

**FEC FORM 3X**

**REPORT OF RECEIPTS AND DISBURSEMENTS**  
For Other Than An Authorized Committee

RECEIVED  
FEC MAIL CENTER

2008 OCT 15 AM 11:21

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

ASIS INTERNATIONAL POLITICAL ACTION COMMITTEE

ADDRESS (number and street) 1625 PRINCE STREET

Check if different than previously reported. (ACC) ALEXANDRIA VA 22314-2882

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

74 C00396408

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

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 Year-End 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 (12S)

Election on MM / DD / YYYY in the State of  

(d) 30-Day POST-Election Report for the:

General (30G)  Runoff (30R)  Special (30S)

Election on MM / DD / YYYY in the State of  

5. Covering Period MM / DD / YYYY 07 / 01 / 2008 through MM / DD / YYYY 09 / 30 / 2008

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

Type or Print Name of Treasurer JAMES B. EVANS

Signature of Treasurer  Date MM / DD / YYYY 10 / 14 / 2008

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

**ASIS INTERNATIONAL POLITICAL ACTION COMMITTEE**

Report Covering the Period: From: **07** / **01** / **2008** To: **09** / **30** / **2008**

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <b>2008</b>		118,500.00
(b) Cash on Hand at Beginning of Reporting Period .....	133,500.00	
(c) Total Receipts (from Line 19) .....	48,500.00	63,500.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	182,000.00	182,000.00
Total Disbursements (from Line 31) .....	000,000.00	000,000.00
Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	182,000.00	182,000.00
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....	000,000.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....	000,000.00	

28039862175

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

Write or Type Committee Name

*ASIS INTERNATIONAL POLITICAL ACTION COMMITTEE*

Report Covering the Period: From: **07** / **01** / **2008** To: **09** / **30** / **2008**

**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).....

4,850.00

6,350.00

(ii) Unitemized.....

(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

4,850.00

6,350.00

(b) Political Party Committees.....

(c) Other Political Committees (such as PACs).....

(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

4,850.00

6,350.00

Transfers From Affiliated/Other Party Committees.....

12. All Loans Received.....

13. Loan Repayments Received.....

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

17. Other Federal Receipts (Dividends, Interest, etc.).....

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account (from Schedule H3).....

(b) Levin Funds (from Schedule H5).....

(c) Total Transfers (add 18(a) and 18(b))..

000000000000

000000000000

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶

4,850.00

6,350.00

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

4,850.00

6,350.00

12809982176



**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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) .....	4850.00	6350.00
34. Total Contribution Refunds (from Line 28(d)) .....	000.000.000.00	000.000.0000.0
35. Net Contributions (other than loans) (subtract Line 33 from Line 32) .....	4850.00	6350.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	000.000.000.00	000.000.000.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	000.000.000.00	000.000.000.00
38. Net Operating Expenditures (subtract Line 36 from Line 35) .....	4850.00	6350.00

28039862178

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

**ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:		PAGE		OF	
<input 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"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)

**ASIS INTERNATIONAL POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

A. **Cummings, Michael R or Rime**

Mailing Address

**212 Davenport Street**

City

**Elkhorn,**

State

**WI**

Zip Code

**53121**

FEC ID number of contributing federal political committee.

**C**

Name of Employer

**Aurora Health Care**

Occupation

**Director, Loss Prevention**

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

**500.00**

Date of Receipt

**07 / 03 / 2008**

Amount of Each Receipt this Period

**500.00**

Full Name (Last, First, Middle Initial)

B. **Van Houten, II, James H.**

Mailing Address

**6066 Broadstone Circle**

City

**Huntington Beach**

State

**CA**

Zip Code

**92648**

FEC ID number of contributing federal political committee.

**C**

Name of Employer

**Van Houten Security Mgmt**

Occupation

**Consultant**

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

**1,000.00**

Date of Receipt

**08 / 14 / 2008**

Amount of Each Receipt this Period

**1,000.00**

Full Name (Last, First, Middle Initial)

C. **Nolin, Hank**

Mailing Address

**2450 Jerry Circle**

City

**Port Orange**

State

**FL**

Zip Code

**32128**

FEC ID number of contributing federal political committee.

**C**

Name of Employer

**Sun K-9's**

Occupation

**President**

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

**800.00**

Date of Receipt

**08 / 14 / 2008**

Amount of Each Receipt this Period

**300.00**

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

**900.00**

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

**900.00**

28039862179

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

**ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:		PAGE	OF
<input 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)

*ASIS INTERNATIONAL POLITICAL ACTION COMMITTEE*

Full Name (Last, First, Middle Initial)

A. *Hulshouser, Robert*

Mailing Address

*2322 Sandstone Cliffs Drive*

City

*Henderson,*

State

*NV*

Zip Code

*89044*

FEC ID number of contributing federal political committee.

*C*

Name of Employer

*Las Vegas Valley Water*

Occupation

*Mgr, Corporate Security*

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

*500.00*

Date of Receipt

*08 / 14 / 2008*

Amount of Each Receipt this Period

*500.00*

Full Name (Last, First, Middle Initial)

B. *Hulshouser, Robert*

Mailing Address

*2322 Sandstone Cliffs Drive*

City

*Henderson*

State

*NV*

Zip Code

*89044*

FEC ID number of contributing federal political committee.

*C*

Name of Employer

*Las Vegas Valley Water*

Occupation

*Mgr, Corporate Security*

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

*650.00*

Date of Receipt

*08 / 18 / 2008*

Amount of Each Receipt this Period

*150.00*

Full Name (Last, First, Middle Initial)

C. *Moberly, Michael D.*

Mailing Address

*267 Deloach Street*

City

*Memphis*

State

*TN*

Zip Code

*38111*

FEC ID number of contributing federal political committee.

*C*

Name of Employer

*Knowledge Protection Strategies*

Occupation

*President*

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

*200.00*

Date of Receipt

*08 / 19 / 2008*

Amount of Each Receipt this Period

*200.00*

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

*850.00*

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

28039862180

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

**ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: (check only one)

PAGE OF

<input 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)

*ASIS INTERNATIONAL POLITICAL ACTION COMMITTEE*

Full Name (Last, First, Middle Initial)

A. *Cummings, Michael R or Rima*

Mailing Address

*212 Davenport Street*

City  
*Elkhorn*

State Zip Code  
*WI 53121*

FEC ID number of contributing federal political committee.

*C*

Name of Employer

*Aurora Health Care*

Occupation

*Director, Loss Prevention*

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

*650.00*

Date of Receipt

*08 / 19 / 2008*

Amount of Each Receipt this Period

*150.00*

Full Name (Last, First, Middle Initial)

B. *Rector, Joseph Lee*

Mailing Address

*1060 Norfolk Drive*

City  
*La Plata*

State Zip Code  
*MD 20846*

FEC ID number of contributing federal political committee.

*C*

Name of Employer

*USAF/316<sup>th</sup> Sec Forces*

Occupation

*Deputy Chief Security Forces*

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

*150.00*

Date of Receipt

*08 / 19 / 2008*

Amount of Each Receipt this Period

*150.00*

Full Name (Last, First, Middle Initial)

C. *Farber, Oksana*

Mailing Address

*212-07 75<sup>th</sup> Avenue, Apt 1N*

City  
*Oakland Gardens*

State Zip Code  
*NY 11364*

FEC ID number of contributing federal political committee.

*C*

Name of Employer

*Trident Master Executive Dev.*

Occupation

*President*

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

*250.00*

Date of Receipt

*08 / 26 / 2008*

Amount of Each Receipt this Period

*250.00*

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

*550.00*

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

28039862181

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

**ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:		PAGE		OF	
<input 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)

**ASIS INTERNATIONAL POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Dexter, Wayne B.**

Mailing Address

**546 Shirley Court**

City  
**Los Altos**

State  
**CA**

Zip Code  
**94022**

FEC ID number of contributing federal political committee.

**C**

Name of Employer

**Dexter + Associates**

Occupation

**Principal**

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

**150.00**

Date of Receipt

**08 / 26 / 2008**

Amount of Each Receipt this Period

**150.00**

Full Name (Last, First, Middle Initial)

**B. Deehan, Theresa**

Mailing Address

**1 Layer Drive**

City  
**Morris Plains**

State  
**NJ**

Zip Code  
**07950**

FEC ID number of contributing federal political committee.

**C**

Name of Employer

**Seton Hall University**

Occupation

**Director, Admin Services**

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

**300.00**

Date of Receipt

**08 / 26 / 2008**

Amount of Each Receipt this Period

**300.00**

Full Name (Last, First, Middle Initial)

**C. Sanders, Marshall**

Mailing Address

**12146 Monument Drive, #372**

City  
**Fairfax**

State  
**VA**

Zip Code  
**22033**

FEC ID number of contributing federal political committee.

**C**

Name of Employer

**SRA International**

Occupation

**VP, Corporate Security**

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

**550.00**

Date of Receipt

**08 / 27 / 2008**

Amount of Each Receipt this Period

**300.00**

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

**750.00**

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

**750.00**

28039862182

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

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

FOR LINE NUMBER:  
(check only one)

PAGE OF

<input 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)

*ASIS INTERNATIONAL POLITICAL ACTION COMMITTEE*

Full Name (Last, First, Middle Initial)

A. *Craighead, Geoff T.*

Mailing Address

*555 E. Poppyfields Drive*

City  
*Altadena*

State  
*CA*

Zip Code  
*91001*

FEC ID number of contributing federal political committee.

*C*

Name of Employer

*Securitas*

Occupation

*VP, Hi Rise + Real Estate*

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

*300.00*

Date of Receipt

*08 / 27 / 2008*

Amount of Each Receipt this Period

*300.00*

Full Name (Last, First, Middle Initial)

B. *Williams, Timothy L.*

Mailing Address

*11530 N. Nettle Creek*

City  
*Dunlap*

State  
*IL*

Zip Code  
*61525*

FEC ID number of contributing federal political committee.

*C*

Name of Employer

*Caterpillar*

Occupation

*Director, Global Security*

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

*300.00*

Date of Receipt

*09 / 03 / 2008*

Amount of Each Receipt this Period

*300.00*

Full Name (Last, First, Middle Initial)

C. *Sharp, John*

Mailing Address

*415 West 24th Street, Apt 3-I*

City  
*New York*

State  
*NY*

Zip Code  
*10011*

FEC ID number of contributing federal political committee.

*C*

Name of Employer

*Sharp Global Partners*

Occupation

*Managing Partner*

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

*150.00*

Date of Receipt

*09 / 25 / 2008*

Amount of Each Receipt this Period

*150.00*

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

*750.00*

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

28039862183

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

**ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:		PAGE		OF	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

**ASIS INTERNATIONAL POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

A. **Kuchta, Kelly**

Mailing Address

**3040 W Twain Court**

City  
**Anthem**

State  
**AZ**

Zip Code  
**85086**

FEC ID number of contributing federal political committee.

**C**

Name of Employer

**Forensic Consulting Solutions**

Occupation

**President**

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

**1,500.00**

Date of Receipt

**09 / 09 / 2008**

Amount of Each Receipt this Period

**1,500.00**

Full Name (Last, First, Middle Initial)

B. **Sorenson, Severin**

Mailing Address

**P.O. Box 3310**

City  
**Gaithersburg**

State  
**MD**

Zip Code  
**20885**

FEC ID number of contributing federal political committee.

**C**

Name of Employer

**Sikyur, LLC**

Occupation

**President**

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

**1,500.00**

Date of Receipt

**09 / 09 / 2008**

Amount of Each Receipt this Period

**1,500.00**

Full Name (Last, First, Middle Initial)

C. **Bulla, Ross**

Mailing Address

**3272 Lake Shore Rd. S.**

City  
**DENVER**

State  
**NC**

Zip Code  
**28037**

FEC ID number of contributing federal political committee.

**C**

Name of Employer

**Treadstone Group**

Occupation

**President**

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

**1,500.00**

Date of Receipt

**09 / 19 / 2008**

Amount of Each Receipt this Period

**1,500.00**

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

**4,500.00**

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

**4,500.00**

28039862184

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

**ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: (check only one)

PAGE OF

<input 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)

*ASIS INTERNATIONAL POLITICAL ACTION COMMITTEE*

Full Name (Last, First, Middle Initial)

A. *Allison, Marene*

Mailing Address

*4405 Wisner Road*

City  
*Doylestown*

State  
*PA*

Zip Code  
*18901*

FEC ID number of contributing federal political committee.

*C*

Date of Receipt

*09 / 11 / 2008*

Amount of Each Receipt this Period

*300.00*

Name of Employer

*Medco*

Occupation

*VP, Security*

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

*300.00*

Full Name (Last, First, Middle Initial)

B. *Widup, Richard E.*

Mailing Address

*12 Amherst Court*

City  
*Stamford, CT*

State

Zip Code  
*06902*

FEC ID number of contributing federal political committee.

*C*

Date of Receipt

*09 / 11 / 2008*

Amount of Each Receipt this Period

*150.00*

Name of Employer

*Purdue Pharma LP*

Occupation

*Sr. Director, Security Ops*

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

*150.00*

Full Name (Last, First, Middle Initial)

C. *McElroy, Thomas R.*

Mailing Address

*3683 Spring Lakes Blvd.*

City  
*Olive Branch*

State  
*MS*

Zip Code  
*38654*

FEC ID number of contributing federal political committee.

*C*

Date of Receipt

*09 / 11 / 2008*

Amount of Each Receipt this Period

*150.00*

Name of Employer

*Hilton Hotels Corporation*

Occupation

*Director, Info Sec Incident Resp*

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

*150.00*

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

*600.00*

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

*4850.00*

**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	OF
	<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 type="checkbox"/> 29	<input type="checkbox"/> 30b		

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NAME OF COMMITTEE (In Full)  
**ASIS INTERNATIONAL POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

A.	Mailing Address		Date of Disbursement	
			<input type="text"/> / <input type="text"/> / <input type="text"/>	
City		State	Zip Code	
Purpose of Disbursement		Amount of Each Disbursement this Period		
Candidate Name		<input type="text"/>		
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:			

B.	Mailing Address		Date of Disbursement	
			<input type="text"/> / <input type="text"/> / <input type="text"/>	
City		State	Zip Code	
Purpose of Disbursement		Amount of Each Disbursement this Period		
Candidate Name		<input type="text"/>		
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:			

C.	Mailing Address		Date of Disbursement	
			<input type="text"/> / <input type="text"/> / <input type="text"/>	
City		State	Zip Code	
Purpose of Disbursement		Amount of Each Disbursement this Period		
Candidate Name		<input type="text"/>		
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:			

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

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

**LOANS**

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

PAGE        OF         
FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

*ASIS INTERNATIONAL POLITICAL ACTION COMMITTEE*

LOAN SOURCE Full Name (Last, First, Middle Initial)

Election:

- Primary
- General
- Other (specify) ▼

Mailing Address

City State ZIP Code

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

[Empty box for Original Amount of Loan]

[Empty box for Cumulative Payment To Date]

[Empty box for Balance Outstanding at Close of This Period]

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

[Empty box for Date Incurred]

[Empty box for Date Incurred]

[Empty box for Date Due]

[Empty box for Date Due]

[Empty box for Date Due]

[Empty box for Interest Rate]

[Empty box for Interest Rate]

% (apr)

Yes  No

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

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount Guaranteed Outstanding:

[Empty box for Amount Guaranteed Outstanding]

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount Guaranteed Outstanding:

[Empty box for Amount Guaranteed Outstanding]

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount Guaranteed Outstanding:

[Empty box for Amount Guaranteed Outstanding]

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount Guaranteed Outstanding:

[Empty box for Amount Guaranteed Outstanding]

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

[Empty box for SUBTOTALS]

TOTALS This Period (last page in this line only) .....

[Empty box for TOTALS]

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

PAGE OF

FOR LINE NUMBER: (check only one)

9 10

NAME OF COMMITTEE (In Full)

ASIS INTERNATIONAL POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Empty box for Outstanding Balance Beginning This Period

Amount Incurred This Period

Empty box for Amount Incurred This Period

Payment This Period

Empty box for Payment This Period

Outstanding Balance at Close of This Period

Empty box for Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Empty box for Outstanding Balance Beginning This Period

Amount Incurred This Period

Empty box for Amount Incurred This Period

Payment This Period

Empty box for Payment This Period

Outstanding Balance at Close of This Period

Empty box for Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Empty box for Outstanding Balance Beginning This Period

Amount Incurred This Period

Empty box for Amount Incurred This Period

Payment This Period

Empty box for Payment This Period

Outstanding Balance at Close of This Period

Empty box for Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional) >

Empty box for Subtotals

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

Empty box for Totals

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

Empty box for Total Outstanding Loans

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

Empty box for Add 2) and 3)

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**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

PAGE \_\_\_\_\_ OF \_\_\_\_\_  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>ASIS INTERNATIONAL POLITICAL ACTION COMMITTEE</b>	FEC IDENTIFICATION NUMBER ▼ <b>C00396408</b>
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

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Full Name (Last, First, Middle Initial) of Payee	Date MM / DD / YYYY
Mailing Address	Amount
City State Zip Code	

Purpose of Expenditure	Category/Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee	Date MM / DD / YYYY
Mailing Address	Amount
City State Zip Code	

Purpose of Expenditure	Category/Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures .....	[Amount Field]
(b) SUBTOTAL of Unitemized Independent Expenditures .....	[Amount Field]
(c) TOTAL Independent Expenditures .....	[Amount Field]

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature _____	Date MM / DD / YYYY
-----------------	---------------------

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

**ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY  
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)  
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE**

(2 U.S.C. §441a(d))

(To be used only by Political Committees in the General Election)

PAGE OF  
FOR LINE 25 OF FORM 3X

NAME OF COMMITTEE (In Full)  
**ASIS INTERNATIONAL POLITICAL ACTION COMMITTEE**

Check if 24-hour notice

Has your committee been designated to make coordinated expenditures by a political party committee?  
 YES  NO

If YES, name the designating committee:

Full Name of Subordinate Committee

Mailing Address

City State ZIP Code

Full Name (Last, First, Middle Initial) of Each Payee

Mailing Address

City State Zip Code

Name of Federal Candidate Supported Office Sought: House Senate Presidential State: District:

Aggregate General Election Expenditure for this Candidate

Purpose of Expenditure

Date

Amount

Limit Raised Due to Opponent's Spending (2 U.S.C. §441a(i)/441a-1)

Full Name (Last, First, Middle Initial) of Each Payee

Mailing Address

City State Zip Code

Name of Federal Candidate Supported Office Sought: House Senate Presidential State: District:

Aggregate General Election Expenditure for this Candidate

Purpose of Expenditure

Date

Amount

Limit Raised Due to Opponent's Spending (2 U.S.C. §441a(i)/441a-1)

Full Name (Last, First, Middle Initial) of Each Payee

Mailing Address

City State Zip Code

Name of Federal Candidate Supported Office Sought: House Senate Presidential State: District:

Aggregate General Election Expenditure for this Candidate

Purpose of Expenditure

Date

Amount

Limit Raised Due to Opponent's Spending (2 U.S.C. §441a(i)/441a-1)

SUBTOTAL of Expenditures This Page (optional)

TOTAL This Period (last page this line number only)

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Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
 The FEC added this page to the end of this filing to indicate how it was received.

28039862191

<input type="checkbox"/> Hand Delivered	Date of Receipt
---	-----------------

<input type="checkbox"/> USPS First Class Mail	Postmarked
--	------------

<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
--	------------------

<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	

<input type="checkbox"/> USPS Express Mail	Postmarked
--	------------

<input type="checkbox"/> Postmark Illegible	
---	--

<input type="checkbox"/> No Postmark	
--------------------------------------	--

<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>UPS</i>	Shipping Date <i>10/14/08</i>
Next Business Day Delivery <input type="checkbox"/>	

<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
--	-----------------

<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
---	-----------------

<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
---	-----------------

<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
---	-------------------------------

<i>JMB</i> PREPARER	<i>10/15/08</i> DATE PREPARED
------------------------	----------------------------------