 2009
	Mailing Address P.O. Box 7474	Amount of Each Disbursement this Period 32.95
	City VISALIA State CA Zip Code 93291	
	Purpose of Disbursement OFFICE EXP: SHIPPING COSTS	001 Category/ Type
	Candidate Name	
	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) CLARISSA N HENDERSON	Transaction ID: SB21B.6427 Date of Disbursement 09 / 02 / 2009
	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	001 Category/ Type
	Candidate Name	
	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) ▼

SUBTOTAL of Disbursements This Page (optional)	732.95
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

A.	Full Name (Last, First, Middle Initial) CLARISSA N HENDERSON	Transaction ID: SB21B.6428 Date of Disbursement 09 / 02 / 2009
	Mailing Address P.O. Box 7474	Amount of Each Disbursement this Period 396.00
	City VISALIA State CA Zip Code 93291	
	Purpose of Disbursement INSURANCE 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.	Full Name (Last, First, Middle Initial) BUCKMAN - MITCHELL, INC.	Transaction ID: SB21B.6428.0 Date of Disbursement 09 / 02 / 2009
	Mailing Address P.O. BOX 629	Amount of Each Disbursement this Period 396.00
	City VISALIA State CA Zip Code 93279	
	Purpose of Disbursement INSURANCE 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.6430 Date of Disbursement 10 / 01 / 2009
	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) ▼

SUBTOTAL of Disbursements This Page (optional)	896.00
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

A.

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

Transaction ID: SB21B.6434
Date of Disbursement

Mailing Address P.O. Box 7474

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	5		2	0	0	9

City VISALIA State CA Zip Code 93291

Amount of Each Disbursement this Period

Purpose of Disbursement
CONSULTING: OFFICE MANAGEMENT

001
Category/ Type

500.00

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.6437
Date of Disbursement

Mailing Address P.O. Box 7474

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	5		2	0	0	9

City VISALIA State CA Zip Code 93291

Amount of Each Disbursement this Period

Purpose of Disbursement
OFFICE EXP: MISC OFFICE EXP

001
Category/ Type

664.07

Candidate Name

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

State: District:

C.

Full Name (Last, First, Middle Initial)
FUNDRAISER SOFTWARE

Transaction ID: SB21B.6437.1
Date of Disbursement

Mailing Address P.O. BOX 901

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	5		2	0	0	9

City WEST PLAINS State MO Zip Code 65775

Amount of Each Disbursement this Period

Purpose of Disbursement
OFFICE EXP: SOFTWARE UPDATE/RENEWAL

001
Category/ Type

425.00

Candidate Name

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

State: District:

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

1164.07

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
NEW PAC

<p>A. Full Name (Last, First, Middle Initial) CHARLIE DENT FOR CONGRESS</p> <p>Mailing Address PO Box 442</p> <p>City Allentown State PA Zip Code 18105</p> <p>Purpose of Disbursement POLITICAL CONTRIBUTION</p> <p>Candidate Name CHARLES W DENT</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 15</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.6414</p> <p>Date of Disbursement 11 / 10 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) FRIENDS OF DAVE REICHERT</p> <p>Mailing Address P. O. Box 53322</p> <p>City Bellevue State WA Zip Code 98015</p> <p>Purpose of Disbursement POLITICAL CONTRIBUTION</p> <p>Candidate Name DAVE REICHERT</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 08</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.6436</p> <p>Date of Disbursement 12 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) FRIENDS OF DAVID HARMER</p> <p>Mailing Address 9321 SILVERBEND LANE</p> <p>City ELK GROVE State CA Zip Code 95624</p> <p>Purpose of Disbursement POLITICAL CONTRIBUTION</p> <p>Candidate Name DAVID JEFFREY HARMER</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 10</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.6410</p> <p>Date of Disbursement 10 / 22 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

6000.00

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) GUTHRIE FOR CONGRESS <hr/> Mailing Address PO BOX 9639 <hr/> City BOWLING GREEN State KY Zip Code 42102 <hr/> Purpose of Disbursement POLITICAL CONTRIBUTION <hr/> Candidate Name STEVEN BRETT GUTHRIE <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 02 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.6418 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 9 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) KEN CALVERT FOR CONGRESS <hr/> Mailing Address PO Box 20123 <hr/> City Riverside State CA Zip Code 92516 <hr/> Purpose of Disbursement POLITICAL CONTRIBUTION <hr/> Candidate Name KENNETH S MR. CALVERT <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 44 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.6409 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 9
	Amount of Each Disbursement this Period 2000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) LYNN JENKINS FOR CONGRESS <hr/> Mailing Address P.O. Box 1441 <hr/> City Topeka State KS Zip Code 66601 <hr/> Purpose of Disbursement POLITICAL CONTRIBUTION <hr/> Candidate Name LYNN JENKINS <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 02 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.6435 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 9 / 2 0 0 9
	Amount of Each Disbursement this Period 2000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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) MARY BONO MACK COMMITTEE	Transaction ID: SB23.6405 Date of Disbursement
	Mailing Address PO Box 3370	<input type="text" value="09"/> / <input type="text" value="14"/> / <input type="text" value="2009"/>
	City Palm Springs State CA Zip Code 92263	Amount of Each Disbursement this Period
	Purpose of Disbursement POLITICAL CONTRIBUTION Candidate Name	<input type="text" value="2000.00"/>
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 45	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		<input type="text" value="011"/> Category/Type

B.	Full Name (Last, First, Middle Initial) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE	Transaction ID: SB23.6404 Date of Disbursement
	Mailing Address 320 FIRST STREET	<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period
	Purpose of Disbursement POLITICAL CONTRIBUTION Candidate Name	<input type="text" value="5000.00"/>
	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) ▼
		<input type="text" value="011"/> Category/Type

C.	Full Name (Last, First, Middle Initial) STEVE CHABOT FOR CONGRESS	Transaction ID: SB23.6504 Date of Disbursement
	Mailing Address 3339 Harrison Ave. 3014 Harrison Ave.	<input type="text" value="12"/> / <input type="text" value="10"/> / <input type="text" value="2009"/>
	City Cincinnati State OH Zip Code 45211	Amount of Each Disbursement this Period
	Purpose of Disbursement POLITICAL CONTRIBUTION Candidate Name STEVE CHABOT	<input type="text" value="2000.00"/>
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		<input type="text" value="011"/> Category/Type

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="9000.00"/>
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)

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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

A. Full Name (Last, First, Middle Initial) TIBERI FOR CONGRESS <hr/> Mailing Address 2021 E Dublin Granville Road Suite 2000 <hr/> City Columbus State OH Zip Code 43229 <hr/> Purpose of Disbursement POLITICAL CONTRIBUTION <hr/> Candidate Name PATRICK J TIBERI <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 12 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.6408 Date of Disbursement M M / D D / Y Y Y Y 09 / 28 / 2009
	Amount of Each Disbursement this Period 2000.00 Category/Type 011
B. Full Name (Last, First, Middle Initial) TOM ROONEY FOR CONGRESS <hr/> Mailing Address 2336 S. East Ocean Blvd. #313 <hr/> City Stuart State FL Zip Code 34996 <hr/> Purpose of Disbursement POLITICAL CONTRIBUTION <hr/> Candidate Name TOM ROONEY <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 16 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.6415 Date of Disbursement M M / D D / Y Y Y Y 11 / 10 / 2009
	Amount of Each Disbursement this Period 2000.00 Category/Type 011

SUBTOTAL of Disbursements This Page (optional) ►

4000.00

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

24000.00