

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines

DOC PAC

ADDRESS (number and street) 264 N. Lumpkin Street, #202
 Check if different than previously reported. (ACC)
 Athens GA 30601

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

C00396721

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

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

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

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

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

Election on _____ in the State of _____

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

Election on _____ in the State of _____

5. Covering Period 04 01 2010 through 06 30 2010

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

Type or Print Name of Treasurer Paul Kilgore

Signature of Treasurer Electronically Filed by Paul Kilgore Date 07 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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FEC FORM 3X
(Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
DOC PAC

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		35916.08
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	30917.34									
(c) Total Receipts (from Line 19)	29100.00	29100.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	60017.34	65016.08								
7. Total Disbursements (from Line 31)	19676.27	24675.01								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	40341.07	40341.07								
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
DOC PAC

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	6

D	D
3	0

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)	3000.00	3000.00
(ii) Unitemized	100.00	100.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	3100.00	3100.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	26000.00	26000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	29100.00	29100.00
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))	29100.00	29100.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	29100.00	29100.00

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.....	8676.27	11675.01
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	8676.27	11675.01
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	9000.00	11000.00
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.....	2000.00	2000.00
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))..	19676.27	24675.01
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	19676.27	24675.01

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)	29100.00	29100.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	29100.00	29100.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	8676.27	11675.01
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	8676.27	11675.01

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 16
	(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)
DOC PAC

A.

Full Name (Last, First, Middle Initial)
Mrs. Claudia Barker Valente

Mailing Address 7055 Leestone St.

City Springfield State GA Zip Code 22151

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

Name of Employer Valente & Associates Occupation Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1600.00

Date of Receipt 06 / 30 / 2010
Transaction ID: SA11AI.4218
 Amount of Each Receipt this Period 1500.00
 Contribution

B.

Full Name (Last, First, Middle Initial)
Mr. Tim W. Williams

Mailing Address 3571 Todd Drive

City Douglasville State GA Zip Code 30135

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

Name of Employer Greystone Power Corporation Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 06 / 30 / 2010
Transaction ID: SA11AI.4215
 Amount of Each Receipt this Period 1500.00
 Contribution

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

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

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

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

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NAME OF COMMITTEE (In Full)
DOC PAC

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

Mailing Address Worldwide Headquarters
1932 Wynnton Road

City Columbus State GA Zip Code 31999

FEC ID number of contributing federal political committee. **C** C00034157

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt MM / DD / YYYY
06 / 30 / 2010

Transaction ID: SA11C.4217

Amount of Each Receipt this Period
5000.00

Contribution

B. Full Name (Last, First, Middle Initial)
AMERICAN COLLEGE OF CARDIOLOGY POLITICAL ACTION COMMITTEE

Mailing Address 2400 N St NW

City Washington State DC Zip Code 20037

FEC ID number of contributing federal political committee. **C** C00375360

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt MM / DD / YYYY
05 / 24 / 2010

Transaction ID: SA11C.4175

Amount of Each Receipt this Period
2500.00

Contribution

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

Mailing Address 1891 Preston White Drive

City Reston State VA Zip Code 20191

FEC ID number of contributing federal political committee. **C** C00343459

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt MM / DD / YYYY
05 / 04 / 2010

Transaction ID: SA11C.4166

Amount of Each Receipt this Period
2500.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► 10000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 16
	(check only one)
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
DOC PAC

A.	Full Name (Last, First, Middle Initial) American College of Radiology PAC	Date of Receipt MM / DD / YYYY 06 / 02 / 2010
	Mailing Address 1891 Preston White Drive	Transaction ID: SA11C.4198
	City State Zip Code Reston VA 20191	Amount of Each Receipt this Period 2500.00
	FEC ID number of contributing federal political committee. C C00343459	Contribution
	Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00

B.	Full Name (Last, First, Middle Initial) BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC	Date of Receipt MM / DD / YYYY 05 / 13 / 2010
	Mailing Address 1310 G Street NW	Transaction ID: SA11C.4167
	City State Zip Code Washington DC 20005	Amount of Each Receipt this Period 2500.00
	FEC ID number of contributing federal political committee. C C00194746	Contribution
	Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00

C.	Full Name (Last, First, Middle Initial) Boston Scientific Corp. PAC	Date of Receipt MM / DD / YYYY 06 / 09 / 2010
	Mailing Address One Boston Scientific Pl.	Transaction ID: SA11C.4199
	City State Zip Code Natick MA 01760	Amount of Each Receipt this Period 2000.00
	FEC ID number of contributing federal political committee. C C00357863	Contribution
	Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00

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: (check only one)	PAGE 9 / 16
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
DOC PAC

A.

Full Name (Last, First, Middle Initial) Lockheed Martin Employees PAC		Date of Receipt MM / DD / YYYY 06 / 02 / 2010
Mailing Address 1550 Crystal Drive Suite 300		Transaction ID: SA11C.4197
City Arlington	State VA	Zip Code 22202
FEC ID number of contributing federal political committee. C C00303024		Amount of Each Receipt this Period 4000.00
Name of Employer	Occupation	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4000.00	

B.

Full Name (Last, First, Middle Initial) POLITICAL ACTION COMMITTEE OF THE AMERICAN ASSOCIATION OF ORTHOPAEDIC SURGEONS		Date of Receipt MM / DD / YYYY 05 / 03 / 2010
Mailing Address 317 Massachusetts Avenue, NE 1st Floor		Transaction ID: SA11C.4164
City Washington	State DC	Zip Code 20002
FEC ID number of contributing federal political committee. C C00343137		Amount of Each Receipt this Period 5000.00
Name of Employer	Occupation	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional)	9000.00
TOTAL This Period (last page this line number only)	26000.00

**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 / 16

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

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NAME OF COMMITTEE (In Full)
DOC PAC

A.	Full Name (Last, First, Middle Initial) Professional Data Services, Inc.	Transaction ID: SB21B.4163 Date of Disbursement
	Mailing Address 264 N Lumpkin St, #202	<input type="text" value="04"/> / <input type="text" value="13"/> / <input type="text" value="2010"/>
	City Athens State GA Zip Code 30601	Amount of Each Disbursement this Period
	Purpose of Disbursement PAC Compliance Consulting	<input type="text" value="201.32"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Professional Data Services, Inc.	Transaction ID: SB21B.4203 Date of Disbursement
	Mailing Address 264 N Lumpkin St, #202	<input type="text" value="06"/> / <input type="text" value="14"/> / <input type="text" value="2010"/>
	City Athens State GA Zip Code 30601	Amount of Each Disbursement this Period
	Purpose of Disbursement PAC Compliance Consulting	<input type="text" value="400.00"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) The Gula Graham Group	Transaction ID: SB21B.4157 Date of Disbursement
	Mailing Address 700 12th Street NW Ste 700	<input type="text" value="04"/> / <input type="text" value="01"/> / <input type="text" value="2010"/>
	City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period
	Purpose of Disbursement See Memo	<input type="text" value="1740.48"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
DOC PAC

A. Full Name (Last, First, Middle Initial) The Ritz-Carlton Hotel Company, LLC <hr/> Mailing Address 4445 Willard Ave, Ste 800 <hr/> City Chevy Chase State MD Zip Code 20815 <hr/> Purpose of Disbursement PAC Event Facility Rental Candidate Name	Transaction ID: SB21B.4157.0 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 1740.48 <hr/> [MEMO ITEM]
Category/Type: 001	

B. Full Name (Last, First, Middle Initial) The Gula Graham Group <hr/> Mailing Address 700 12th Street NW Ste 700 <hr/> City Washington State DC Zip Code 20005 <hr/> Purpose of Disbursement See Memo Candidate Name	Transaction ID: SB21B.4194 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 493.54 <hr/> [MEMO ITEM]
Category/Type: 001	

C. Full Name (Last, First, Middle Initial) Delta Airlines <hr/> Mailing Address PO Box 20706 <hr/> City Atlanta State GA Zip Code 30320 <hr/> Purpose of Disbursement PAC Travel Expense Candidate Name	Transaction ID: SB21B.4194.0 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 389.40 <hr/> [MEMO ITEM]
Category/Type: 002	

SUBTOTAL of Disbursements This Page (optional) ▶	493.54
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)

PAGE 12 / 16

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

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NAME OF COMMITTEE (In Full)
DOC PAC

A. Full Name (Last, First, Middle Initial) The Gula Graham Group <hr/> Mailing Address 700 12th Street NW Ste 700 <hr/> City Washington State DC Zip Code 20005 <hr/> Purpose of Disbursement See Memo Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4201 Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2010
	Amount of Each Disbursement this Period 5740.93 <hr/> Category/Type 001
B. Full Name (Last, First, Middle Initial) The Ritz-Carlton Hotel Company, LLC <hr/> Mailing Address 4445 Willard Ave, Ste 800 <hr/> City Chevy Chase State MD Zip Code 20815 <hr/> Purpose of Disbursement PAC Event Facility Rental/Catering Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4201.0 Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2010
	Amount of Each Disbursement this Period 5740.93 <hr/> Category/Type 001 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)	5740.93
TOTAL This Period (last page this line number only)	8576.27

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
DOC PAC

<p>A. Full Name (Last, First, Middle Initial) BERG FOR CONGRESS</p> <p>Mailing Address PO BOX 9394</p> <p>City FARGO State ND Zip Code 58106</p> <p>Purpose of Disbursement Contribution Contribution</p> <p>Candidate Name RICHARD A BERG</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: ND District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.4187</p> <p>Date of Disbursement 05 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) BUCHSHON FOR CONGRESS</p> <p>Mailing Address PO BOX 250</p> <p>City NEWBURGH State IN Zip Code 47629</p> <p>Purpose of Disbursement Contributions</p> <p>Candidate Name LARRY D BUCHSHON</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IN District: 08</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.4182</p> <p>Date of Disbursement 05 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) FRIENDS OF ROY BLUNT</p> <p>Mailing Address PO Box 50100</p> <p>City Springfield State MO Zip Code 65805</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name ROY BLUNT</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: MO District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.4169</p> <p>Date of Disbursement 05 / 18 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
DOC PAC

A.

Full Name (Last, First, Middle Initial)
CORY GARDNER

Transaction ID: SB23.4186
Date of Disbursement

Mailing Address PO BOX 2408

/ /

City LOVELAND State CO Zip Code 80539

Amount of Each Disbursement this Period

Purpose of Disbursement
Contribution

Category/
Type

Candidate Name
ADAM KINZINGER

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: IL District: 11

B.

Full Name (Last, First, Middle Initial)
JIM RENACCI FOR CONGRESS

Transaction ID: SB23.4191
Date of Disbursement

Mailing Address 150 SMOKERISE DR

/ /

City WADSWORTH State OH Zip Code 44281

Amount of Each Disbursement this Period

Purpose of Disbursement
Contribution

Category/
Type

Candidate Name
JAMES B RENACCI

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: OH District: 16

C.

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

Transaction ID: SB23.4172
Date of Disbursement

Mailing Address PO BOX 1050

/ /

City Bourbonnais State IL Zip Code 60914

Amount of Each Disbursement this Period

Purpose of Disbursement
Contribution

Category/
Type

Candidate Name
ADAM KINZINGER

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: IL District: 11

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
DOC PAC

A. Full Name (Last, First, Middle Initial) LEE TERRY FOR CONGRESS <hr/> Mailing Address PO Box 540098 <hr/> City Omaha State NE Zip Code 68154 <hr/> Purpose of Disbursement Contribution Candidate Name LEE TERRY Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 02 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4204 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
B. Full Name (Last, First, Middle Initial) STIVERS FOR CONGRESS <hr/> Mailing Address 4679 Winterset Drive <hr/> City Columbus State OH Zip Code 43220 <hr/> Purpose of Disbursement Contribution Candidate Name STEVE E STIVERS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4207 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00

SUBTOTAL of Disbursements This Page (optional)	2000.00
TOTAL This Period (last page this line number only)	9000.00

**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)

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<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
DOC PAC

A.	Full Name (Last, First, Middle Initial) Deal for Governor		Transaction ID: SB29.4211	
	Mailing Address 1660 Palmour Drive, Ste AA7		Date of Disbursement 06 / 21 / 2010	
City Gainesville		State GA	Zip Code 30501	
Purpose of Disbursement Contribution to State Committee			Amount of Each Disbursement this Period 2000.00	
Candidate Name			011 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:				

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