

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

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

National Campaign Fund

ADDRESS (number and street)

30011 Ivy Glenn Drive, Suite 223

☐Check if different  
than previously  
reported. (ACC)

Laguna Niguel

CA

92677

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00437822

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☒April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

01

01

2010

through

03

31

2010

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

Type or Print Name of Treasurer

James Lacy

Signature of Treasurer

Electronically Filed by James Lacy

Date

04

15

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**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 20

Write or Type Committee Name  
National Campaign Fund

Report Covering the Period: From: 

|   |   |
|---|---|
| M | M |
| 0 | 1 |

|   |   |
|---|---|
| D | D |
| 0 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

 To: 

|   |   |
|---|---|
| M | M |
| 0 | 3 |

|   |   |
|---|---|
| D | D |
| 3 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

|  | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand<br>January 1   | 2010                    | 125.82                            |
| (b) Cash on Hand at<br>Beginning of Reporting Period .....   | 125.82                  |                                   |
| (c) Total Receipts (from Line 19) .....  | 45670.00                | 45670.00                          |
| (d) Subtotal (add lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B) .....             | 45795.82                | 45795.82                          |
| 7. Total Disbursements (from Line 31) .....  | 32116.02                | 32116.02                          |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)) .....                        | 13679.80                | 13679.80                          |
| 9. Debts and Obligations owed <b>TO</b><br>the committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | 0.00                    |                                   |
| 10. Debts and Obligations owed <b>BY</b><br>the committee (Itemize all on<br>Schedule C and/or Schedule D) ..... | 9717.00                 |                                   |

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

### For further information contact:

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

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

# DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

3 / 20

Write or Type Committee Name  
National Campaign Fund

Report Covering the Period:

From:

|   |   |
|---|---|
| M | M |
| 0 | 1 |

|   |   |
|---|---|
| D | D |
| 0 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

To:

|   |   |
|---|---|
| M | M |
| 0 | 3 |

|   |   |
|---|---|
| D | D |
| 3 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

| I. Receipts  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:   |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees  |                               |                                   |
| (i) Itemized (use Schedule A) .....  | 2770.00                       | 2770.00                           |
| (ii) Unitemized .....  | 42900.00                      | 42900.00                          |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) .....   | 45670.00                      | 45670.00                          |
| (b) Political Party Committees .....   | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs) .....  | 0.00                          | 0.00                              |
| (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....     | 45670.00                      | 45670.00                          |
| 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)) .....                          | 45670.00                      | 45670.00                          |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....                                    | 45670.00                      | 45670.00                          |

## DETAILED SUMMARY PAGE

of Disbursements

4 / 20

FEC Form 3X (Rev. 02/2003)

| II. DISBURSEMENTS  |          | COLUMN A<br>Total This Period | COLUMN B<br>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.....  | 32116.02 | 32116.02                      |                                   |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤                        | 32116.02 | 32116.02                      |                                   |
| 22. Transfers to Affiliated/Other Party Committees.....  | 0.00     | 0.00                          |                                   |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 0.00     | 0.00                          |                                   |
| 24. Independent Expenditure (use Schedule E) .....   | 0.00     | 0.00                          |                                   |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)..... | 0.00     | 0.00                          |                                   |
| 26. Loan Repayments Made.....  | 0.00     | 0.00                          |                                   |
| 27. Loans Made.....  | 0.00     | 0.00                          |                                   |
| 28. Refunds of Contributions To:   |          |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees .....                                  | 0.00     | 0.00                          |                                   |
| (b) Political Party Committees   | 0.00     | 0.00                          |                                   |
| (c) Other Political Committees (such as PACs) .....  | 0.00     | 0.00                          |                                   |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....                           | 0.00     | 0.00                          |                                   |
| 29. Other Disbursements.....   | 0.00     | 0.00                          |                                   |
| 30. Federal Election Activity (2 U.S.C 431(20))  |          |                               |                                   |
| (a) Shared Federal Election Activity (from Schedule H6)  |          |                               |                                   |
| (i) Federal Share .....  | 0.00     | 0.00                          |                                   |
| (ii) "Levin" Share .....   | 0.00     | 0.00                          |                                   |
| (b) Federal Election Activity Paid Entirely With Federal Funds .....                           | 0.00     | 0.00                          |                                   |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....              | 0.00     | 0.00                          |                                   |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..       | 32116.02 | 32116.02                      |                                   |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 32116.02 | 32116.02                      |                                   |

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 20

| III. Net Contributions/Operating Expenditures                                       | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>from Line 11(d), page 3) .....        | 45670.00                      | 45670.00                          |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                           | 0.00                          | 0.00                              |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....   | 45670.00                      | 45670.00                          |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b))..... | 32116.02                      | 32116.02                          |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3) .....               | 0.00                          | 0.00                              |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....             | 32116.02                      | 32116.02                          |

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

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

FOR LINE NUMBER: PAGE 6 / 20

(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)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

Jo Ann Baughlman

Mailing Address Po Box 1269

City

Philomaath

State

OR

Zip Code

97370

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FARMER

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

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

Transaction ID: INC.A.27994

Amount of Each Receipt this Period

35.00

**B.**

Full Name (Last, First, Middle Initial)

Jo Ann Baughlman

Mailing Address Po Box 1269

City

Philomaath

State

OR

Zip Code

97370

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FARMER

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 7 / 2 0 1 0

Transaction ID: INC.A.27993

Amount of Each Receipt this Period

35.00

**C.**

Full Name (Last, First, Middle Initial)

Maria De Los Angeles Hernandez-Pistorino

Mailing Address 6535 SW 123 Street

City

Pinecrest

State

FL

Zip Code

33156

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
VOLUNTEER

Occupation  
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 7 / 2 0 1 0

Transaction ID: INC.A.27345

Amount of Each Receipt this Period

100.00

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

170.00

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 7 / 20

(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)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

Maria De Los Angeles Hernandez-Pistorino

Mailing Address 6535 SW 123 Street

City

Pinecrest

State

FL

Zip Code

33156

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
VOLUNTEER

Occupation

NOT EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: INC.A.27346

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Jo Ann Baughlman

Mailing Address Po Box 1269

City

Philomaath

State

OR

Zip Code

97370

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FARMER

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

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

Transaction ID: INC.A.27995

Amount of Each Receipt this Period

35.00

**C.**

Full Name (Last, First, Middle Initial)

Jo Ann Baughlman

Mailing Address Po Box 1269

City

Philomaath

State

OR

Zip Code

97370

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FARMER

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

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

Transaction ID: INC.A.27996

Amount of Each Receipt this Period

35.00

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

170.00

**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 / 20

(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)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

Maria De Los Angeles Hernandez-Pistorino

Mailing Address 6535 SW 123 Street

City

Pinecrest

State

FL

Zip Code

33156

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
VOLUNTEER

Occupation

NOT EMPLOYED

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: INC.A.27347

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Jo Ann Baughman

Mailing Address Po Box 1269

City

Philomaath

State

OR

Zip Code

97370

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FARMER

Occupation

RETIRED

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

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

Transaction ID: INC.A.27997

Amount of Each Receipt this Period

35.00

**C.**

Full Name (Last, First, Middle Initial)

Maryjoyceann Evans

Mailing Address 33 Evans Lane Lake Placid

City

Lake Placid

State

NY

Zip Code

12946

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 3 / 2 0 1 0

Transaction ID: INC.A.27892

Amount of Each Receipt this Period

100.00

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

235.00

**TOTAL** This Period (last page this line number only) .....



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

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

FOR LINE NUMBER: PAGE 9 / 20

(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)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

Jo Ann Baughlman

Mailing Address Po Box 1269

City

Philomaath

State

OR

Zip Code

97370

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FARMER

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

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

Transaction ID: INC.A.27998

Amount of Each Receipt this Period

35.00

**B.**

Full Name (Last, First, Middle Initial)

Maria De Los Angeles Hernandez-Pistorino

Mailing Address 6535 SW 123 Street

City

Pinecrest

State

FL

Zip Code

33156

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
VOLUNTEER

Occupation  
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: INC.A.27348

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Jo Ann Baughlman

Mailing Address Po Box 1269

City

Philomaath

State

OR

Zip Code

97370

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FARMER

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 8 / 2 0 1 0

Transaction ID: INC.A.27999

Amount of Each Receipt this Period

35.00

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

170.00

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 10 / 20

(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)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

Peter Leiss

Mailing Address 801 North Pleasant Avenue

City

Somerset

State

PA

Zip Code

15501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OWNER

Occupation

LEISS TOOL & DIE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 8 / 2 0 1 0

Transaction ID: INC.A.28031

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

R Michael Nelson

Mailing Address 4050 Manly Road

City

Rosamond

State

CA

Zip Code

93560

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SMALL BUSINESS OWNER

Occupation

RESERVE SYSTEMS INC

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 8 / 2 0 1 0

Transaction ID: INC.A.27183

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Emerson Glazer

Mailing Address 9440 Santa Monica Blvd

City

Beverly Hills

State

CA

Zip Code

90210

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
REAL ESTATE

Occupation

EMERIK PROPERTIES CORP

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 1 / 2 0 1 0

Transaction ID: INC.A.27126

Amount of Each Receipt this Period

1000.00

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

1750.00

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 11 / 20

(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)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

R Michael Nelson

Mailing Address 4050 Manly Road

City

Rosamond

State

CA

Zip Code

93560

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SMALL BUSINESS OWNER

Occupation

RESERVE SYSTEMS INC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 1 / 2 0 1 0

Transaction ID: INC.A.27182

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Maryjoyceann Evans

Mailing Address 33 Evans Lane Lake Placid

City

Lake Placid

State

NY

Zip Code

12946

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 4 / 2 0 1 0

Transaction ID: INC.A.27893

Amount of Each Receipt this Period

250.00

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

275.00

**TOTAL** This Period (last page this line number only) .....

2770.00

# **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 12 / 20

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

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

NAME OF COMMITTEE (In Full)  
National Campaign Fund

|  |   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|--|---|--------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Christian Worldview Communications, LLC   | <b>Transaction ID:</b> EXP.B.21597<br><b>Date of Disbursement</b>   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 3150-A Florence Road, Ste 3  | <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>0</td><td>1</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M      | M | / | D | D | / | Y | Y | Y | Y | 0 | 1 |  | 0 | 4 |  | 2 | 0 | 1 | 0 |
| M  | M   | /      | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 0  | 1   |        | 0 | 4 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Powder Springs State GA Zip Code 30127  | <b>Amount of Each Disbursement this Period</b>  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>E-mail list   | <table border="1"> <tr> <td colspan="10">308.00</td> </tr> </table>   | 308.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 308.00   |   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Candidate Name   | <table border="1"> <tr> <td>003</td> </tr> </table> Category/<br>Type   | 003    |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 003  |   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Discount Book Distributors  | <b>Transaction ID:</b> EXP.B.21596<br><b>Date of Disbursement</b>   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 83 Oakdale Path  | <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>0</td><td>1</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M      | M | / | D | D | / | Y | Y | Y | Y | 0 | 1 |  | 0 | 4 |  | 2 | 0 | 1 | 0 |
| M  | M   | /      | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 0  | 1   |        | 0 | 4 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Dallas State GA Zip Code 98464  | <b>Amount of Each Disbursement this Period</b>  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>E-mail list   | <table border="1"> <tr> <td colspan="10">868.00</td> </tr> </table>   | 868.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 868.00   |   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Candidate Name   | <table border="1"> <tr> <td>003</td> </tr> </table> Category/<br>Type   | 003    |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 003  |   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Eagle Publishing  | <b>Transaction ID:</b> EXP.B.21594<br><b>Date of Disbursement</b>   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address One Massachusetts Ave., 6th Floor  | <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>0</td><td>1</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M      | M | / | D | D | / | Y | Y | Y | Y | 0 | 1 |  | 0 | 4 |  | 2 | 0 | 1 | 0 |
| M  | M   | /      | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 0  | 1   |        | 0 | 4 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Washington State DC Zip Code 20001  | <b>Amount of Each Disbursement this Period</b>  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>E-mail broadcasting   | <table border="1"> <tr> <td colspan="10">180.00</td> </tr> </table>   | 180.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 180.00   |   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Candidate Name   | <table border="1"> <tr> <td>003</td> </tr> </table> Category/<br>Type   | 003    |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 003  |   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

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

1356.00

**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)

PAGE 13 / 20

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

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

NAME OF COMMITTEE (In Full)  
National Campaign Fund

|  |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|--|---|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>SunTrust Merchant Services  | <b>Transaction ID:</b> EXP.B.21609<br><b>Date of Disbursement</b>   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 1 Western Maryland Parkway   | <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>0</td><td>1</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M       | M | / | D | D | / | Y | Y | Y | Y | 0 | 1 |  | 1 | 1 |  | 2 | 0 | 1 | 0 |
| M  | M   | /       | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 0  | 1   |         | 1 | 1 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Hagerstown State MD Zip Code 21740  | <b>Amount of Each Disbursement this Period</b>  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement Merchant Fees<br>Candidate Name  | <table border="1"> <tr> <td colspan="10">120.85</td> </tr> </table>   | 120.85  |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 120.85   |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Landslide Communications  | <b>Transaction ID:</b> EXP.B.21611<br><b>Date of Disbursement</b>   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 30011 Ivy Glenn Dr., Ste 223   | <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>0</td><td>1</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M       | M | / | D | D | / | Y | Y | Y | Y | 0 | 1 |  | 1 | 4 |  | 2 | 0 | 1 | 0 |
| M  | M   | /       | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 0  | 1   |         | 1 | 4 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Laguna Niguel State CA Zip Code 92677   | <b>Amount of Each Disbursement this Period</b>  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement Committee management expense<br>Candidate Name   | <table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>  | 1000.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 1000.00  |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>AMEX Fees   | <b>Transaction ID:</b> EXP.B.21614<br><b>Date of Disbursement</b>   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 1101 Frederick Street  | <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>0</td><td>1</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M       | M | / | D | D | / | Y | Y | Y | Y | 0 | 1 |  | 1 | 9 |  | 2 | 0 | 1 | 0 |
| M  | M   | /       | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 0  | 1   |         | 1 | 9 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Hagerstown State MD Zip Code 21740  | <b>Amount of Each Disbursement this Period</b>  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement Merchant fees<br>Candidate Name  | <table border="1"> <tr> <td colspan="10">110.50</td> </tr> </table>   | 110.50  |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 110.50   |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

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

**1231.35**

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 14 / 20

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

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

NAME OF COMMITTEE (In Full)  
National Campaign Fund

|  |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|--|---|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Eagle Publishing  | <b>Transaction ID:</b> EXP.B.21615<br><b>Date of Disbursement</b>   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address One Massachusetts Ave., 6th Floor  | <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>0</td><td>1</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M       | M | / | D | D | / | Y | Y | Y | Y | 0 | 1 |  | 1 | 9 |  | 2 | 0 | 1 | 0 |
| M  | M   | /       | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 0  | 1   |         | 1 | 9 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Washington State DC Zip Code 20001  | <b>Amount of Each Disbursement this Period</b>  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement E-mail broadcasting<br>Candidate Name  | <table border="1"> <tr> <td colspan="10">887.50</td> </tr> </table>   | 887.50  |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 887.50   |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>SunTrust Merchant Services  | <b>Transaction ID:</b> EXP.B.21613<br><b>Date of Disbursement</b>   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 1 Western Maryland Parkway   | <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>0</td><td>1</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M       | M | / | D | D | / | Y | Y | Y | Y | 0 | 1 |  | 1 | 9 |  | 2 | 0 | 1 | 0 |
| M  | M   | /       | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 0  | 1   |         | 1 | 9 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Hagerstown State MD Zip Code 21740  | <b>Amount of Each Disbursement this Period</b>  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement Merchant fees<br>Candidate Name  | <table border="1"> <tr> <td colspan="10">708.98</td> </tr> </table>   | 708.98  |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 708.98   |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Excellentia Inc.  | <b>Transaction ID:</b> EXP.B.21616<br><b>Date of Disbursement</b>   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 4224 67th Ave CT W   | <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>0</td><td>1</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M       | M | / | D | D | / | Y | Y | Y | Y | 0 | 1 |  | 2 | 0 |  | 2 | 0 | 1 | 0 |
| M  | M   | /       | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 0  | 1   |         | 2 | 0 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |
| City University Place State WA Zip Code 98466  | <b>Amount of Each Disbursement this Period</b>  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement General management expense<br>Candidate Name   | <table border="1"> <tr> <td colspan="10">5000.00</td> </tr> </table>  | 5000.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 5000.00  |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

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

**6596.48**

**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 15 / 20

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

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

NAME OF COMMITTEE (In Full)  
National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)  
SunTrust Merchant Services

Mailing Address 1 Western Maryland Parkway

City Hagerstown State MD Zip Code 21740

Purpose of Disbursement

Merchant fees

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** EXP.B.21618

Date of Disbursement

01 / 25 / 2010

Amount of Each Disbursement this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)  
Excellentia Inc.

Mailing Address 4224 67th Ave CT W

City University Place State WA Zip Code 98466

Purpose of Disbursement

General Management Fees

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** EXP.B.26949

Date of Disbursement

01 / 29 / 2010

Amount of Each Disbursement this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)  
C4Strategies

Mailing Address 8230 Catbird Circle #302

City Lorton State VA Zip Code 22079

Purpose of Disbursement

Website services

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** EXP.B.26951

Date of Disbursement

01 / 30 / 2010

Amount of Each Disbursement this Period

2000.00

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

7050.00

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 16 / 20

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

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

NAME OF COMMITTEE (In Full)  
National Campaign Fund**A.**Full Name (Last, First, Middle Initial)  
Excellentia Inc.

Mailing Address 4224 67th Ave CT W

City State Zip Code  
University Place WA 98466Purpose of Disbursement  
General Management Fees

Candidate Name

001  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: EXP.B.26960

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 | / | 1 | 2 | / | 2 | 0 | 1 | 0 |

Amount of Each Disbursement this Period

5000.00

**B.**Full Name (Last, First, Middle Initial)  
Eagle Publishing

Mailing Address One Massachusetts Ave., 6th Floor

City State Zip Code  
Washington DC 20001Purpose of Disbursement  
E-mail broadcast

Candidate Name

003  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: EXP.B.26956

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 0 | 3 | / | 2 | 0 | 1 | 0 |

Amount of Each Disbursement this Period

37.50

**C.**Full Name (Last, First, Middle Initial)  
SunTrust Merchant Services

Mailing Address 1 Western Maryland Parkway

City State Zip Code  
Hagerstown MD 21740Purpose of Disbursement  
Merchant Fees

Candidate Name

001  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: EXP.B.26958

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 0 | 4 | / | 2 | 0 | 1 | 0 |

Amount of Each Disbursement this Period

779.48

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

5816.98

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 17 / 20

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

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

NAME OF COMMITTEE (In Full)  
National Campaign Fund

|  |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|--|---|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Floyd Brown   | <b>Transaction ID:</b> EXP.B.26963<br><b>Date of Disbursement</b>   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 4224 67th Ave CT W   | <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>0</td><td>3</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M       | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 1 | 5 |  | 2 | 0 | 1 | 0 |
| M  | M   | /       | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 0  | 3   |         | 1 | 5 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |
| City University Place State WA Zip Code 98466  | <b>Amount of Each Disbursement this Period</b>  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement Reimburse e-mail expenses  | <table border="1"> <tr> <td>2472.50</td> </tr> </table>   | 2472.50 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 2472.50  |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Candidate Name   | <table border="1"> <tr> <td>003</td> </tr> </table> Category/<br>Type   | 003     |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 003  |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>C4Strategies  | <b>Transaction ID:</b> EXP.B.26965<br><b>Date of Disbursement</b>   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 8230 Catbird Circle #302   | <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>0</td><td>3</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M       | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 1 | 5 |  | 2 | 0 | 1 | 0 |
| M  | M   | /       | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 0  | 3   |         | 1 | 5 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Lorton State VA Zip Code 22079  | <b>Amount of Each Disbursement this Period</b>  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement Website services   | <table border="1"> <tr> <td>6000.00</td> </tr> </table>   | 6000.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 6000.00  |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Candidate Name   | <table border="1"> <tr> <td>001</td> </tr> </table> Category/<br>Type   | 001     |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 001  |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Barrett Garcia  | <b>Transaction ID:</b> EXP.B.26964<br><b>Date of Disbursement</b>   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 32302 Camino Capistrano #214   | <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>0</td><td>3</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M       | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 1 | 5 |  | 2 | 0 | 1 | 0 |
| M  | M   | /       | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 0  | 3   |         | 1 | 5 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |
| City San Juan Capistran State CA Zip Code 92675  | <b>Amount of Each Disbursement this Period</b>  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement Accounting services  | <table border="1"> <tr> <td>1035.87</td> </tr> </table>   | 1035.87 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 1035.87  |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Candidate Name   | <table border="1"> <tr> <td>001</td> </tr> </table> Category/<br>Type   | 001     |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 001  |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

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

9508.37

**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 18 / 20

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

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

NAME OF COMMITTEE (In Full)  
National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)  
SunTrust Merchant Services

Mailing Address 1 Western Maryland Parkway

City Hagerstown State MD Zip Code 21740

Purpose of Disbursement  
Merchant Fees

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** EXP.B.26961

Date of Disbursement

03 / 15 / 2010

Amount of Each Disbursement this Period

337.62

**B.**

Full Name (Last, First, Middle Initial)  
SunTrust Merchant Services

Mailing Address 1 Western Maryland Parkway

City Hagerstown State MD Zip Code 21740

Purpose of Disbursement  
Merchant Fees

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** EXP.B.26966

Date of Disbursement

03 / 31 / 2010

Amount of Each Disbursement this Period

72.22

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

409.84

**TOTAL** This Period (last page this line number only) .....

31969.02

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 19 / 20

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
National Campaign Fund**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Response Dynamics, Inc.Nature of Debt (Purpose):  
P.O.Box and bulk rate mail-  
ing account deposit

Mailing Address 2070 Chain Bridge Rd # 520

City State ZIP Code  
Vienna VA 22182

Outstanding Balance Beginning This Period

1960.00

Transaction ID: PAY:D:107

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1960.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Response Dynamics, Inc.Nature of Debt (Purpose):  
Mailing/printing

Mailing Address 2070 Chain Bridge Rd # 520

City State ZIP Code  
Vienna VA 22182

Outstanding Balance Beginning This Period

4934.00

Transaction ID: PAY:D:15467

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4934.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Response Dynamics, Inc.Nature of Debt (Purpose):  
Mailing/printing

Mailing Address 2070 Chain Bridge Rd # 520

City State ZIP Code  
Vienna VA 22182

Outstanding Balance Beginning This Period

2823.00

Transaction ID: PAY:D:15468

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2823.00

**1) SUBTOTALS** This Period This Page (optional).....

9717.00

**2) TOTALS** This Period (last page this line number only).....

9717.00

**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....

0.00

**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

9717.00

B. Form/Schedule : **SD10**  
Transaction ID : **PAY:D:15467**

Special election

C. Form/Schedule : **SD10**  
Transaction ID : **PAY:D:15468**

Special election