



**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
STAND AMERICA PAC

Report Covering the Period: From: 

M	M
1	1

D	D
2	3

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		0.00
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	35882.47									
(c) Total Receipts (from Line 19) .....	16892.00	74308.66								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	52774.47	74308.66								
7. Total Disbursements (from Line 31) .....	40579.69	62113.88								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	12194.78	12194.78								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	12162.69									

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  
STAND AMERICA PAC

Report Covering the Period: From: 

M	M
1	1

D	D
2	3

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	1580.00	6591.00
(ii) Unitemized .....	15312.00	67617.66
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	16892.00	74208.66
(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) .....	16892.00	74208.66
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	100.00
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)) .....	16892.00	74308.66
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	16892.00	74308.66

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	39829.69	58223.88
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	39829.69	58223.88
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	1000.00
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.....	750.00	2890.00
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))..	40579.69	62113.88
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	40579.69	62113.88

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	16892.00	74208.66
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	16892.00	74208.66
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	39829.69	58223.88
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	39829.69	58223.88

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
STAND AMERICA PAC

**A.**

Full Name (Last, First, Middle Initial) GARY R ADAMS 927		Date of Receipt
Mailing Address 3420-H W MACARTHUR BLVD		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
City State Zip Code SANTA ANA CA 92704		<input type="text"/> 1 1 / <input type="text"/> 2 9 / <input type="text"/> 2 0 1 0
FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>		<b>Transaction ID:</b> SA11AI.6939
Name of Employer Occupation SELF EMPLOYED PROPERTY MANAGEMENT		Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text"/> 29.00
Aggregate Year-to-Date ▼ <input type="text"/> 745.00		

**B.**

Full Name (Last, First, Middle Initial) GAIL ANDRADE 919		Date of Receipt
Mailing Address 10510 FUERTE DR		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
City State Zip Code LA MESA CA 91941		<input type="text"/> 1 2 / <input type="text"/> 2 1 / <input type="text"/> 2 0 1 0
FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>		<b>Transaction ID:</b> SA11AI.6966
Name of Employer Occupation ANDRADE FMAILY HOMEMAKER		Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text"/> 29.00
Aggregate Year-to-Date ▼ <input type="text"/> 379.00		

**C.**

Full Name (Last, First, Middle Initial) JO ANN BAUGHMAN 973		Date of Receipt
Mailing Address PO BOX 1269		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
City State Zip Code PHILOMATH OR 97370		<input type="text"/> 1 1 / <input type="text"/> 2 3 / <input type="text"/> 2 0 1 0
FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>		<b>Transaction ID:</b> SA11AI.6985
Name of Employer Occupation RETIRED FARMER		Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text"/> 29.00
Aggregate Year-to-Date ▼ <input type="text"/> 486.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 87.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
STAND AMERICA PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) JO ANN BAUGHMAN 973		Date of Receipt
	Mailing Address PO BOX 1269		<input type="text" value="12"/> / <input type="text" value="05"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	PHILOMATH	OR	97370
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer RETIRED		Occupation FARMER	Transaction ID: SA11AI.6987
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="515.00"/>	<input type="text" value="29.00"/>

<b>B.</b>	Full Name (Last, First, Middle Initial) JO ANN BAUGHMAN 973		Date of Receipt
	Mailing Address PO BOX 1269		<input type="text" value="12"/> / <input type="text" value="10"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	PHILOMATH	OR	97370
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer RETIRED		Occupation FARMER	Transaction ID: SA11AI.6989
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="544.00"/>	<input type="text" value="29.00"/>

<b>C.</b>	Full Name (Last, First, Middle Initial) JO ANN BAUGHMAN 973		Date of Receipt
	Mailing Address PO BOX 1269		<input type="text" value="12"/> / <input type="text" value="17"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	PHILOMATH	OR	97370
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer RETIRED		Occupation FARMER	Transaction ID: SA11AI.6986
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="573.00"/>	<input type="text" value="29.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="87.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 27  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
**STAND AMERICA PAC**

**A.**

Full Name (Last, First, Middle Initial)  
JO ANN BAUGHMAN 973

Mailing Address PO BOX 1269

City State Zip Code  
**PHILOMATH OR 97370**

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
RETIRED FARMER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 602.00

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

**Transaction ID: SA11AI.6984**

Amount of Each Receipt this Period 29.00

**B.**

Full Name (Last, First, Middle Initial)  
JO ANN BAUGHMAN 973

Mailing Address PO BOX 1269

City State Zip Code  
**PHILOMATH OR 97370**

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
RETIRED FARMER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 631.00

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

**Transaction ID: SA11AI.6990**

Amount of Each Receipt this Period 29.00

**C.**

Full Name (Last, First, Middle Initial)  
JO ANN BAUGHMAN 973

Mailing Address PO BOX 1269

City State Zip Code  
**PHILOMATH OR 97370**

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
RETIRED FARMER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 680.00

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

**Transaction ID: SA11AI.6988**

Amount of Each Receipt this Period 49.00

**SUBTOTAL** of Receipts This Page (optional) ..... 107.00

**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 / 27  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**STAND AMERICA PAC**

**A.**

Full Name (Last, First, Middle Initial)  
CAROLINA CASPERSON 105

Mailing Address 522 NORTH STATE RD SUITE 102

City State Zip Code  
**BRIARCLIFF MANOR NY 10510**

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

Name of Employer Occupation  
SELF EMPLOYED SINGER SONGWRITER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **354.00**

Date of Receipt MM / DD / YYYY  
**12 / 11 / 2010**

**Transaction ID: SA11AI.7089**

Amount of Each Receipt this Period **25.00**

**B.**

Full Name (Last, First, Middle Initial)  
SUZANNE DALESSANDRO 103

Mailing Address 771 JEWETT AVENUE

City State Zip Code  
**STATEN ISLAND NY 10314**

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

Name of Employer Occupation  
TEMPORARILY UNEMPLOYED ADMINISTRATIVE ASSISTANT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **370.00**

Date of Receipt MM / DD / YYYY  
**12 / 20 / 2010**

**Transaction ID: SA11AI.7126**

Amount of Each Receipt this Period **175.00**

**C.**

Full Name (Last, First, Middle Initial)  
SUZANNE DALESSANDRO 103

Mailing Address 771 JEWETT AVENUE

City State Zip Code  
**STATEN ISLAND NY 10314**

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

Name of Employer Occupation  
TEMPORARILY UNEMPLOYED ADMINISTRATIVE ASSISTANT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **469.00**

Date of Receipt MM / DD / YYYY  
**12 / 31 / 2010**

**Transaction ID: SA11AI.7125**

Amount of Each Receipt this Period **99.00**

**SUBTOTAL** of Receipts This Page (optional) ..... **299.00**

**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 10 / 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
STAND AMERICA PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) KAYANNA R DEWEY 331		Date of Receipt
	Mailing Address 3437 N MOORINGS WAY		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	MIAMI	FL	33133
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.7143
Name of Employer SELF EMPLOYED		Occupation BETWEEN JOBS	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 350.00	<input type="text"/> 175.00

<b>B.</b>	Full Name (Last, First, Middle Initial) DIONE HAYES 985		Date of Receipt
	Mailing Address 7241 LIGHTHOUSE LANE NE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	OLYMPIA	WA	98506
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.7299
Name of Employer NONE		Occupation RETIRED	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 258.00	<input type="text"/> 129.00

<b>C.</b>	Full Name (Last, First, Middle Initial) JAMES L JAEHNIG 077		Date of Receipt
	Mailing Address 31 HOWLAND AVENUE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	LONG BRANCH	NJ	07740
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.7357
Name of Employer L-3 COMMUNICATIONS C2S2		Occupation NETWORK TEST ENGINEER	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 204.00	<input type="text"/> 29.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 333.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
STAND AMERICA PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) ETHEL LANGFORD 815		Date of Receipt
	Mailing Address 1725 10 RD		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	MACK	CO	81525
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.7430
Name of Employer NONE		Occupation RETIRED	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 29.00
		<input type="text"/> 491.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) ETHEL LANGFORD 815		Date of Receipt
	Mailing Address 1725 10 RD		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	MACK	CO	81525
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.7429
Name of Employer NONE		Occupation RETIRED	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 29.00
		<input type="text"/> 520.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) ETHEL LANGFORD 815		Date of Receipt
	Mailing Address 1725 10 RD		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	MACK	CO	81525
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.7428
Name of Employer NONE		Occupation RETIRED	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 49.00
		<input type="text"/> 569.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 107.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
STAND AMERICA PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) LAN LEE 928		Date of Receipt
	Mailing Address 17340 SUMMER OAK PLACE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 2 0 / 2 0 1 0
	City	State	Zip Code
	YORBA LINDA	CA	92886
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.7442
Name of Employer INTERN EVAL SERVICE		Occupation EVALUATOR	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 29.00
		<input type="text"/> 207.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) DR BENNY H MCDANIEL 377		Date of Receipt
	Mailing Address 3280 DOUGLAS DAM RD		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 0 2 / 2 0 1 0
	City	State	Zip Code
	KODAK	TN	37764
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.7484
Name of Employer SELF EMPLOYED		Occupation OPTOMETRIST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 149.00
		<input type="text"/> 249.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) CARROLL J MUELLER 891		Date of Receipt
	Mailing Address 2800 MASON AVE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 2 9 / 2 0 1 0
	City	State	Zip Code
	LAS VEGAS	NV	89102
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.7525
Name of Employer RETIRED		Occupation TEACHER	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 99.00
		<input type="text"/> 253.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 277.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
STAND AMERICA PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) TERESA A OLSON 980		Date of Receipt	
	Mailing Address 24200 8TH PL W		M M / D D / Y Y Y Y Y 1 2 / 1 7 / 2 0 1 0	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.7557
	BOTHELL	WA	98021	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		32.00	
Name of Employer NONE		Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 532.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) TERESA A OLSON 980		Date of Receipt	
	Mailing Address 24200 8TH PL W		M M / D D / Y Y Y Y Y 1 2 / 2 0 / 2 0 1 0	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.7556
	BOTHELL	WA	98021	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		29.00	
Name of Employer NONE		Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 561.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) BRIAN D RICHARDSON 926		Date of Receipt	
	Mailing Address 1718 PORT BARMOUTH PL		M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 1 0	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.7624
	NEWPORT BEACH	CA	92660	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		29.00	
Name of Employer NONE		Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 253.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	90.00
<b>TOTAL</b> 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 14 / 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
STAND AMERICA PAC

**A.** Full Name (Last, First, Middle Initial)  
KARAN ROBERTS 847

Mailing Address 841 TWO MOONS WAY

City IVINS State UT Zip Code 84738

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

Name of Employer NONE Occupation RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 287.00

Date of Receipt: 12 / 22 / 2010

Transaction ID: SA11AI.7630

Amount of Each Receipt this Period: 29.00

**B.** Full Name (Last, First, Middle Initial)  
JOHN RODGERS 945

Mailing Address 5440 ST. HELENA HWY.

City NAPA State CA Zip Code 94558

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

Name of Employer RETIRED Occupation MARINE ENGINEER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 213.00

Date of Receipt: 12 / 17 / 2010

Transaction ID: SA11AI.7637

Amount of Each Receipt this Period: 32.00

**C.** Full Name (Last, First, Middle Initial)  
JOHN RODGERS 945

Mailing Address 5440 ST. HELENA HWY.

City NAPA State CA Zip Code 94558

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

Name of Employer RETIRED Occupation MARINE ENGINEER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 242.00

Date of Receipt: 12 / 21 / 2010

Transaction ID: SA11AI.7639

Amount of Each Receipt this Period: 29.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 90.00

**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 15 / 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
STAND AMERICA PAC

**A.** Full Name (Last, First, Middle Initial)  
SANDRA L SPRADLING 779

Mailing Address 306 ASHLAND CREEK

City State Zip Code  
VICTORIA TX 77901

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

Name of Employer MAY LEE'S CHINESE RESTAUR-ANT Occupation WAITRESS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 549.00

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

**Transaction ID:** SA11AI.7735

Amount of Each Receipt this Period  
29.00

**B.** Full Name (Last, First, Middle Initial)  
JOHN HERBERT SULLIVAN 024

Mailing Address 275 WYMAN ST SUITE 140

City State Zip Code  
WALTHAM MA 02451

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

Name of Employer SULLIVAN RISK KANAGEMENT GROUP Occupation CHAIRMAN & CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 204.00

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

**Transaction ID:** SA11AI.7755

Amount of Each Receipt this Period  
10.00

**C.** Full Name (Last, First, Middle Initial)  
JAMES WARNER 442

Mailing Address 730 BERYL DRIVE

City State Zip Code  
KENT OH 44240

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

Name of Employer UNION METAL Occupation DESIGN ENGINEER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 351.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 1 0

**Transaction ID:** SA11AI.7803

Amount of Each Receipt this Period  
35.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **74.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 16 / 27	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
STAND AMERICA PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) MARY ANN WILCOX 917		Date of Receipt		
	Mailing Address 3100 SKY RIDGE LANE		M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 1 0		
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.7824	
	HACIENDA HEIGHTS	CA	91745	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.		C	29.00	
	Name of Employer SELF EMPLOYED		Occupation HOMEMAKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 233.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	29.00
<b>TOTAL</b> This Period (last page this line number only) .....	1580.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input 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)  
STAND AMERICA PAC

A.

Full Name (Last, First, Middle Initial)  
BANK OF AMERICA

Transaction ID: SB21B.6906  
Date of Disbursement

Mailing Address PO BOX 25118

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

City Tampa State FL Zip Code 33633

Amount of Each Disbursement this Period

245.24
--------

Purpose of Disbursement  
AMEX DISCOUNT FEE

001
-----

Category/  
Type

Candidate Name  
STAND AMERICA PAC

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

State: District:

B.

Full Name (Last, First, Middle Initial)  
NATALI BROWN

Transaction ID: SB21B.6886  
Date of Disbursement

Mailing Address 1012 EDDINGTON CT

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

City CHESAPEAKE State VA Zip Code 23322

Amount of Each Disbursement this Period

250.00
--------

Purpose of Disbursement  
CONSULTING - ADMINISTRATION

001
-----

Category/  
Type

Candidate Name  
STAND AMERICA PAC

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

State: District:

C.

Full Name (Last, First, Middle Initial)  
NATALI BROWN

Transaction ID: SB21B.6887  
Date of Disbursement

Mailing Address 1012 EDDINGTON CT

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

City CHESAPEAKE State VA Zip Code 23322

Amount of Each Disbursement this Period

100.00
--------

Purpose of Disbursement  
CONSULTING - ADMINISTRATION

001
-----

Category/  
Type

Candidate Name  
STAND AMERICA PAC

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

State: District:

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

595.24
--------

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

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

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

FOR LINE NUMBER: (check only one)

<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)  
STAND AMERICA PAC

A.	Full Name (Last, First, Middle Initial) NATALI BROWN	Transaction ID: SB21B.6888 Date of Disbursement 12 / 23 / 2010
	Mailing Address 1012 EDDINGTON CT	Amount of Each Disbursement this Period 125.00
	City CHESAPEAKE State VA Zip Code 23322	
	Purpose of Disbursement CONSULTING - ADMINISTRATION	001 Category/Type
	Candidate Name STAND AMERICA PAC	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) ANDREW CAMPO	Transaction ID: SB21B.6909 Date of Disbursement 11 / 24 / 2010
	Mailing Address 42 WASHINGTON AVE	Amount of Each Disbursement this Period 250.00
	City ALEXANDRIA State VA Zip Code 22314	
	Purpose of Disbursement CONSULTING - NEW MEDIA	001 Category/Type
	Candidate Name STAND AMERICA PAC	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) ANDREW CAMPO	Transaction ID: SB21B.6910 Date of Disbursement 12 / 20 / 2010
	Mailing Address 42 WASHINGTON AVE	Amount of Each Disbursement this Period 400.00
	City ALEXANDRIA State VA Zip Code 22314	
	Purpose of Disbursement CONSULTING - NEW MEDIA	001 Category/Type
	Candidate Name STAND AMERICA PAC	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	775.00
<b>TOTAL</b> 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 19 / 27

<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)  
STAND AMERICA PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) CHRISTIAN COALITION <hr/> Mailing Address PO BOX 37030 <hr/> City WASHINGTON State DC Zip Code 20013 <hr/> Purpose of Disbursement DONATION Candidate Name STAND AMERICA PAC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB21B.6905 Date of Disbursement 12 / 21 / 2010 <hr/> Amount of Each Disbursement this Period 275.00
<b>B.</b>	Full Name (Last, First, Middle Initial) DIENER CONSULTING <hr/> Mailing Address 284 SHALOM RD <hr/> City WAYNESBORO State VA Zip Code 22980 <hr/> Purpose of Disbursement CONSULTING - FUNDRAISING Candidate Name STAND AMERICA PAC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB21B.6900 Date of Disbursement 11 / 26 / 2010 <hr/> Amount of Each Disbursement this Period 3500.00
<b>C.</b>	Full Name (Last, First, Middle Initial) DIENER CONSULTING <hr/> Mailing Address 284 SHALOM RD <hr/> City WAYNESBORO State VA Zip Code 22980 <hr/> Purpose of Disbursement CONSULTING - FUNDRAISING Candidate Name STAND AMERICA PAC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB21B.6901 Date of Disbursement 12 / 14 / 2010 <hr/> Amount of Each Disbursement this Period 17700.00

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

21475.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
STAND AMERICA PAC

A.	Full Name (Last, First, Middle Initial) DIENER CONSULTING	Transaction ID: SB21B.6902 Date of Disbursement																			
	Mailing Address 284 SHALOM RD	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td></td><td>2</td><td>7</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	1	2		2	7		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		2	7		2	0	1	0												
	City WAYNESBORO State VA Zip Code 22980	Amount of Each Disbursement this Period																			
	Purpose of Disbursement CONSULTING - FUNDRAISING	<table border="1"><tr><td>7000.00</td></tr></table>	7000.00																		
7000.00																					
	Candidate Name STAND AMERICA PAC	<table border="1"><tr><td>001</td></tr></table> Category/Type	001																		
001																					
	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) HILTON HOTELS	Transaction ID: SB21B.6895 Date of Disbursement																			
	Mailing Address 7930 JONES BRANCH DR	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td></td><td>0</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	1	2		0	9		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		0	9		2	0	1	0												
	City MCLEAN State VA Zip Code 22101	Amount of Each Disbursement this Period																			
	Purpose of Disbursement LODGING	<table border="1"><tr><td>167.27</td></tr></table>	167.27																		
167.27																					
	Candidate Name STAND AMERICA PAC	<table border="1"><tr><td>002</td></tr></table> Category/Type	002																		
002																					
	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) HILTON HOTELS	Transaction ID: SB21B.6896 Date of Disbursement																			
	Mailing Address 7930 JONES BRANCH DR	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td></td><td>1</td><td>7</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	1	2		1	7		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		1	7		2	0	1	0												
	City MCLEAN State VA Zip Code 22101	Amount of Each Disbursement this Period																			
	Purpose of Disbursement LODGING	<table border="1"><tr><td>370.45</td></tr></table>	370.45																		
370.45																					
	Candidate Name STAND AMERICA PAC	<table border="1"><tr><td>002</td></tr></table> Category/Type	002																		
002																					
	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>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"><tr><td>7537.72</td></tr></table>	7537.72
7537.72		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"><tr><td></td></tr></table>	

**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)  
STAND AMERICA PAC

A.

Full Name (Last, First, Middle Initial)  
BISHOP E W JACKSON, SR

Transaction ID: SB21B.6897  
Date of Disbursement

Mailing Address 1012 EDDINGTON CT

/   /

City CHESAPEAKE State VA Zip Code 23322

Amount of Each Disbursement this Period

Purpose of Disbursement  
CONSULTING - MANAGEMENT

Category/  
Type

Candidate Name  
STAND AMERICA PAC

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

B.

Full Name (Last, First, Middle Initial)  
BISHOP E W JACKSON, SR

Transaction ID: SB21B.6898  
Date of Disbursement

Mailing Address 1012 EDDINGTON CT

/   /

City CHESAPEAKE State VA Zip Code 23322

Amount of Each Disbursement this Period

Purpose of Disbursement  
CONSULTING - MANAGEMENT

Category/  
Type

Candidate Name  
STAND AMERICA PAC

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

C.

Full Name (Last, First, Middle Initial)  
RESPONSE ENTERPRISES INC

Transaction ID: SB21B.6880  
Date of Disbursement

Mailing Address 284 SHALOM RD

/   /

City WAYNESBORO State VA Zip Code 22980

Amount of Each Disbursement this Period

Purpose of Disbursement  
DIRECT RESPONSE FUNDRAISING

Category/  
Type

Candidate Name  
STAND AMERICA PAC

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

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

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

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

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

FOR LINE NUMBER: (check only one)

PAGE 22 / 27

<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)  
STAND AMERICA PAC

A.

Full Name (Last, First, Middle Initial)  
RESPONSE ENTERPRISES INC

Transaction ID: SB21B.6882  
Date of Disbursement

Mailing Address 284 SHALOM RD

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

City WAYNESBORO State VA Zip Code 22980

Amount of Each Disbursement this Period

Purpose of Disbursement  
DIRECT RESPONSE FUNDRAISING

003
Category/ Type

1997.38
---------

Candidate Name  
STAND AMERICA PAC

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

B.

Full Name (Last, First, Middle Initial)  
MELODY SCULLEY

Transaction ID: SB21B.6892  
Date of Disbursement

Mailing Address 1012 EDDINGTON CT

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

City CHESAPEAKE State VA Zip Code 23322

Amount of Each Disbursement this Period

Purpose of Disbursement  
CONSULTING - FUNDRAISING

003
Category/ Type

1250.00
---------

Candidate Name  
STAND AMERICA PAC

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

C.

Full Name (Last, First, Middle Initial)  
PORSHIA SMITH

Transaction ID: SB21B.6885  
Date of Disbursement

Mailing Address 3120 FERNCLIFF CT

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

City CHESAPEAKE State VA Zip Code 23323

Amount of Each Disbursement this Period

Purpose of Disbursement  
CONSULTING - ADMINISTRATION

001
Category/ Type

70.00
-------

Candidate Name  
STAND AMERICA PAC

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

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

3317.38
---------

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

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# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 23 / 27

<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)  
STAND AMERICA PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) BISHOP ANGIE SWYGERT, SR <hr/> Mailing Address 1012 EDDINGTON CT <hr/> City CHESAPEAKE State VA Zip Code 23322 <hr/> Purpose of Disbursement CONSULTING - FUNDRAISING Candidate Name STAND AMERICA PAC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> SB21B.6907 <b>Date of Disbursement</b> 11 / 25 / 2010	Amount of Each Disbursement this Period 250.00
<b>B.</b>	Full Name (Last, First, Middle Initial) BISHOP ANGIE SWYGERT, SR <hr/> Mailing Address 1012 EDDINGTON CT <hr/> City CHESAPEAKE State VA Zip Code 23322 <hr/> Purpose of Disbursement CONSULTING - FUNDRAISING Candidate Name STAND AMERICA PAC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> SB21B.6908 <b>Date of Disbursement</b> 12 / 01 / 2010	Amount of Each Disbursement this Period 200.00
<b>C.</b>	Full Name (Last, First, Middle Initial) THE UPS STORE <hr/> Mailing Address 520 W 21ST ST, #G-2 <hr/> City NORFOLK State VA Zip Code 23517 <hr/> Purpose of Disbursement SHIPPING Candidate Name STAND AMERICA PAC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> SB21B.6878 <b>Date of Disbursement</b> 11 / 23 / 2010	Amount of Each Disbursement this Period 270.90

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>720.90</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>38964.54</b>

**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 24 / 27

<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

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)  
STAND AMERICA PAC

<b>A.</b> Full Name (Last, First, Middle Initial) 912 FIRST LANDING PATRIOTS Mailing Address FIRST LANDING City VIRGINIA BEACH State VA Zip Code 23450 Purpose of Disbursement DONATION Candidate Name STAND AMERICA PAC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.6912 Date of Disbursement 11 / 23 / 2010
	Amount of Each Disbursement this Period 500.00
<b>B.</b> Full Name (Last, First, Middle Initial) VIRGINIA REPUBLICAN SENATE CAUCUS Mailing Address 115 E GRACE ST City RICHMOND State VA Zip Code 23219 Purpose of Disbursement CONTRIBUTION Candidate Name STAND AMERICA PAC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.6876 Date of Disbursement 12 / 06 / 2010
	Amount of Each Disbursement this Period 250.00

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

750.00

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

750.00

**SCHEDULE C (FEC Form 3X)**

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

**LOANS**

NAME OF COMMITTEE (In Full)  
STAND AMERICA PAC

**Transaction ID: SC/10.4635**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) BISHOP E W JACKSON, SR	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1012 EDDINGTON CT	
City CHESAPEAKE State VA ZIP Code 23322	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
100.00	0.00	100.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M M 0 4 D D 1 6 Y Y Y Y 2 0 1 0	UPOND DEMAND	0.0000 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional) .....	<input style="width: 100%;" type="text" value="100.00"/>
<b>TOTALS</b> This Period (last page in this line only) .....	<input style="width: 100%;" type="text" value="100.00"/>
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</b>	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 26 / 27
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
STAND AMERICA PAC

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor CRAFTSMAN PRESS	Nature of Debt (Purpose): DIRECT MAIL - PRINTING
Mailing Address BOX 513000	
City PHILADELPHIA State PA ZIP Code 19175	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID: SD10.6929</b>	
Amount Incurred This Period 4012.54	Payment This Period 0.00	Outstanding Balance at Close of This Period 4012.54

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor ECG DATA CENTER	Nature of Debt (Purpose): DATA PROCESSING
Mailing Address 1420 SPRINGHILL RD SUITE 490	
City MCLEAN State VA ZIP Code 22102	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID: SD10.6930</b>	
Amount Incurred This Period 627.80	Payment This Period 0.00	Outstanding Balance at Close of This Period 627.80

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor OMEGA LIST COMPANY	Nature of Debt (Purpose): LIST RENTALS
Mailing Address 1420 SPRINGHILL RD SUITE 490	
City MCLEAN State VA ZIP Code 22102	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID: SD10.6931</b>	
Amount Incurred This Period 2370.18	Payment This Period 0.00	Outstanding Balance at Close of This Period 2370.18

1) <b>SUBTOTALS</b> This Period This Page (optional).....	<b>7010.52</b>
2) <b>TOTALS</b> This Period (last page this line number only).....	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
STAND AMERICA PAC

<b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> PREMIER FULFILLMENT & PROCESSING INC			Nature of Debt (Purpose): CAGING & ESCROW SERVICES
Mailing Address 4841 DILLON DR			
City PUEBLO	State CO	ZIP Code 81008	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>		<b>Transaction ID: SD10.6932</b>	
Amount Incurred This Period <input type="text" value="1002.20"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1002.20"/>	

<b>B. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> RPALP			Nature of Debt (Purpose): DIRECT MAIL - POSTAGE
Mailing Address 1420 SPRINGHILL RD SUITE 490			
City MCLEAN	State VA	ZIP Code 22102	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>		<b>Transaction ID: SD10.6921</b>	
Amount Incurred This Period <input type="text" value="2416.08"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2416.08"/>	

<b>C. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> TRI-STATE ENVELOPE			Nature of Debt (Purpose): DIRECT MAIL - PRINTING
Mailing Address 6900 FAIGLE RD			
City BELTSVILLE	State MD	ZIP Code 20705	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>		<b>Transaction ID: SD10.6933</b>	
Amount Incurred This Period <input type="text" value="1633.89"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1633.89"/>	

1) <b>SUBTOTALS</b> This Period This Page (optional).....	<input type="text" value="5052.17"/>
2) <b>TOTALS</b> This Period (last page this line number only).....	<input type="text" value="12062.69"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text" value="100.00"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	<input type="text" value="12162.69"/>