

**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

AMERICA'S FOUNDATION

ADDRESS (number and street)

PO Box 434

Suite 300

☐Check if different
than previously
reported. (ACC)

Downtown

PA

19335

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00305797

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

ALEX BARNA

Signature of Treasurer

Electronically Filed by ALEX BARNA

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 / 81

Write or Type Committee Name
AMERICA'S FOUNDATION

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 This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2010	62487.14
(b) Cash on Hand at Beginning of Reporting Period	62487.14	
(c) Total Receipts (from Line 19)	254859.89	254859.89
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	317347.03	317347.03
7. Total Disbursements (from Line 31)	297610.23	297610.23
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	19736.80	19736.80
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

3 / 81

Write or Type Committee Name

AMERICA'S FOUNDATION

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 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)	62648.00	62648.00
(ii) Unitemized	177967.96	177967.96
(iii) TOTAL (add Lines 11(a)(i) and (ii)	240615.96	240615.96
(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)	240615.96	240615.96
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.)	14243.93	14243.93
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))	254859.89	254859.89
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	254859.89	254859.89

DETAILED SUMMARY PAGE

of Disbursements

4 / 81

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	273921.23	273921.23	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	273921.23	273921.23	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	19000.00	19000.00	
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	189.00	189.00	
(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))	189.00	189.00	
29. Other Disbursements.....	4500.00	4500.00	
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))..	297610.23	297610.23	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	297610.23	297610.23	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 81

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)	240615.96	240615.96
34. Total Contribution Refunds (from Line 28(d))	189.00	189.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	240426.96	240426.96
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	273921.23	273921.23
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	273921.23	273921.23

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

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

FOR LINE NUMBER: PAGE 6 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Travis A. Allison

Mailing Address 17280 County Road 136

City

Tyler

State

TX

Zip Code

75703-7712

FEC ID number of contributing
federal political committee.

C

Name of Employer
Goar, Allison & Assoc

Occupation
Chemical

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

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

Transaction ID: SA11AI.4304

Amount of Each Receipt this Period

260.00

B.

Full Name (Last, First, Middle Initial)

Mr. William J. Avery

Mailing Address 110 Commerce Dr

City

Montgomeryville

State

PA

Zip Code

18936-9624

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11AI.16321

Amount of Each Receipt this Period

2000.00

C.

Full Name (Last, First, Middle Initial)

Miss Earline H Bates

Mailing Address 415 Ruby Forest Pkwy

City

Suwanee

State

GA

Zip Code

30024-3926

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.4289

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

2460.00

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 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Mr. John L. Beck

Mailing Address 11748 N 80th PI

City

Scottsdale

State

AZ

Zip Code

85260-5648

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 ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.4125

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Mr Guenther Bizer

Mailing Address 1590 Mountain View Dr

City

Bayfield

State

CO

Zip Code

81122-9656

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
ret.

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 / 3 1 / 2 0 1 0

Transaction ID: SA11AI.4208

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

Mrs. Jacqueline Cardone

Mailing Address 5501 Whitaker Avenue

City

Philadelphia

State

PA

Zip Code

19124-9124

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.16331

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

5450.00

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 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Mr. Michael Cardone

Mailing Address 5501 Whitaker Avenue

City

Philadelphia

State

PA

Zip Code

19124-9124

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardone Industries USA

Occupation

VP Compliance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.16329

Amount of Each Receipt this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Ms. Mary R. Clark

Mailing Address 1951 Morning Star Dr

City

Roaming Shores

State

OH

Zip Code

44084-9685

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

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 / 0 2 / 2 0 1 0

Transaction ID: SA11AI.4144

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Mrs. Geraldine L Cleaveland

Mailing Address 12340 Linshan Dr

City

Irwin

State

PA

Zip Code

15642-2806

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Homemaker

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 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.4249

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

6100.00

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 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
 Ms. Eleanor Cobb

Mailing Address 131 S Vista St

City State Zip Code
Los Angeles CA 90036-2707

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
 Retired

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 / 0 4 / 2 0 1 0

Transaction ID: SA11AI.4312

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
 Ms Rhoda W. Cobb

Mailing Address 336 E Coconut Palm Rd

City State Zip Code
Boca Raton FL 33432-7916

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
 Ret.

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 9 / 2 0 1 0

Transaction ID: SA11AI.4205

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)
 Mrs. Grace K. Cohane

Mailing Address 3335 Utopia Pkwy

City State Zip Code
Flushing NY 11358-1921

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
 Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

203.00

Date of Receipt

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

Transaction ID: SA11AI.4200

Amount of Each Receipt this Period

203.00

SUBTOTAL of Receipts This Page (optional)

1453.00

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 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Rev. John Conte

Mailing Address 1325 Prospect Ave

City

Bethlehem

State

PA

Zip Code

18018-4916

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Clergy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.4285

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

David John Conway

Mailing Address PO Box 173

City

Georgetown

State

DE

Zip Code

19947-0173

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.00

Date of Receipt

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

Transaction ID: SA11AI.4330

Amount of Each Receipt this Period

101.00

C.

Full Name (Last, First, Middle Initial)

Mr. Robert C. Cowen

Mailing Address 2756 Indian Springs Rd

City

Marianna

State

FL

Zip Code

32446-6889

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Retired

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 / 0 8 / 2 0 1 0

Transaction ID: SA11AI.4168

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

301.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Mr. Robert C. Cowen

Mailing Address 2756 Indian Springs Rd

City

Marianna

State

FL

Zip Code

32446-6889

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

Name of Employer

Occupation

Retired

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.4170

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Ms Marjorie Davis

Mailing Address 6 Huckleberry Ln

City

Augusta

State

ME

Zip Code

04330-6022

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

Name of Employer

Occupation

Retired

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 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.4251

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Ms. Martha A. Dickerson

Mailing Address 3555 NE 86th St

City

Seattle

State

WA

Zip Code

98115-3635

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

Name of Employer

Occupation

Homemaker

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.4244

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

1250.00

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 12 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
 Mrs Louise C Downs

Mailing Address 20 Blueberry Ln Apt L342
 342 Oceanview

City State Zip Code
Falmouth ME 04105-2845

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
 Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

203.00

Date of Receipt

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

Transaction ID: SA11AI.4327

Amount of Each Receipt this Period

168.00

B.

Full Name (Last, First, Middle Initial)
 Mrs. Diane R Ebert

Mailing Address 95 Ash St

City State Zip Code
Cressona PA 17929-1325

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Self-Employed

Occupation
 General Partner Insurance Agen

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 2 / 1 6 / 2 0 1 0

Transaction ID: SA11AI.4106

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
 Leslie Edelman

Mailing Address 40 Beech Rd

City State Zip Code
Englewood NJ 07631-3722

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Kimber Mfg, Inc.

Occupation
 President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 2 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.16325

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

5418.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Deborah Edleman

Mailing Address 40 Beech Rd

City

Englewood

State

NJ

Zip Code

07631-3722

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Homemaker

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.16327

Amount of Each Receipt this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Ms. Rita W. Fahrenkrug

Mailing Address 8365 Indian Hill Rd

City

Manlius

State

NY

Zip Code

13104-8791

FEC ID number of contributing
federal political committee.

C

Name of Employer
M.F. Co.

Occupation

Accountant

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 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.4130

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Ms. Mary H. Fallon

Mailing Address 3 Ocean Dr

City

Seabrook

State

NH

Zip Code

03874-5102

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Homemaker

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.4242

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

5550.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Mr. Joe B. Finley, Jr.

Mailing Address PO Box 9

City

State

Zip Code

Encinal

TX

78019-0009

FEC ID number of contributing
federal political committee.**C**Name of Employer
Callaghan Ranch Ltd

Occupation

Livestock Rancher

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.4137

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Mr. Joe B. Finley, Jr.

Mailing Address PO Box 9

City

State

Zip Code

Encinal

TX

78019-0009

FEC ID number of contributing
federal political committee.**C**Name of Employer
Callaghan Ranch Ltd

Occupation

Livestock Rancher

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11AI.4136

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Mrs. Eugene M. Flory

Mailing Address 26 Meadow Ln

City

State

Zip Code

Flemington

NJ

08822-1523

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

Name of Employer

Occupation

Retired

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.4269

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

2200.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 15 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Mr Greg Folley

Mailing Address 6526 N Saint Marys Rd

City

Peoria

State

IL

Zip Code

61614-2830

FEC ID number of contributing
federal political committee.

C

Name of Employer
Caterpillar Inc.

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

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

Transaction ID: SA11AI.4315

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

Mr Ernest V Fortin

Mailing Address 4575 Highland Oaks Cir

City

Sarasota

State

FL

Zip Code

34235-5178

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Ret

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

222.00

Date of Receipt

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

Transaction ID: SA11AI.4218

Amount of Each Receipt this Period

35.00

C.

Full Name (Last, First, Middle Initial)

Mr Ernest V Fortin

Mailing Address 4575 Highland Oaks Cir

City

Sarasota

State

FL

Zip Code

34235-5178

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Ret

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

247.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 5 / 2 0 1 0

Transaction ID: SA11AI.4223

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

260.00

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 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Mr Ernest V Fortin

Mailing Address 4575 Highland Oaks Cir

City

Sarasota

State

FL

Zip Code

34235-5178

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Ret

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

272.00

Date of Receipt

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

Transaction ID: SA11AI.4225

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Mr Ernest V Fortin

Mailing Address 4575 Highland Oaks Cir

City

Sarasota

State

FL

Zip Code

34235-5178

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Ret

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

312.00

Date of Receipt

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

Transaction ID: SA11AI.4220

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

Mrs. Joan A Gardner

Mailing Address 20 Dolphin Ln

City

Key Largo

State

FL

Zip Code

33037-5214

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.4308

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

315.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
 Dr. Manuel Gomez, M.D.

Mailing Address HC 34 Box 323

City State Zip Code
Lewisburg WV 24901-8961

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.4230

Amount of Each Receipt this Period

114.00

B.

Full Name (Last, First, Middle Initial)
 Mrs Mary Ann Graf

Mailing Address 607 Lockhart St
 The Frater House

City State Zip Code
Pittsburgh PA 15212-5605

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
 Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.4139

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)
 Mrs Mary Ann Graf

Mailing Address 607 Lockhart St
 The Frater House

City State Zip Code
Pittsburgh PA 15212-5605

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
 Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: SA11AI.4900

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

314.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Mrs. Gertrude F. Grden

Mailing Address 240 S Washington St

City

Baltimore

State

MD

Zip Code

21231-2619

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.4194

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

Mr. Donald Gumpertz

Mailing Address PO Box 2450

City

Toluca Lake

State

CA

Zip Code

91610-0450

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.4178

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr Paul R R. Hamilton

Mailing Address 413 W Creek St

City

Fredericksburg

State

TX

Zip Code

78624-3113

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: SA11AI.4319

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

415.00

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 19 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
 AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Mrs Violet Hanna

Mailing Address 4123 Mary Ellen Ave

City

State

Zip Code

Studio City

CA

91604-2212

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Homemaker

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.4240

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Palmer T Heenan

Mailing Address 807 Park Ln

City

State

Zip Code

Grosse Pointe

MI

48230-1852

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Lawyer

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.4113

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Mrs. Leah J Jeffries

Mailing Address 4805 Zakon Rd

City

State

Zip Code

Torrance

CA

90505-4355

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 2 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.4151

Amount of Each Receipt this Period

525.00

SUBTOTAL of Receipts This Page (optional)

1125.00

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 20 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
 AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Miss Doris L Kenyon

Mailing Address 1568 W Blaine Rd

City

State

Zip Code

Ovid

NY

14521-9729

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 3 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.4175

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

Dr Kookkan Kim

Mailing Address 5438 N Lawrence St

City

State

Zip Code

Philadelphia

PA

19120-2804

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Dentist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

376.00

Date of Receipt

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

Transaction ID: SA11AI.4108

Amount of Each Receipt this Period

376.00

C.

Full Name (Last, First, Middle Initial)

Mrs. Evelyn J Kitchen

Mailing Address 9101 Park Dr

City

State

Zip Code

Shreve

OH

44676-9700

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 2 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.4191

Amount of Each Receipt this Period

104.00

SUBTOTAL of Receipts This Page (optional)

680.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 21 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Mr. Joseph M. Klein

Mailing Address 2508 E 30th St

City

Tulsa

State

OK

Zip Code

74114-5623

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Ret.

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 5 / 2 0 1 0

Transaction ID: SA11AI.4210

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Ms. Mary Laporte

Mailing Address 3200 Netherland Ave Apt 4L

City

Bronx

State

NY

Zip Code

10463-3412

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: SA11AI.4188

Amount of Each Receipt this Period

35.00

C.

Full Name (Last, First, Middle Initial)

Mrs. Joan G. Larsen

Mailing Address 1111 Pyott Rd

City

Lake In The Hills

State

IL

Zip Code

60156-9715

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Homemaker

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

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

Transaction ID: SA11AI.4261

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

785.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 22 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
 Rev Ronald C. Lawson

Mailing Address 25 North Rd
 St Mary Parish

City Chelmsford State MA Zip Code 01824-2723

FEC ID number of contributing
federal political committee.

C

Name of Employer
 St Mary Parish

Occupation
 Ret.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

226.00

Date of Receipt

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

Transaction ID: SA11AI.4104

Amount of Each Receipt this Period

226.00

B.

Full Name (Last, First, Middle Initial)
 Kathleen Lund

Mailing Address 1285 Clubhouse Drive

City Pasadena State CA Zip Code 91105-1105

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Allen Lund Co. Inc.

Occupation
 Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.16397

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
 Kathleen Lund

Mailing Address 1285 Clubhouse Drive

City Pasadena State CA Zip Code 91105-1105

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Allen Lund Co. Inc.

Occupation
 Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.16430

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

726.00

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 23 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Mr. John C Marous, Jr.

Mailing Address 28 The Trillium

City

Pittsburgh

State

PA

Zip Code

15238-1930

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.4153

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Robert McEldownery, Jr.

Mailing Address 111 Moorings Park Dr Apt 117

City

Naples

State

FL

Zip Code

34105-2199

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.4301

Amount of Each Receipt this Period

157.00

C.

Full Name (Last, First, Middle Initial)

Mr Anthony McEvoy

Mailing Address 4 Riverside Dr

City

Utica

State

NY

Zip Code

13502-2355

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: SA11AI.4160

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)

1057.00

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 24 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Ms Judith A Mershon

Mailing Address 2821 Colorado Ave Apt 6

City

Santa Monica

State

CA

Zip Code

90404-3657

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 19 / 2010

Transaction ID: SA11AI.4310

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Marc D. Miller

Mailing Address 838 Summit Rd

City

Penn Valley

State

PA

Zip Code

19072-1323

FEC ID number of contributing
federal political committee.

C

Name of Employer
Universal Health

Occupation

Healthcare

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

02 / 15 / 2010

Transaction ID: SA11AI.4100

Amount of Each Receipt this Period

2000.00

C.

Full Name (Last, First, Middle Initial)

Mr. John L. Minter

Mailing Address 116 Seascape Dr

City

Port Lavaca

State

TX

Zip Code

77979-4940

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

03 / 01 / 2010

Transaction ID: SA11AI.4323

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)

2285.00

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 25 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
 Mr William R. Montone

Mailing Address 11 Clemson Dr

City State Zip Code
Camp Hill PA 17011-7619

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 ▼

400.00

Date of Receipt

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

Transaction ID: SA11AI.4116

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)
 Ms. I A. Morris

Mailing Address 2867 Outlet Rd

City State Zip Code
Clifton Springs NY 14432-9742

FEC ID number of contributing
federal political committee.

C

Name of Employer
 G W Lisk & Co.

Occupation
 Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

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

Transaction ID: SA11AI.4272

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
 Calvin Morse

Mailing Address 6761 Vallon Dr

City State Zip Code
Rancho Palos Verde CA 90275-5358

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
 Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.4263

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

950.00

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 26 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
 Mr. John A Musil

Mailing Address 521 E Moneta Ave

City State Zip Code
 Peoria Heights IL 61616-6225

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Komatsa

Occupation
 Ret

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.4133

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)
 Mr Henry M. Neumann

Mailing Address 622 Webster Dr

City State Zip Code
 Decatur GA 30033-5432

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
 Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.4173

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)
 Dorothy M Olson

Mailing Address 3730 Pennsylvania Ave Apt 104

City State Zip Code
 Dubuque IA 52002-3784

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
 Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.00

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.4281

Amount of Each Receipt this Period

251.00

SUBTOTAL of Receipts This Page (optional)

651.00

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 27 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
 Dorothy M Olson

Mailing Address 3730 Pennsylvania Ave Apt 104

City State Zip Code
 Dubuque IA 52002-3784

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
 Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

301.00

Date of Receipt

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

Transaction ID: SA11AI.4282

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)
 Mr. Shih Yuen Pai

Mailing Address 6414 79th St

City State Zip Code
 Middle Village NY 11379-2348

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
 Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.4148

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)
 Mr. Shih Yuen Pai

Mailing Address 6414 79th St

City State Zip Code
 Middle Village NY 11379-2348

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
 Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.4149

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1050.00

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 28 / 81

(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)
AMERICA'S FOUNDATION**A.**Full Name (Last, First, Middle Initial)
Ms. Edith P. Palmer

Mailing Address 282 Laroe Rd

City	State	Zip Code
Chester	NY	10918-2435

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Housewife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

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

Transaction ID: SA11AI.4236

Amount of Each Receipt this Period

750.00

B.Full Name (Last, First, Middle Initial)
Ms. Edith P. Palmer

Mailing Address 282 Laroe Rd

City	State	Zip Code
Chester	NY	10918-2435

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Housewife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	9	/	2	0	1	0

Transaction ID: SA11AI.4235

Amount of Each Receipt this Period

750.00

C.Full Name (Last, First, Middle Initial)
Mrs. Marie Therese Pero

Mailing Address 3037 122nd PI NE

City	State	Zip Code
Bellevue	WA	98005-1522

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: SA11AI.4317

Amount of Each Receipt this Period

225.00

SUBTOTAL of Receipts This Page (optional)

1725.00

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 29 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Russell Phelon

Mailing Address 2063 University Pkwy

City

Aiken

State

SC

Zip Code

29801-6343

FEC ID number of contributing
federal political committee.

C

Name of Employer
OCV, LLC

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.4253

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Katherine A. Pryor

Mailing Address 4 Lazy Wood Ln

City

Houston

State

TX

Zip Code

77024-7541

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Housewife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11AI.4233

Amount of Each Receipt this Period

2000.00

C.

Full Name (Last, First, Middle Initial)

Mr William D Rankin

Mailing Address 220 N Dithridge St

City

Pittsburgh

State

PA

Zip Code

15213-1456

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Ret.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.4202

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 30 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
 AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
 Mr William D Rankin

Mailing Address 220 N Dithridge St

City State Zip Code
 Pittsburgh PA 15213-1456

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
 Ret.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.4203

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)
 Mrs. William L. Rosenberger

Mailing Address 753 Spring Ln

City State Zip Code
 Lansdale PA 19446-6231

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 0 5 / 2 0 1 0

Transaction ID: SA11AI.4119

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
 Ms Julia R. Russell

Mailing Address 1314 Pennington Rd

City State Zip Code
 Grenville NM 88424-7513

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
 Rancher

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.4228

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1050.00

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 31 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Mr. Edwin C. Sandham

Mailing Address 1964 SW Saint Andrews Dr

City

Palm City

State

FL

Zip Code

34990-2210

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

437.00

Date of Receipt

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

Transaction ID: SA11AI.4257

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Edwin C. Sandham

Mailing Address 1964 SW Saint Andrews Dr

City

Palm City

State

FL

Zip Code

34990-2210

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

687.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 6 / 2 0 1 0

Transaction ID: SA11AI.4255

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Edwin C. Sandham

Mailing Address 1964 SW Saint Andrews Dr

City

Palm City

State

FL

Zip Code

34990-2210

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

937.00

Date of Receipt

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

Transaction ID: SA11AI.4256

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

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 32 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Mr Norman Schwotzer

Mailing Address 730 Bower Hill Rd Apt 302

City

Pittsburgh

State

PA

Zip Code

15243-2014

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.4158

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Donald Scifres

Mailing Address 26700 Palo Hills Dr

City

Los Altos

State

CA

Zip Code

94022-1927

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Investor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.4238

Amount of Each Receipt this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

Mr. James Sherman

Mailing Address 4 Tahoe Ln

City

Sea Ranch Lakes

State

FL

Zip Code

33308-2328

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.4146

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 33 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
 Sylvia Janet Shiller

Mailing Address 6 Canterbury Ct

City State Zip Code
 Easton PA 18040-8325

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
 Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

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

Transaction ID: SA11AI.4278

Amount of Each Receipt this Period

60.00

B.

Full Name (Last, First, Middle Initial)
 Sylvia Janet Shiller

Mailing Address 6 Canterbury Ct

City State Zip Code
 Easton PA 18040-8325

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
 Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

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

Transaction ID: SA11AI.4277

Amount of Each Receipt this Period

70.00

C.

Full Name (Last, First, Middle Initial)
 Mr. Ron G. Sidovar

Mailing Address PO Box 190
 9 Whitebirch Ridge

City State Zip Code
 Hamlin PA 18427-0190

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
 Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.4155

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

430.00

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 34 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
 AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Mr. Ron G. Sidovar

Mailing Address PO Box 190

9 Whitebirch Ridge

City

Hamlin

State

PA

Zip Code

18427-0190

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.4156

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

Mr Walter Simmons, Jr

Mailing Address 1212 Nocona Dr

City

McKinney

State

TX

Zip Code

75071-0489

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.4166

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Mr. Jan E. G. Smit

Mailing Address PO Box 1284

City

Santa Ynez

State

CA

Zip Code

93460-1284

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 2 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.4180

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

600.00

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 35 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
 AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Mr Robert C. Smith

Mailing Address 8800 E 82nd St

City

Indianapolis

State

IN

Zip Code

46256-1802

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

2100.00

Date of Receipt

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

Transaction ID: SA11AI.4142

Amount of Each Receipt this Period

2100.00

B.

Full Name (Last, First, Middle Initial)

Ms Charlene Sprankel

Mailing Address 120 Fenway Dr

City

Decatur

State

IL

Zip Code

62521-5610

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Mathematics Teacher

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

802.00

Date of Receipt

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

Transaction ID: SA11AI.4121

Amount of Each Receipt this Period

802.00

C.

Full Name (Last, First, Middle Initial)

Ms Charlene Sprankel

Mailing Address 120 Fenway Dr

City

Decatur

State

IL

Zip Code

62521-5610

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Mathematics Teacher

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1002.00

Date of Receipt

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

Transaction ID: SA11AI.4122

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

3102.00

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 36 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
 Ms Charlene Sprankel

Mailing Address 120 Fenway Dr

City State Zip Code
 Decatur IL 62521-5610

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Retired

Occupation
 Mathematics Teacher

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1406.00

Date of Receipt

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

Transaction ID: SA11AI.4123

Amount of Each Receipt this Period

404.00

B.

Full Name (Last, First, Middle Initial)
 Mrs. Arlana St. Clair

Mailing Address 3401 Wible Rd

City State Zip Code
 Bakersfield CA 93309-6509

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Self - St Clair Investmen-
 ts

Occupation
 Property Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.4111

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
 Mrs. Arlana St. Clair

Mailing Address 3401 Wible Rd

City State Zip Code
 Bakersfield CA 93309-6509

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Self - St Clair Investmen-
 ts

Occupation
 Property Management

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 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.4110

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

804.00

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 37 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Mrs. Janet S Staiano

Mailing Address 132 Aspen Dr

City

Boalsburg

State

PA

Zip Code

16827-1736

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

03 / 12 / 2010

Transaction ID: SA11AI.4343

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

Mr. Franklin A Stauffer

Mailing Address 620 E Arch St

City

Palmyra

State

PA

Zip Code

17078-1805

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

214.00

Date of Receipt

02 / 25 / 2010

Transaction ID: SA11AI.4163

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Mr. Franklin A Stauffer

Mailing Address 620 E Arch St

City

Palmyra

State

PA

Zip Code

17078-1805

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

03 / 26 / 2010

Transaction ID: SA11AI.4162

Amount of Each Receipt this Period

114.00

SUBTOTAL of Receipts This Page (optional)

414.00

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 38 / 81

(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)
AMERICA'S FOUNDATION**A.**

Full Name (Last, First, Middle Initial)

Ms. Yolande H Strawinski

Mailing Address 1130 Sylvan Pl

City

Monterey

State

CA

Zip Code

93940-4903

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York LifeOccupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

503.00

Date of Receipt

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

Transaction ID: SA11AI.4128

Amount of Each Receipt this Period

303.00

B.

Full Name (Last, First, Middle Initial)

Mr. Robert Sunderland

Mailing Address 953 Pyrite Ave

City

Henderson

State

NV

Zip Code

89011-3059

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	9	/	2	0	1	0

Transaction ID: SA11AI.4972

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Mr Robert L. Toner

Mailing Address 222 Foxhound Dr

City

Lafayette Hill

State

PA

Zip Code

19444-1033

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tower Cable EquipmentOccupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3750.00

Date of Receipt

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

Transaction ID: SA11AI.4102

Amount of Each Receipt this Period

3750.00

SUBTOTAL of Receipts This Page (optional)

4153.00

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 39 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Mr Thomas F. Troy, Jr

Mailing Address 11 Maitland Rd

City

Stamford

State

CT

Zip Code

06906-2104

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

02 / 24 / 2010

Transaction ID: SA11AI.4291

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

Mr. Dean K. Webster

Mailing Address 215 Kings Hwy

City

Kennebunkport

State

ME

Zip Code

04046-7270

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 22 / 2010

Transaction ID: SA11AI.4306

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Roland F Wilkinson

Mailing Address 5473 Pelican Way

City

Saint Augustine

State

FL

Zip Code

32080-7153

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

03 / 29 / 2010

Transaction ID: SA11AI.4453

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

550.00

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 40 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
 Mr. Roland F Wilkinson

Mailing Address 5473 Pelican Way

City State Zip Code
 Saint Augustine FL 32080-7153

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
 Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

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

Transaction ID: SA11AI.4452

Amount of Each Receipt this Period

75.00

B.

Full Name (Last, First, Middle Initial)
 Mr Bert Winston, Jr

Mailing Address 1919 Kc 450

City State Zip Code
 Junction TX 76849-6336

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Self Employed

Occupation
 Investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.4294

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)
 Wayne Yakes

Mailing Address 501 E. Hampden Avenue

City State Zip Code
 Englewood CO 80113-0113

FEC ID number of contributing
federal political committee.

C

Name of Employer
 self

Occupation
 physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.16387

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

675.00

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 41 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Mr. Frank M Zielinski

Mailing Address 126 E Wing St Apt 211

City

Arlington Heights

State

IL

Zip Code

60004-6064

FEC ID number of contributing
federal political committee.

C

Name of Employer
Barnaby's of Northbrook

Occupation

Restaurant Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.4298

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

62648.00

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

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

FOR LINE NUMBER: PAGE 42 / 81

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)
 AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
 Conrad Direct, Inc.

Mailing Address 300 Knickerbocker Road

City State Zip Code
 Cresskill NJ 07626-7626

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7797.49

Date of Receipt

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

Transaction ID: SA17.16489

Amount of Each Receipt this Period

7797.49

List Rental Income

B.

Full Name (Last, First, Middle Initial)
 Conrad Direct, Inc.

Mailing Address 300 Knickerbocker Road

City State Zip Code
 Cresskill NJ 07626-7626

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

11811.56

Date of Receipt

M M / D D / Y Y Y Y Y
 0 2 / 2 6 / 2 0 1 0

Transaction ID: SA17.16490

Amount of Each Receipt this Period

4014.07

List Rental Income

C.

Full Name (Last, First, Middle Initial)
 Nova List Company

Mailing Address 13755 Sunrise Valley Drive
 Suite 450

City State Zip Code
 Herndon VA 20171-0171

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.01

Date of Receipt

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

Transaction ID: SA17.16487

Amount of Each Receipt this Period

730.01

List Rental Income

SUBTOTAL of Receipts This Page (optional)

12541.57

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 43 / 81

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)
 AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
 Nova List Company

Mailing Address 13755 Sunrise Valley Drive
 Suite 450

City State Zip Code
 Herndon VA 20171-0171

FEC ID number of contributing
 federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1992.37

Date of Receipt

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

Transaction ID: SA17.16680

Amount of Each Receipt this Period

1262.36

List Rental Income

B.

Full Name (Last, First, Middle Initial)
 Nova List Company

Mailing Address 13755 Sunrise Valley Drive
 Suite 450

City State Zip Code
 Herndon VA 20171-0171

FEC ID number of contributing
 federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2432.37

Date of Receipt

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

Transaction ID: SA17.16491

Amount of Each Receipt this Period

440.00

List Rental Income

SUBTOTAL of Receipts This Page (optional)

1702.36

TOTAL This Period (last page this line number only)

14243.93

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 44 / 81

<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)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) Advanced Mailing Sevices	Transaction ID: SB21B.16601 Date of Disbursement																				
Mailing Address 14970 Farm Creek Drive	<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 Woodbridge State VA Zip Code 22191	Amount of Each Disbursement this Period																				
Purpose of Disbursement Direct Mail Costs - Postage	<table border="1"> <tr> <td colspan="10">4562.34</td> </tr> </table>	4562.34																			
4562.34																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Advanced Mailing Sevices	Transaction ID: SB21B.16605 Date of Disbursement																				
Mailing Address 14970 Farm Creek Drive	<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>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	0	1		2	7		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	7		2	0	1	0												
City Woodbridge State VA Zip Code 22191	Amount of Each Disbursement this Period																				
Purpose of Disbursement Direct Mail Costs - Postage	<table border="1"> <tr> <td colspan="10">1568.02</td> </tr> </table>	1568.02																			
1568.02																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Advanced Mailing Sevices	Transaction ID: SB21B.16606 Date of Disbursement																				
Mailing Address 14970 Farm Creek Drive	<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>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	0	1		2	7		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	7		2	0	1	0												
City Woodbridge State VA Zip Code 22191	Amount of Each Disbursement this Period																				
Purpose of Disbursement Direct Mail Costs - Postage	<table border="1"> <tr> <td colspan="10">8605.25</td> </tr> </table>	8605.25																			
8605.25																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

14735.61

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 45 / 81

<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)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) Advanced Mailing Sevices	Transaction ID: SB21B.16613 Date of Disbursement
Mailing Address 14970 Farm Creek Drive	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 3 / 2 0 1 0</div> </div>
City Woodbridge State VA Zip Code 22191	Amount of Each Disbursement this Period
Purpose of Disbursement Direct Mail Costs - Postage	<div> <div></div> <div>3494.25</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
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) Advanced Mailing Sevices	Transaction ID: SB21B.16614 Date of Disbursement
Mailing Address 14970 Farm Creek Drive	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 3 / 2 0 1 0</div> </div>
City Woodbridge State VA Zip Code 22191	Amount of Each Disbursement this Period
Purpose of Disbursement Direct Mail Costs - Postage	<div> <div></div> <div>8325.24</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
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) Advanced Mailing Sevices	Transaction ID: SB21B.16615 Date of Disbursement
Mailing Address 14970 Farm Creek Drive	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 3 / 2 0 1 0</div> </div>
City Woodbridge State VA Zip Code 22191	Amount of Each Disbursement this Period
Purpose of Disbursement Direct Mail Costs - Postage	<div> <div></div> <div>1832.65</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

13652.14

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 46 / 81

<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)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) Advanced Mailing Sevices	Transaction ID: SB21B.16617 Date of Disbursement																				
Mailing Address 14970 Farm Creek Drive	<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>2</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	2		0	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		0	4		2	0	1	0												
City Woodbridge State VA Zip Code 22191	Amount of Each Disbursement this Period																				
Purpose of Disbursement Direct Mail Costs - Printing	<table border="1"> <tr> <td colspan="10">1477.26</td> </tr> </table>	1477.26																			
1477.26																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Advanced Mailing Sevices	Transaction ID: SB21B.16638 Date of Disbursement																				
Mailing Address 14970 Farm Creek Drive	<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>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	3		0	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	4		2	0	1	0												
City Woodbridge State VA Zip Code 22191	Amount of Each Disbursement this Period																				
Purpose of Disbursement Direct Mail Costs - Printing/Mailshop	<table border="1"> <tr> <td colspan="10">2301.63</td> </tr> </table>	2301.63																			
2301.63																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Advanced Mailing Sevices	Transaction ID: SB21B.16657 Date of Disbursement																				
Mailing Address 14970 Farm Creek Drive	<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>8</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	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	8		2	0	1	0												
City Woodbridge State VA Zip Code 22191	Amount of Each Disbursement this Period																				
Purpose of Disbursement Direct Mail Costs - Postage	<table border="1"> <tr> <td colspan="10">746.62</td> </tr> </table>	746.62																			
746.62																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

4525.51

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 47 / 81

<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)
AMERICA'S FOUNDATION**A.**Full Name (Last, First, Middle Initial)
Advanced Mailing Seivices

Mailing Address 14970 Farm Creek Drive

City Woodbridge State VA Zip Code 22191

Purpose of Disbursement
Direct Mail Costs - Printing/Mailshop

Candidate Name

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

State: District:

Transaction ID: SB21B.16662

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	5		2	0	1	0

Amount of Each Disbursement this Period

3167.52

B.Full Name (Last, First, Middle Initial)
American Express

Mailing Address P.O. Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement
Merchant Credit Card Fees

Candidate Name

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

State: District:

Transaction ID: SB21B.16556

Date of Disbursement

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

Amount of Each Disbursement this Period

35.00

C.Full Name (Last, First, Middle Initial)
American Heritage Credit Union

Mailing Address P.O. Box 67001

City Harrisburg State PA Zip Code 17106-7001

Purpose of Disbursement
Credit Card Payment

Candidate Name

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

State: District:

Transaction ID: SB21B.16546

Date of Disbursement

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

Amount of Each Disbursement this Period

1551.68

SUBTOTAL of Disbursements This Page (optional)

4754.20

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 48 / 81

<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)
AMERICA'S FOUNDATION

A.	<p>Full Name (Last, First, Middle Initial) Amtrak</p> <p>Mailing Address 30th and Market St, Fl. 5</p> <p>City Philadelphia State PA Zip Code 19102</p> <p>Purpose of Disbursement Travel Expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.16546.0</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="205.00"/></p> <p>[MEMO ITEM]</p>
B.	<p>Full Name (Last, First, Middle Initial) US Airways</p> <p>Mailing Address 3311 Airport Rd</p> <p>City Allentown State PA Zip Code 18109</p> <p>Purpose of Disbursement Travel Expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.16546.1</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="384.60"/></p> <p>[MEMO ITEM]</p>
C.	<p>Full Name (Last, First, Middle Initial) American Airlines</p> <p>Mailing Address 4255 Amon Carter Blvd. MD 2400</p> <p>City Fort Worth State TX Zip Code 76155</p> <p>Purpose of Disbursement Travel Expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.16546.2</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="862.80"/></p> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional) ►

0.00

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 49 / 81

<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)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial)
American Heritage Credit Union

Mailing Address P.O. Box 67001

City Harrisburg State PA Zip Code 17106-7001

Purpose of Disbursement
Credit Card Payment

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.16547

Date of Disbursement

/ /

Amount of Each Disbursement this Period

188.69

B. Full Name (Last, First, Middle Initial)
Barna Advisory Services, PC

Mailing Address 270 S. Woodmont Drive

City Downingtown State PA Zip Code 19335

Purpose of Disbursement
Accounting Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.16510

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

C. Full Name (Last, First, Middle Initial)
Barna Advisory Services, PC

Mailing Address 270 S. Woodmont Drive

City Downingtown State PA Zip Code 19335

Purpose of Disbursement
Accounting Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.16530

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

5188.69

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 50 / 81

<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)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
BB&T

Mailing Address PO Box 200

City Wilson State NC Zip Code 27894-0020

Purpose of Disbursement
Bank Service Charges

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.16609

Date of Disbursement

/ /

Amount of Each Disbursement this Period

239.96

B.

Full Name (Last, First, Middle Initial)
BB&T

Mailing Address PO Box 200

City Wilson State NC Zip Code 27894-0020

Purpose of Disbursement
Bank Service Charges

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.16610

Date of Disbursement

/ /

Amount of Each Disbursement this Period

20.00

C.

Full Name (Last, First, Middle Initial)
BB&T

Mailing Address PO Box 200

City Wilson State NC Zip Code 27894-0020

Purpose of Disbursement
Bank Service Charges

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.16633

Date of Disbursement

/ /

Amount of Each Disbursement this Period

20.00

SUBTOTAL of Disbursements This Page (optional)

279.96

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 51 / 81

<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)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) BB&T	Transaction ID: SB21B.16635 Date of Disbursement																				
Mailing Address PO Box 200	<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>2</td><td></td><td>2</td><td>8</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	2		2	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	8		2	0	1	0												
City Wilson State NC Zip Code 27894-0020	Amount of Each Disbursement this Period																				
Purpose of Disbursement Bank Service Charges Candidate Name	<table border="1"> <tr> <td colspan="10">172.93</td> </tr> </table>	172.93																			
172.93																					
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) BB&T	Transaction ID: SB21B.16669 Date of Disbursement																				
Mailing Address PO Box 200	<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>3</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	3		3	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		3	0		2	0	1	0												
City Wilson State NC Zip Code 27894-0020	Amount of Each Disbursement this Period																				
Purpose of Disbursement Bank Service Charges Candidate Name	<table border="1"> <tr> <td colspan="10">40.00</td> </tr> </table>	40.00																			
40.00																					
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) BB&T	Transaction ID: SB21B.16670 Date of Disbursement																				
Mailing Address PO Box 200	<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>3</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	3		3	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		3	0		2	0	1	0												
City Wilson State NC Zip Code 27894-0020	Amount of Each Disbursement this Period																				
Purpose of Disbursement Bank Service Charges Candidate Name	<table border="1"> <tr> <td colspan="10">216.39</td> </tr> </table>	216.39																			
216.39																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

429.32

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 52 / 81

<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)
AMERICA'S FOUNDATION

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Matt Beynon</p> <p>Mailing Address 1747 Pennsylvania Ave, NW Suite 1200</p> <p>City Washington State DC Zip Code 20006</p> <p>Purpose of Disbursement Expense Reimb - Parking, Meals, Postage, Printing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.16533</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period 206.78</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) BigEye Direct, Inc.</p> <p>Mailing Address 13860 Redskin Drive</p> <p>City Herndon State VA Zip Code 20171</p> <p>Purpose of Disbursement Direct Mail Costs - Postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.16636</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 3 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period 501.36</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) BigEye Direct, Inc.</p> <p>Mailing Address 13860 Redskin Drive</p> <p>City Herndon State VA Zip Code 20171</p> <p>Purpose of Disbursement Direct Mail Costs - Postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.16656</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 7 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period 2077.91</p>

SUBTOTAL of Disbursements This Page (optional)

2786.05

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 53 / 81

<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)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) BigEye Direct, Inc.	Transaction ID: SB21B.16659 Date of Disbursement
Mailing Address 13860 Redskin Drive	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 9 / 2 0 1 0</div> </div>
City Herndon State VA Zip Code 20171	Amount of Each Disbursement this Period
Purpose of Disbursement Direct Mail Costs - Postage	<div>1847.69</div>
Candidate Name	<div>Category/Type</div>
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) BigEye Direct, Inc.	Transaction ID: SB21B.16660 Date of Disbursement
Mailing Address 13860 Redskin Drive	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 4 / 2 0 1 0</div> </div>
City Herndon State VA Zip Code 20171	Amount of Each Disbursement this Period
Purpose of Disbursement Direct Mail Costs - Postage	<div>3812.76</div>
Candidate Name	<div>Category/Type</div>
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) BigEye Direct, Inc.	Transaction ID: SB21B.16672 Date of Disbursement
Mailing Address 13860 Redskin Drive	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 3 1 / 2 0 1 0</div> </div>
City Herndon State VA Zip Code 20171	Amount of Each Disbursement this Period
Purpose of Disbursement Direct Mail Costs - Postage	<div>10797.62</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

16458.07

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 54 / 81

<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)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) BigEye Direct, Inc.	Transaction ID: SB21B.16673 Date of Disbursement																				
Mailing Address 13860 Redskin Drive	<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>3</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	3		3	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		3	1		2	0	1	0												
City Herndon State VA Zip Code 20171	Amount of Each Disbursement this Period																				
Purpose of Disbursement Direct Mail Costs - Postage	<table border="1"> <tr> <td>89.62</td> </tr> </table>	89.62																			
89.62																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Big Fish, A Design Ptrship, Inc.	Transaction ID: SB21B.16544 Date of Disbursement																				
Mailing Address 405 8th Street, SE Suite 200	<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>8</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	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	8		2	0	1	0												
City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period																				
Purpose of Disbursement Website Desgin & Maintenance	<table border="1"> <tr> <td>637.50</td> </tr> </table>	637.50																			
637.50																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Bryn Mawr Trust Company	Transaction ID: SB21B.16514 Date of Disbursement																				
Mailing Address 801 Lancaster Avenue	<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>2</td><td></td><td>0</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	2		0	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		0	5		2	0	1	0												
City Bryn Mawr State PA Zip Code 19010	Amount of Each Disbursement this Period																				
Purpose of Disbursement Bank Service Charges	<table border="1"> <tr> <td>63.98</td> </tr> </table>	63.98																			
63.98																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

791.10

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 55 / 81

<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)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Bryn Mawr Trust Company

Mailing Address 801 Lancaster Avenue

City State Zip Code
Bryn Mawr PA 19010

Purpose of Disbursement

Bank Service Charges

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.16531

Date of Disbursement

/ /

Amount of Each Disbursement this Period

75.00

B.

Full Name (Last, First, Middle Initial)

Bryn Mawr Trust Company

Mailing Address 801 Lancaster Avenue

City State Zip Code
Bryn Mawr PA 19010

Purpose of Disbursement

Bank Service Charges

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.16536

Date of Disbursement

/ /

Amount of Each Disbursement this Period

75.50

C.

Full Name (Last, First, Middle Initial)

Bryn Mawr Trust Company

Mailing Address 801 Lancaster Avenue

City State Zip Code
Bryn Mawr PA 19010

Purpose of Disbursement

Bank Service Charges

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.16585

Date of Disbursement

/ /

Amount of Each Disbursement this Period

75.00

SUBTOTAL of Disbursements This Page (optional)

225.50

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 56 / 81

<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)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
Colortree

Mailing Address P.O. Box 18160

City Merrifield State VA Zip Code 22118-0160

Purpose of Disbursement
Direct Mail Costs - Printing

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.16619

Date of Disbursement

/ /

Amount of Each Disbursement this Period

3965.26

B.

Full Name (Last, First, Middle Initial)
Colortree

Mailing Address P.O. Box 18160

City Merrifield State VA Zip Code 22118-0160

Purpose of Disbursement
Direct Mail Costs - Printing

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.16639

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2036.10

C.

Full Name (Last, First, Middle Initial)
Conrad Direct, Inc.

Mailing Address 300 Knickerbocker Road

City Cresskill State NJ Zip Code 07626-7626

Purpose of Disbursement
List Rental Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.16620

Date of Disbursement

/ /

Amount of Each Disbursement this Period

3452.98

SUBTOTAL of Disbursements This Page (optional)

9454.34

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 57 / 81

<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)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) Conrad Direct, Inc.	Transaction ID: SB21B.16640 Date of Disbursement																				
Mailing Address 300 Knickerbocker Road	<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>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	3		0	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	4		2	0	1	0												
City Cresskill State NJ Zip Code 07626-7626	Amount of Each Disbursement this Period																				
Purpose of Disbursement List Rental Fees Candidate Name	<table border="1"> <tr> <td colspan="10">3997.94</td> </tr> </table>	3997.94																			
3997.94																					
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) Digital Donation, LLC	Transaction ID: SB21B.16676 Date of Disbursement																				
Mailing Address P.O. Box 82130	<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>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	3		1	9		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	9		2	0	1	0												
City Baton Rouge State LA Zip Code 70884	Amount of Each Disbursement this Period																				
Purpose of Disbursement Compensation for Fundraising Svcs Candidate Name	<table border="1"> <tr> <td colspan="10">137.00</td> </tr> </table>	137.00																			
137.00																					
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) Digital Donation, LLC	Transaction ID: SB21B.16677 Date of Disbursement																				
Mailing Address P.O. Box 82130	<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>3</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	3		3	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		3	1		2	0	1	0												
City Baton Rouge State LA Zip Code 70884	Amount of Each Disbursement this Period																				
Purpose of Disbursement Compensation for Fundraising Svcs Candidate Name	<table border="1"> <tr> <td colspan="10">161.50</td> </tr> </table>	161.50																			
161.50																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

4296.44

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 58 / 81

<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)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) Direct Impressions, Inc.	Transaction ID: SB21B.16622 Date of Disbursement																				
Mailing Address 2100 Tomlynn 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>2</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	2		0	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		0	4		2	0	1	0												
City Richmond State VA Zip Code 23230	Amount of Each Disbursement this Period																				
Purpose of Disbursement Direct Mail Costs - Printing	<table border="1"> <tr> <td>10061.09</td> </tr> </table>	10061.09																			
10061.09																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Direct Impressions, Inc.	Transaction ID: SB21B.16641 Date of Disbursement																				
Mailing Address 2100 Tomlynn 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>3</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	3		0	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	4		2	0	1	0												
City Richmond State VA Zip Code 23230	Amount of Each Disbursement this Period																				
Purpose of Disbursement Direct Mail Costs - Printing	<table border="1"> <tr> <td>8493.88</td> </tr> </table>	8493.88																			
8493.88																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) FLS Connect	Transaction ID: SB21B.16506 Date of Disbursement																				
Mailing Address 7300 Hudson Blvd. Suite 270	<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 St. Paul State MN Zip Code 55128	Amount of Each Disbursement this Period																				
Purpose of Disbursement Telemarketing Expenses	<table border="1"> <tr> <td>2858.67</td> </tr> </table>	2858.67																			
2858.67																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

21413.64

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 59 / 81

<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)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) FLS Connect	Transaction ID: SB21B.16516 Date of Disbursement																				
Mailing Address 7300 Hudson Blvd. Suite 270	<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>2</td><td></td><td>2</td><td>2</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	2		2	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	2		2	0	1	0												
City State Zip Code St. Paul MN 55128	Amount of Each Disbursement this Period																				
Purpose of Disbursement Telemarketing Expenses Candidate Name	<table border="1"> <tr> <td colspan="10">3614.20</td> </tr> </table>	3614.20																			
3614.20																					
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) FLS Connect	Transaction ID: SB21B.16555 Date of Disbursement																				
Mailing Address 7300 Hudson Blvd. Suite 270	<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>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	3		2	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	0		2	0	1	0												
City State Zip Code St. Paul MN 55128	Amount of Each Disbursement this Period																				
Purpose of Disbursement Telemarketing Expenses Candidate Name	<table border="1"> <tr> <td colspan="10">4027.13</td> </tr> </table>	4027.13																			
4027.13																					
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) FORMost Graphic Communications	Transaction ID: SB21B.16599 Date of Disbursement																				
Mailing Address 7564 Standish Place, Ste 115	<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 State Zip Code Rockville MD 20855-2745	Amount of Each Disbursement this Period																				
Purpose of Disbursement Direct Mail Costs - Postage 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 State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

8641.33

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 60 / 81

<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)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) FORmost Graphic Communications	Transaction ID: SB21B.16602 Date of Disbursement
Mailing Address 7564 Standish Place, Ste 115	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 1 / 2 0 1 0</div> </div>
City Rockville State MD Zip Code 20855-2745	Amount of Each Disbursement this Period
Purpose of Disbursement Direct Mail Costs - Printing/Mailshop	<div>113.34</div>
Candidate Name	<div>Category/Type</div>
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) FORmost Graphic Communications	Transaction ID: SB21B.16623 Date of Disbursement
Mailing Address 7564 Standish Place, Ste 115	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 4 / 2 0 1 0</div> </div>
City Rockville State MD Zip Code 20855-2745	Amount of Each Disbursement this Period
Purpose of Disbursement Direct Mail Costs - Printing/Mailshop	<div>701.52</div>
Candidate Name	<div>Category/Type</div>
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) FORmost Graphic Communications	Transaction ID: SB21B.16642 Date of Disbursement
Mailing Address 7564 Standish Place, Ste 115	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 4 / 2 0 1 0</div> </div>
City Rockville State MD Zip Code 20855-2745	Amount of Each Disbursement this Period
Purpose of Disbursement Direct Mail Costs - Printing	<div>114.52</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

929.38

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 61 / 81

<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)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) FORmost Graphic Communications	Transaction ID: SB21B.16663 Date of Disbursement																				
Mailing Address 7564 Standish Place, Ste 115	<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>2</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		2	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	5		2	0	1	0												
City Rockville State MD Zip Code 20855-2745	Amount of Each Disbursement this Period																				
Purpose of Disbursement Direct Mail Costs - Printing/Mailshop	<table border="1"> <tr> <td colspan="10">1004.08</td> </tr> </table>	1004.08																			
1004.08																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Global Payments Inc.	Transaction ID: SB21B.16612 Date of Disbursement																				
Mailing Address 10 Glenlake Pkwy NE North Tower	<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>3</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		3	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	1		2	0	1	0												
City Atlanta State GA Zip Code 30328	Amount of Each Disbursement this Period																				
Purpose of Disbursement Merchante Credit Card Fees	<table border="1"> <tr> <td colspan="10">263.00</td> </tr> </table>	263.00																			
263.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Global Payments Inc.	Transaction ID: SB21B.16634 Date of Disbursement																				
Mailing Address 10 Glenlake Pkwy NE North Tower	<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>2</td><td></td><td>2</td><td>8</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	2		2	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	8		2	0	1	0												
City Atlanta State GA Zip Code 30328	Amount of Each Disbursement this Period																				
Purpose of Disbursement Merchant Credit Card Payments	<table border="1"> <tr> <td colspan="10">112.09</td> </tr> </table>	112.09																			
112.09																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

1379.17

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 62 / 81

<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)
AMERICA'S FOUNDATION

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Global Payments Inc.</p> <p>Mailing Address 10 Glenlake Pkwy NE North Tower</p> <p>City Atlanta State GA Zip Code 30328</p> <p>Purpose of Disbursement Merchant Credit Card Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.16671</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 3 0 / 2 0 1 0</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div></div> <div>237.17</div> </div> </p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) HSP Direct</p> <p>Mailing Address 13755 Sunrise Valley Drive Suite 450</p> <p>City Herndon State VA Zip Code 20171</p> <p>Purpose of Disbursement Direct Mail Expenses & Creative Design</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.16595</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 4 / 2 0 1 0</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div></div> <div>1598.40</div> </div> </p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) HSP Direct</p> <p>Mailing Address 13755 Sunrise Valley Drive Suite 450</p> <p>City Herndon State VA Zip Code 20171</p> <p>Purpose of Disbursement Direct Mail Expenses & Creative Design</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.16603</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 1 / 2 0 1 0</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div></div> <div>7674.25</div> </div> </p>

SUBTOTAL of Disbursements This Page (optional)

9509.82

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 63 / 81

<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)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
HSP Direct

Mailing Address 13755 Sunrise Valley Drive
Suite 450

City Herndon State VA Zip Code 20171

Purpose of Disbursement
Direct Mail Expenses & Creative Design

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.16624

Date of Disbursement

/ /

Amount of Each Disbursement this Period

B.

Full Name (Last, First, Middle Initial)
HSP Direct

Mailing Address 13755 Sunrise Valley Drive
Suite 450

City Herndon State VA Zip Code 20171

Purpose of Disbursement
Direct Mail Expenses & Creative Design Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.16631

Date of Disbursement

/ /

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)
HSP Direct

Mailing Address 13755 Sunrise Valley Drive
Suite 450

City Herndon State VA Zip Code 20171

Purpose of Disbursement
Direct Mail Expenses and Creative Design Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.16643

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

18371.52

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 64 / 81

<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)
AMERICA'S FOUNDATION

<p>A.</p> <p>Full Name (Last, First, Middle Initial) HSP Direct</p> <p>Mailing Address 13755 Sunrise Valley Drive Suite 450</p> <p>City Herndon State VA Zip Code 20171</p> <p>Purpose of Disbursement Direct Mail Costs - Postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.16646</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 4 / 2 0 1 0</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div></div> <div>16782.83</div> </div> </p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) HSP Direct</p> <p>Mailing Address 13755 Sunrise Valley Drive Suite 450</p> <p>City Herndon State VA Zip Code 20171</p> <p>Purpose of Disbursement Direct Mail Expenses & Creative Design</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.16664</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 5 / 2 0 1 0</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div></div> <div>6957.24</div> </div> </p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Integram</p> <p>Mailing Address 8421 Hilltop Rd.</p> <p>City Fairfax State VA Zip Code 22031</p> <p>Purpose of Disbursement Direct Mail Costs - Printing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.16589</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 7 / 2 0 1 0</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div></div> <div>9004.02</div> </div> </p>

SUBTOTAL of Disbursements This Page (optional)

32744.09

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 65 / 81

<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)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) Iron Mountain Mailing Address PO Box 27128	Transaction ID: SB21B.16518 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 2 / 2 0 1 0</div> </div>
City New York State NY Zip Code 10087-7128 Purpose of Disbursement Rent Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>742.24</div> <div>Category/Type</div>
B. Full Name (Last, First, Middle Initial) Iron Mountain Mailing Address PO Box 27128 City New York State NY Zip Code 10087-7128 Purpose of Disbursement Rent Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.16540 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 8 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>751.52</div> <div>Category/Type</div>
C. Full Name (Last, First, Middle Initial) Kenmore Envelope Company Mailing Address 4641 International Trade Court City Richmond State VA Zip Code 23231 Purpose of Disbursement Direct Mail Costs - Printing Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.16645 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 4 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>2430.12</div> <div>Category/Type</div>

SUBTOTAL of Disbursements This Page (optional)

3923.88

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 66 / 81

<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)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) Athan Koutsouroumbas Mailing Address 6028 Goshen Rd.	Transaction ID: SB21B.16554 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 8 / 2 0 1 0</div> </div>
City State Zip Code Newtown Square PA 19073 Purpose of Disbursement Travel Reimbursement Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	Amount of Each Disbursement this Period <div>300.00</div>
B. Full Name (Last, First, Middle Initial) MDI Mail & Imaging Mailing Address 21721-A Filigree Court City State Zip Code Adhburn VA 20147 Purpose of Disbursement Direct Mail Costs - Printing Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	Transaction ID: SB21B.16666 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 5 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>7097.37</div>
C. Full Name (Last, First, Middle Initial) RST Marketing Associates, Inc. Mailing Address P.O. Box 228 City State Zip Code Forest VA 24551 Purpose of Disbursement Direct Mail Costs - Postage Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	Transaction ID: SB21B.16591 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 8 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>14956.96</div>

SUBTOTAL of Disbursements This Page (optional)

22354.33

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 67 / 81

<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)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial)
RST Marketing Associates, Inc.

Mailing Address P.O. Box 228

City Forest State VA Zip Code 24551

Purpose of Disbursement
Direct Mail Costs - Printing

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.16607

Date of Disbursement

/ /

Amount of Each Disbursement this Period

10913.67

B. Full Name (Last, First, Middle Initial)
RST Marketing Associates, Inc.

Mailing Address P.O. Box 228

City Forest State VA Zip Code 24551

Purpose of Disbursement
Direct Mail Costs - Printing

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.16632

Date of Disbursement

/ /

Amount of Each Disbursement this Period

9419.20

C. Full Name (Last, First, Middle Initial)
RST Marketing Associates, Inc.

Mailing Address P.O. Box 228

City Forest State VA Zip Code 24551

Purpose of Disbursement
Direct Mail Costs - Postage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.16653

Date of Disbursement

/ /

Amount of Each Disbursement this Period

14287.54

SUBTOTAL of Disbursements This Page (optional)

34620.41

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 68 / 81

<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)
AMERICA'S FOUNDATION

<p>A.</p> <p>Full Name (Last, First, Middle Initial) SM Jenkins & Co</p> <p>Mailing Address One Tower Bridge Suite 1410</p> <p>City West Conshohocken State PA Zip Code 19428</p> <p>Purpose of Disbursement Rent</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.16502</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1234.14"/></p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) SM Jenkins & Co</p> <p>Mailing Address One Tower Bridge Suite 1410</p> <p>City West Conshohocken State PA Zip Code 19428</p> <p>Purpose of Disbursement Telecommunications Expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.16515</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1692.26"/></p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) SM Jenkins & Co</p> <p>Mailing Address One Tower Bridge Suite 1410</p> <p>City West Conshohocken State PA Zip Code 19428</p> <p>Purpose of Disbursement Rent</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.16521</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1236.91"/></p>

SUBTOTAL of Disbursements This Page (optional)

4163.31

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 69 / 81

<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)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) SM Jenkins & Co	Transaction ID: SB21B.16541 Date of Disbursement																				
Mailing Address One Tower Bridge Suite 1410	<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>8</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	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	8		2	0	1	0												
City West Conshohocken State PA Zip Code 19428	Amount of Each Disbursement this Period																				
Purpose of Disbursement Rent	<table border="1"> <tr> <td colspan="10">1234.14</td> </tr> </table>	1234.14																			
1234.14																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Sunrise Data Services	Transaction ID: SB21B.16604 Date of Disbursement																				
Mailing Address 13755 Sunrise Valley Drive Suite 450	<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>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		2	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	1		2	0	1	0												
City Herndon State VA Zip Code 20171	Amount of Each Disbursement this Period																				
Purpose of Disbursement Database Maintenance Services	<table border="1"> <tr> <td colspan="10">575.00</td> </tr> </table>	575.00																			
575.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Sunrise Data Services	Transaction ID: SB21B.16625 Date of Disbursement																				
Mailing Address 13755 Sunrise Valley Drive Suite 450	<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>2</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	2		0	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		0	4		2	0	1	0												
City Herndon State VA Zip Code 20171	Amount of Each Disbursement this Period																				
Purpose of Disbursement Database Maintenance Services	<table border="1"> <tr> <td colspan="10">2957.76</td> </tr> </table>	2957.76																			
2957.76																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

4766.90

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 70 / 81

<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)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
Sunrise Data Services

Mailing Address 13755 Sunrise Valley Drive
Suite 450

City Herndon State VA Zip Code 20171

Purpose of Disbursement
Database Maintenance Services

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.16647

Date of Disbursement

/ /

Amount of Each Disbursement this Period

B.

Full Name (Last, First, Middle Initial)
Sunrise Data Services

Mailing Address 13755 Sunrise Valley Drive
Suite 450

City Herndon State VA Zip Code 20171

Purpose of Disbursement
Database Maintenance Services

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.16658

Date of Disbursement

/ /

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)
Sunrise Data Services

Mailing Address 13755 Sunrise Valley Drive
Suite 450

City Herndon State VA Zip Code 20171

Purpose of Disbursement
Database Maintenance Services

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.16667

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

4164.22

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 71 / 81

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) The Clapham Group Mailing Address 5272 Lyngate Ct. Suite 200	Transaction ID: SB21B.16498 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 4 / 2 0 1 0</div> </div>
City State Zip Code Burke VA 22015 Purpose of Disbursement PAC Management Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>1000.00</div> <div>Category/Type</div>
B. Full Name (Last, First, Middle Initial) The Clapham Group Mailing Address 5272 Lyngate Ct. Suite 200	Transaction ID: SB21B.16529 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 2 / 2 0 1 0</div> </div>
City State Zip Code Burke VA 22015 Purpose of Disbursement PAC Management Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>1000.00</div> <div>Category/Type</div>
C. Full Name (Last, First, Middle Initial) The Clapham Group Mailing Address 5272 Lyngate Ct. Suite 200	Transaction ID: SB21B.16549 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 8 / 2 0 1 0</div> </div>
City State Zip Code Burke VA 22015 Purpose of Disbursement PAC Management Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>1000.00</div> <div>Category/Type</div>

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 72 / 81

<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)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) United States Treasury	Transaction ID: SB21B.16538 Date of Disbursement																				
Mailing Address 1500 Pennsylvania Ave, NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>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 Washington State DC Zip Code 20220	Amount of Each Disbursement this Period																				
Purpose of Disbursement Tax Payment	<table border="1"> <tr> <td colspan="10">4500.00</td> </tr> </table>	4500.00																			
4500.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Verizon	Transaction ID: SB21B.16522 Date of Disbursement																				
Mailing Address P.O. Box 28000	<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>2</td><td></td><td>2</td><td>2</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	2		2	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	2		2	0	1	0												
City Lehigh Valley State PA Zip Code 18002-0646	Amount of Each Disbursement this Period																				
Purpose of Disbursement Telecommunications Expenses	<table border="1"> <tr> <td colspan="10">92.40</td> </tr> </table>	92.40																			
92.40																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Verizon	Transaction ID: SB21B.16539 Date of Disbursement																				
Mailing Address P.O. Box 28000	<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>8</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	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	8		2	0	1	0												
City Lehigh Valley State PA Zip Code 18002-0646	Amount of Each Disbursement this Period																				
Purpose of Disbursement Telecommunications Expenses	<table border="1"> <tr> <td colspan="10">199.64</td> </tr> </table>	199.64																			
199.64																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

4792.04

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 73 / 81

<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)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Virginia Davis Partners, LLC

Mailing Address 834 Beechwood Dr.

City State Zip Code
Havertown PA 19083

Purpose of Disbursement
Media & Press Management Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.16528

Date of Disbursement

MM / DD / YYYY
02 / 22 / 2010

Amount of Each Disbursement this Period

1675.00

B.

Full Name (Last, First, Middle Initial)

Virginia Davis Partners, LLC

Mailing Address 834 Beechwood Dr.

City State Zip Code
Havertown PA 19083

Purpose of Disbursement
Media & Press Management Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.16548

Date of Disbursement

MM / DD / YYYY
03 / 18 / 2010

Amount of Each Disbursement this Period

1675.00

C.

Full Name (Last, First, Middle Initial)

Virginia Davis Partners, LLC

Mailing Address 834 Beechwood Dr.

City State Zip Code
Havertown PA 19083

Purpose of Disbursement
Expense Reimb - Printing

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.16550

Date of Disbursement

MM / DD / YYYY
03 / 18 / 2010

Amount of Each Disbursement this Period

692.72

SUBTOTAL of Disbursements This Page (optional)

4042.72

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 74 / 81

<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)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
Washington Intelligence Bureau

Mailing Address 4128 Pepsi Place

City Chantilly State VA Zip Code 20151

Purpose of Disbursement
Direct Mail Processing Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.16587

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5401.79

B.

Full Name (Last, First, Middle Initial)
Washington Intelligence Bureau

Mailing Address 4128 Pepsi Place

City Chantilly State VA Zip Code 20151

Purpose of Disbursement
Direct Mail Processing Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.16616

Date of Disbursement

/ /

Amount of Each Disbursement this Period

4815.78

C.

Full Name (Last, First, Middle Initial)
Washington Intelligence Bureau

Mailing Address 4128 Pepsi Place

City Chantilly State VA Zip Code 20151

Purpose of Disbursement
Direct Mail Processing Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.16648

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2071.87

SUBTOTAL of Disbursements This Page (optional)

12289.44

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 75 / 81

<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)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Washington Intelligence Bureau

Mailing Address 4128 Pepsi Place

City
Chantilly

State
VA

Zip Code
20151

Purpose of Disbursement
Direct Mail Processing Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.16661

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	5		2	0	1	0

Amount of Each Disbursement this Period

3743.58

SUBTOTAL of Disbursements This Page (optional)

3743.58

TOTAL This Period (last page this line number only)

272426.71

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

FEC Schedule B (Form 3X) (Revised 02/2003)

**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 77 / 81

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
Fitzpatrick for Congress

Mailing Address PO Box 185

City Langhorne State PA Zip Code 19047

Purpose of Disbursement
Campaign Contribution - Primary

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.16568

Date of Disbursement

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

Amount of Each Disbursement this Period

1000.00									
---------	--	--	--	--	--	--	--	--	--

B.

Full Name (Last, First, Middle Initial)
Friends of Roy BluntMailing Address 1736 E. Sunshine
Suite 819

City Springfield State MO Zip Code 65804

Purpose of Disbursement
Campaign Contribution - Primary

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.16576

Date of Disbursement

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

Amount of Each Disbursement this Period

1000.00									
---------	--	--	--	--	--	--	--	--	--

C.

Full Name (Last, First, Middle Initial)
Lou Barletta for CongressMailing Address 111 HNB Professional Bldg
101 W. Broad Street

City Hazelton State PA Zip Code 18201

Purpose of Disbursement
Campaign Contribution - Primary

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.16562

Date of Disbursement

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

Amount of Each Disbursement this Period

1000.00									
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SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 78 / 81

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) Mulvaney for Congress	Transaction ID: SB23.16570 Date of Disbursement
Mailing Address 550 Ralph Hood Road	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 3 0 / 2 0 1 0</div> </div>
City Indian Land State SC Zip Code 29707	Amount of Each Disbursement this Period
Purpose of Disbursement Campaign Contribution - Primary	<div>1000.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Pat Meehan for Congress	Transaction ID: SB23.16566 Date of Disbursement
Mailing Address P.O. Box 308	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 3 0 / 2 0 1 0</div> </div>
City Drexel Hill State PA Zip Code 19026	Amount of Each Disbursement this Period
Purpose of Disbursement Campaign Contribution - Primary	<div>1000.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Portman for Senate	Transaction ID: SB23.16574 Date of Disbursement
Mailing Address PO Box 39	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 3 0 / 2 0 1 0</div> </div>
City Terrace Park State OH Zip Code 45174	Amount of Each Disbursement this Period
Purpose of Disbursement Campaign Contribution - Primary	<div>1000.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 79 / 81

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) Scott Brown for US Senate Committee	Transaction ID: SB23.16508 Date of Disbursement
Mailing Address PO Box 395	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 4 / 2 0 1 0</div> </div>
City Wrentham State MA Zip Code 02093	Amount of Each Disbursement this Period
Purpose of Disbursement Campaign Contributions - General Candidate Name	<div> <div>5000.00</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B. Full Name (Last, First, Middle Initial) The Grassley Committee, Inc.	Transaction ID: SB23.16580 Date of Disbursement
Mailing Address PO Box 1000	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 3 0 / 2 0 1 0</div> </div>
City Des Moines State IA Zip Code 50304	Amount of Each Disbursement this Period
Purpose of Disbursement Campaign Contribution - Primary Candidate Name	<div> <div>1000.00</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C. Full Name (Last, First, Middle Initial) Tim Burns for Congress	Transaction ID: SB23.16558 Date of Disbursement
Mailing Address PO Box 4483	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 3 0 / 2 0 1 0</div> </div>
City Eighty Four State PA Zip Code 15330	Amount of Each Disbursement this Period
Purpose of Disbursement Campaign Contribution - Primary Candidate Name	<div> <div>2000.00</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)

8000.00

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 80 / 81

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION**A.**Full Name (Last, First, Middle Initial)
Tom Marino for US Congress

Mailing Address PO Box 653

City State Zip Code
Williamsport PA 17703Purpose of Disbursement
Campaign Contribution - Primary

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.16564

Date of Disbursement

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

Amount of Each Disbursement this Period

1000.00

B.Full Name (Last, First, Middle Initial)
Toomey for Senate

Mailing Address 3440 Hamilton Blvd

City State Zip Code
Allentown PA 18103Purpose of Disbursement
Campaign Contribution - Primary

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.16572

Date of Disbursement

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

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ►

2000.00

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

19000.00

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 81 / 81

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
Barrett for Governor

Mailing Address 171 Carriage Hill Drive

City Lexington State SC Zip Code 29072

Purpose of Disbursement
Campaign Contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB29.16504

Date of Disbursement

/ /

Amount of Each Disbursement this Period

3500.00

B.

Full Name (Last, First, Middle Initial)
Kasich for Governor

Mailing Address 260 North Cassady Avenue

City Columbus State OH Zip Code 43209

Purpose of Disbursement
Campaign Contribution - Primary

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB29.16582

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

4500.00