

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 ACTRIGHT

ADDRESS (number and street) 2029 K STREET NW SUITE 300 WASHINGTON DC 20006

2. FEC IDENTIFICATION NUMBER C00488478 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Convention, Special, Runoff (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 10 14 2010 through 11 22 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 Brian Stephen Brown

Signature of Treasurer Electronically Filed by Brian Stephen Brown Date 12 02 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 table with 7 columns and 1 row. FEC FORM 3X (Rev. 12/2004)

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

Write or Type Committee Name  
ACTRIGHT

Report Covering the Period: From: 

M	M
1	0

D	D
1	4

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		0.00
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	13329.18									
(c) Total Receipts (from Line 19) .....	5032.50	25837.50								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	18361.68	25837.50								
7. Total Disbursements (from Line 31) .....	4875.19	12351.01								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	13486.49	13486.49								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	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)

Write or Type Committee Name  
ACTRIGHT

Report Covering the Period: From: 

M	M
1	0

D	D
1	4

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
1	1

D	D
2	2

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) .....	4927.50	25682.50
(ii) Unitemized .....	105.00	155.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	5032.50	25837.50
(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) .....	5032.50	25837.50
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	5032.50	25837.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	5032.50	25837.50

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	96.47	7572.29
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	96.47	7572.29
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	3393.84	3393.84
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	1384.88	1384.88
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))..	4875.19	12351.01
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4875.19	12351.01

**DETAILED SUMMARY PAGE**  
of Disbursements

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	5032.50	25837.50
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	5032.50	25837.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	96.47	7572.29
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	96.47	7572.29

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
ACTRIGHT

<b>A.</b>	Full Name (Last, First, Middle Initial) Joshua Baker		Date of Receipt	
	Mailing Address 329 Glan Tai Dr.		M M / D D / Y Y Y Y 10 / 27 / 2010	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.4322
	Manchester	MO	63011	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		20.00	
Name of Employer BioCold Environmental		Occupation Manager		EM Institute for Marriage and Public Policy
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 20.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Brian Stephen Brown		Date of Receipt	
	Mailing Address 2029 K St., NW Ste. 300		M M / D D / Y Y Y Y 10 / 15 / 2010	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.4181
	Washington	DC	20006	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		25.00	
Name of Employer National Org for Marriage		Occupation President		EM Carly Fiorina
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 75.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Brian Stephen Brown		Date of Receipt	
	Mailing Address 2029 K St., NW Ste. 300		M M / D D / Y Y Y Y 10 / 16 / 2010	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.4157
	Washington	DC	20006	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		25.00	
Name of Employer National Org for Marriage		Occupation President		EM Tom McClintock
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 100.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	70.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
ACTRIGHT

<b>A.</b>	Full Name (Last, First, Middle Initial) Brian Stephen Brown	Date of Receipt MM / DD / YYYY 10 / 16 / 2010
	Mailing Address 2029 K St., NW Ste. 300	<b>Transaction ID:</b> SA11AI.4158
	City State Zip Code Washington DC 20006	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	EM Van Tran
	Name of Employer National Org for Marriage National Org for Marriage Occupation President Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 125.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Brian Stephen Brown	Date of Receipt MM / DD / YYYY 10 / 16 / 2010
	Mailing Address 2029 K St., NW Ste. 300	<b>Transaction ID:</b> SA11AI.4159
	City State Zip Code Washington DC 20006	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	EM Christine O'Donnell
	Name of Employer National Org for Marriage National Org for Marriage Occupation President Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 150.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Brian Stephen Brown	Date of Receipt MM / DD / YYYY 10 / 16 / 2010
	Mailing Address 2029 K St., NW Ste. 300	<b>Transaction ID:</b> SA11AI.4160
	City State Zip Code Washington DC 20006	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	EM Marco Rubio
	Name of Employer National Org for Marriage National Org for Marriage Occupation President Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 175.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	75.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 8 / 126
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
ACTRIGHT

<b>A.</b>	Full Name (Last, First, Middle Initial) Brian Stephen Brown		Date of Receipt
	Mailing Address 2029 K St., NW Ste. 300		<input type="text" value="10"/> / <input type="text" value="16"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Washington	DC	20006
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer National Org for Marriage		Occupation President	<b>Transaction ID:</b> SA11AI.4161
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="25.00"/>
		<input type="text" value="200.00"/>	EM Campbell Cavasso

<b>B.</b>	Full Name (Last, First, Middle Initial) Brian Stephen Brown		Date of Receipt
	Mailing Address 2029 K St., NW Ste. 300		<input type="text" value="10"/> / <input type="text" value="16"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Washington	DC	20006
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer National Org for Marriage		Occupation President	<b>Transaction ID:</b> SA11AI.4162
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="25.00"/>
		<input type="text" value="225.00"/>	EM Kelly Ayotte

<b>C.</b>	Full Name (Last, First, Middle Initial) Brian Stephen Brown		Date of Receipt
	Mailing Address 2029 K St., NW Ste. 300		<input type="text" value="10"/> / <input type="text" value="16"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Washington	DC	20006
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer National Org for Marriage		Occupation President	<b>Transaction ID:</b> SA11AI.4163
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="25.00"/>
		<input type="text" value="250.00"/>	EM Sharron Angle

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="75.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 126
	<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)  
ACTRIGHT

<b>A.</b>	Full Name (Last, First, Middle Initial) Brian Stephen Brown		Date of Receipt MM / DD / YYYY 10 / 16 / 2010		
	Mailing Address 2029 K St., NW Ste. 300		<b>Transaction ID:</b> SA11AI.4164		
	City Washington	State DC	Zip Code 20006	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C		EM Patrick Toomey		
	Name of Employer National Org for Marriage		Occupation President		
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 275.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Brian Stephen Brown		Date of Receipt MM / DD / YYYY 10 / 16 / 2010		
	Mailing Address 2029 K St., NW Ste. 300		<b>Transaction ID:</b> SA11AI.4165		
	City Washington	State DC	Zip Code 20006	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C		EM John Raese		
	Name of Employer National Org for Marriage		Occupation President		
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) Brian Stephen Brown		Date of Receipt MM / DD / YYYY 10 / 21 / 2010		
	Mailing Address 2029 K St., NW Ste. 300		<b>Transaction ID:</b> SA11AI.4173		
	City Washington	State DC	Zip Code 20006	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C		EM Keith Fimian		
	Name of Employer National Org for Marriage		Occupation President		
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 325.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	75.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 126  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
ACTRIGHT

<p><b>A.</b> Full Name (Last, First, Middle Initial) Brian Stephen Brown</p> <p>Mailing Address 2029 K St., NW Ste. 300</p> <p>City State Zip Code <u>Washington</u> DC 20006</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer National Org for Marriage Occupation National Org for Marriage President</p> <p>Receipt For: 2010  <input type="checkbox"/> Primary   <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">350.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">1 0 / 2 1 / 2 0 1 0</span></p> <p><b>Transaction ID:</b> SA11AI.4175</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">25.00</span></p> <p>EM Dino Rossi</p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Brian Stephen Brown</p> <p>Mailing Address 2029 K St., NW Ste. 300</p> <p>City State Zip Code <u>Washington</u> DC 20006</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer National Org for Marriage Occupation National Org for Marriage President</p> <p>Receipt For: 2010  <input type="checkbox"/> Primary   <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">450.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">1 0 / 2 8 / 2 0 1 0</span></p> <p><b>Transaction ID:</b> SA11AI.4180</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">100.00</span></p> <p>EM Susan B. Anthony List</p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) doug brown</p> <p>Mailing Address 9255 Doheny Rd</p> <p>City State Zip Code <u>west hollywood</u> CA 90069</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer shoreline trading Occupation shoreline trading money manager</p> <p>Receipt For: 2010  <input type="checkbox"/> Primary   <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">500.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">1 0 / 2 2 / 2 0 1 0</span></p> <p><b>Transaction ID:</b> SA11AI.4137</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">500.00</span></p> <p>EM George Phillips</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">625.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 126  
(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)  
ACTRIGHT

**A.**

Full Name (Last, First, Middle Initial) John Brown		Date of Receipt MM / DD / YYYY 10 / 26 / 2010
Mailing Address 5611 Scharf Ave		<b>Transaction ID:</b> SA11AI.4141
City Fontana	State CA	Zip Code 92336
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer John G Brown	Occupation Self Employed	EM Carly Fiorina
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 25.00	

**B.**

Full Name (Last, First, Middle Initial) John Brown		Date of Receipt MM / DD / YYYY 10 / 26 / 2010
Mailing Address 5611 Scharf Ave		<b>Transaction ID:</b> SA11AI.4142
City Fontana	State CA	Zip Code 92336
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer John G Brown	Occupation Self Employed	EM Van Tran
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 50.00	

**C.**

Full Name (Last, First, Middle Initial) John Brown		Date of Receipt MM / DD / YYYY 10 / 26 / 2010
Mailing Address 5611 Scharf Ave		<b>Transaction ID:</b> SA11AI.4143
City Fontana	State CA	Zip Code 92336
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer John G Brown	Occupation Self Employed	EM Christine O'Donnell
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 75.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	75.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 12 / 126  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
ACTRIGHT

**A.** Full Name (Last, First, Middle Initial)  
John Brown  
 Mailing Address 5611 Scharf Ave  
 City Fontana State CA Zip Code 92336  
 Date of Receipt 10 / 26 / 2010  
**Transaction ID:** SA11AI.4144  
 Amount of Each Receipt this Period 25.00  
 EM Campbell Cavasso  
 FEC ID number of contributing federal political committee. C  
 Name of Employer John G Brown Occupation Self Employed  
 Receipt For: 2010  
 Primary    General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 100.00

**B.** Full Name (Last, First, Middle Initial)  
John Brown  
 Mailing Address 5611 Scharf Ave  
 City Fontana State CA Zip Code 92336  
 Date of Receipt 10 / 26 / 2010  
**Transaction ID:** SA11AI.4145  
 Amount of Each Receipt this Period 25.00  
 EM Kelly Ayotte  
 FEC ID number of contributing federal political committee. C  
 Name of Employer John G Brown Occupation Self Employed  
 Receipt For: 2010  
 Primary    General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 125.00

**C.** Full Name (Last, First, Middle Initial)  
John Brown  
 Mailing Address 5611 Scharf Ave  
 City Fontana State CA Zip Code 92336  
 Date of Receipt 10 / 26 / 2010  
**Transaction ID:** SA11AI.4146  
 Amount of Each Receipt this Period 25.00  
 EM Sharron Angle  
 FEC ID number of contributing federal political committee. C  
 Name of Employer John G Brown Occupation Self Employed  
 Receipt For: 2010  
 Primary    General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 150.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 75.00  
**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 13 / 126

(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)  
ACTRIGHT

**A.**

Full Name (Last, First, Middle Initial)  
John Brown

Mailing Address 5611 Scharf Ave

City State Zip Code  
Fontana CA 92336

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

Name of Employer Occupation  
John G Brown Self Employed

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
175.00

Date of Receipt

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

Transaction ID: SA11AI.4147

Amount of Each Receipt this Period

25.00

EM Patrick Toomey

**B.**

Full Name (Last, First, Middle Initial)  
John Brown

Mailing Address 5611 Scharf Ave

City State Zip Code  
Fontana CA 92336

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

Name of Employer Occupation  
John G Brown Self Employed

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
200.00

Date of Receipt

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

Transaction ID: SA11AI.4148

Amount of Each Receipt this Period

25.00

EM Keith Fimian

**C.**

Full Name (Last, First, Middle Initial)  
John Brown

Mailing Address 5611 Scharf Ave

City State Zip Code  
Fontana CA 92336

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

Name of Employer Occupation  
John G Brown Self Employed

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt

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

Transaction ID: SA11AI.4149

Amount of Each Receipt this Period

25.00

EM John Raese

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

75.00

**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 14 / 126  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
ACTRIGHT

**A.** Full Name (Last, First, Middle Initial)  
John Brown

Mailing Address 5611 Scharf Ave

City Fontana State CA Zip Code 92336

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

Name of Employer John G Brown Occupation Self Employed

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 26 / 2010  
**Transaction ID:** SA11AI.4150  
 Amount of Each Receipt this Period 25.00  
 EM Dino Rossi

**B.** Full Name (Last, First, Middle Initial)  
Brian Burch

Mailing Address 233 W. Crystal Avenue

City Lombard State IL Zip Code 60148

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

Name of Employer Fidelis Occupation Non Profit Executive

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 20.00

Date of Receipt 10 / 22 / 2010  
**Transaction ID:** SA11AI.4263  
 Amount of Each Receipt this Period 20.00  
 EM George Phillips

**C.** Full Name (Last, First, Middle Initial)  
Michael T. Casey

Mailing Address 756 N. Main Rd.

City Jamestown State RI Zip Code 02385

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

Name of Employer Delivery from Heaven Found. Occupation President

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5100.00

Date of Receipt 10 / 29 / 2010  
**Transaction ID:** SA11AI.4334  
 Amount of Each Receipt this Period 100.00  
 EM John Loughlin

**SUBTOTAL** of Receipts This Page (optional) ..... ► 145.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 126
	<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)  
**ACTRIGHT**

**A.** Full Name (Last, First, Middle Initial)  
Rafael Chavez

Mailing Address 2224 w 19 st asd

City State Zip Code  
**CHICAGO IL 60606**

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

Name of Employer Lattitude 10 Occupation Sales Representative

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **10.00**

Date of Receipt **10 / 19 / 2010**

**Transaction ID: SA11AI.4243**

Amount of Each Receipt this Period **10.00**

EM Sharron Angle

**B.** Full Name (Last, First, Middle Initial)  
neil corkery

Mailing Address 9502 nelson lane

City State Zip Code  
**manassas VA 20110**

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

Name of Employer nom Occupation treasurer

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **150.00**

Date of Receipt **10 / 23 / 2010**

**Transaction ID: SA11AI.4364**

Amount of Each Receipt this Period **150.00**

EM George Phillips

**C.** Full Name (Last, First, Middle Initial)  
Wayne Fry

Mailing Address 236 N. West Rd.

City State Zip Code  
**Lombard IL 60148**

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

Name of Employer Unemployed for over two years Occupation Union Laborer

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **5.00**

Date of Receipt **10 / 29 / 2010**

**Transaction ID: SA11AI.4281**

Amount of Each Receipt this Period **5.00**

EM Sharron Angle

**SUBTOTAL** of Receipts This Page (optional) ..... **165.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 126
	<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)  
ACTRIGHT

<b>A.</b>	Full Name (Last, First, Middle Initial) Maggie Gallagher	Date of Receipt MM / DD / YYYY 10 / 15 / 2010
	Mailing Address 12010 Starboard Dr.	<b>Transaction ID:</b> SA11AI.4341
	City State Zip Code Reston VA 20194	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. <b>C</b>	EM Joseph Miller
	Name of Employer imapp and NOM Occupation imapp and NOM writer activist speaker Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 10.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) margaret Gallagher	Date of Receipt MM / DD / YYYY 10 / 15 / 2010
	Mailing Address 12010 Starboard Dr.	<b>Transaction ID:</b> SA11AI.4342
	City State Zip Code reston MD 21094	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. <b>C</b>	EM Carly Fiorina
	Name of Employer imapp and NOM Occupation imapp and NOM writer activist speaker Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 15.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) margaret Gallagher	Date of Receipt MM / DD / YYYY 10 / 19 / 2010
	Mailing Address 12010 Starboard Dr.	<b>Transaction ID:</b> SA11AI.4354
	City State Zip Code reston MD 21094	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. <b>C</b>	EM National Organization for Marriage
	Name of Employer imapp and NOM Occupation imapp and NOM writer activist speaker Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 65.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	75.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 126  
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
ACTRIGHT

**A.**

Full Name (Last, First, Middle Initial) margaret Gallagher		Date of Receipt MM / DD / YYYY 10 / 19 / 2010
Mailing Address 12010 Starboard Dr.		<b>Transaction ID:</b> SA11AI.4355
City reston	State MD	Zip Code 21094
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
Name of Employer imapp and NOM	Occupation writer activist speaker	EM Michele Bachmann
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 140.00	

**B.**

Full Name (Last, First, Middle Initial) margaret Gallagher		Date of Receipt MM / DD / YYYY 10 / 19 / 2010
Mailing Address 12010 Starboard Dr.		<b>Transaction ID:</b> SA11AI.4356
City reston	State MD	Zip Code 21094
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 115.00
Name of Employer imapp and NOM	Occupation writer activist speaker	EM Teresa Collett
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00	

**C.**

Full Name (Last, First, Middle Initial) margaret Gallagher		Date of Receipt MM / DD / YYYY 10 / 19 / 2010
Mailing Address 12010 Starboard Dr.		<b>Transaction ID:</b> SA11AI.4357
City reston	State MD	Zip Code 21094
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 69.00
Name of Employer imapp and NOM	Occupation writer activist speaker	EM Teresa Collett
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 324.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	259.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 18 / 126  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
ACTRIGHT

**A.**

Full Name (Last, First, Middle Initial)  
margaret Gallagher

Mailing Address 12010 Starboard Dr.

City reston State MD Zip Code 21094

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

Name of Employer imapp and NOM Occupation writer activist speaker

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 393.00

Date of Receipt 10 / 19 / 2010  
**Transaction ID: SA11AI.4358**  
Amount of Each Receipt this Period 69.00  
EM Michele Bachmann

**B.**

Full Name (Last, First, Middle Initial)  
margaret Gallagher

Mailing Address 12010 Starboard Dr.

City reston State MD Zip Code 21094

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

Name of Employer imapp and NOM Occupation writer activist speaker

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 505.00

Date of Receipt 10 / 22 / 2010  
**Transaction ID: SA11AI.4359**  
Amount of Each Receipt this Period 112.00  
EM Rand Paul

**C.**

Full Name (Last, First, Middle Initial)  
margaret Gallagher

Mailing Address 12010 Starboard Dr.

City reston State MD Zip Code 21094

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

Name of Employer imapp and NOM Occupation writer activist speaker

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 512.00

Date of Receipt 10 / 22 / 2010  
**Transaction ID: SA11AI.4360**  
Amount of Each Receipt this Period 7.00  
EM Rand Paul

**SUBTOTAL** of Receipts This Page (optional) ..... ► 188.00

**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 / 126

(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)  
ACTRIGHT

**A.**

Full Name (Last, First, Middle Initial)  
margaret Gallagher

Mailing Address 12010 Starboard Dr.

City State Zip Code  
reston MD 21094

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

Name of Employer Occupation  
imapp and NOM writer activist speaker

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
519.00

Date of Receipt

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

Transaction ID: SA11AI.4361

Amount of Each Receipt this Period

7.00

EM Sean Bielat

**B.**

Full Name (Last, First, Middle Initial)  
margaret Gallagher

Mailing Address 12010 Starboard Dr.

City State Zip Code  
reston MD 21094

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

Name of Employer Occupation  
imapp and NOM writer activist speaker

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
526.00

Date of Receipt

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

Transaction ID: SA11AI.4362

Amount of Each Receipt this Period

7.00

EM Dino Rossi

**C.**

Full Name (Last, First, Middle Initial)  
margaret Gallagher

Mailing Address 12010 Starboard Dr.

City State Zip Code  
reston MD 21094

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

Name of Employer Occupation  
imapp and NOM writer activist speaker

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
601.00

Date of Receipt

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

Transaction ID: SA11AI.4373

Amount of Each Receipt this Period

75.00

EM Sean Bielat

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

89.00

**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 / 126  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
ACTRIGHT

**A.** Full Name (Last, First, Middle Initial)  
David Gardner

Mailing Address 175 Slade Rd

City State Zip Code  
Ashford CT 06278

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

Name of Employer Occupation  
Town of Simsbury CT Assessor

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10.00

Date of Receipt  

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

**Transaction ID:** SA11AI.4177

Amount of Each Receipt this Period  
10.00

EM Witherspoon Institute

**B.** Full Name (Last, First, Middle Initial)  
John Glycenter

Mailing Address 3006 San Luis Court

City State Zip Code  
Fort Collins CO 80525

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

Name of Employer Occupation  
Woodward Project Manager

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
25.00

Date of Receipt  

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

**Transaction ID:** SA11AI.4154

Amount of Each Receipt this Period  
25.00

EM Ken Buck

**C.** Full Name (Last, First, Middle Initial)  
Rafael Hernandez

Mailing Address 3111 Dartmouth

City State Zip Code  
Rockford IL 61108

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

Name of Employer Occupation  
BEP Consulting Consulting

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
6.00

Date of Receipt  

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

**Transaction ID:** SA11AI.4212

Amount of Each Receipt this Period  
1.00

EM Sharron Angle

**SUBTOTAL** of Receipts This Page (optional) ..... ► **36.00**

**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 / 126  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
ACTRIGHT

**A.** Full Name (Last, First, Middle Initial)  
Rafael Hernandez

Mailing Address 3111 Dartmouth

City State Zip Code  
Rockford IL 61108

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

Name of Employer Occupation  
BEP Consulting Consulting

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
7.00

Date of Receipt  

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

**Transaction ID:** SA11AI.4213

Amount of Each Receipt this Period  
1.00

EM Sharron Angle

**B.** Full Name (Last, First, Middle Initial)  
Rafael Hernandez

Mailing Address 3111 Dartmouth

City State Zip Code  
Rockford IL 61108

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

Name of Employer Occupation  
BEP Consulting Consulting

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
8.00

Date of Receipt  

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

**Transaction ID:** SA11AI.4234

Amount of Each Receipt this Period  
1.00

EM Sharron Angle

**C.** Full Name (Last, First, Middle Initial)  
Rafael Hernandez

Mailing Address 3111 Dartmouth

City State Zip Code  
Rockford IL 61108

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

Name of Employer Occupation  
BEP Consulting Consulting

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
9.00

Date of Receipt  

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

**Transaction ID:** SA11AI.4235

Amount of Each Receipt this Period  
1.00

EM Kenneth Wegner

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **3.00**

**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 / 126  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
ACTRIGHT

**A.** Full Name (Last, First, Middle Initial)  
Rafael Hernandez

Mailing Address 3111 Dartmouth

City State Zip Code  
Rockford IL 61108

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

Name of Employer Occupation  
BEP Consulting Consulting

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10.00

Date of Receipt  

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

**Transaction ID:** SA11AI.4236

Amount of Each Receipt this Period  
1.00

EM Dean Heller

**B.** Full Name (Last, First, Middle Initial)  
Rafael Hernandez

Mailing Address 3111 Dartmouth

City State Zip Code  
Rockford IL 61108

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

Name of Employer Occupation  
BEP Consulting Consulting

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
11.00

Date of Receipt  

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

**Transaction ID:** SA11AI.4237

Amount of Each Receipt this Period  
1.00

EM Joseph Heck

**C.** Full Name (Last, First, Middle Initial)  
Rafael Hernandez

Mailing Address 3111 Dartmouth

City State Zip Code  
Rockford IL 61108

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

Name of Employer Occupation  
BEP Consulting Consulting

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
12.00

Date of Receipt  

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

**Transaction ID:** SA11AI.4238

Amount of Each Receipt this Period  
1.00

EM Sharron Angle

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3.00**

**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 / 126  
(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)  
ACTRIGHT

**A.**

Full Name (Last, First, Middle Initial)  
Rafael Hernandez

Mailing Address 3111 Dartmouth

City State Zip Code  
Rockford IL 61108

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

Name of Employer Occupation  
BEP Consulting Consulting

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
13.00

Date of Receipt  
MM / DD / YYYY  
10 / 18 / 2010

**Transaction ID:** SA11AI.4239

Amount of Each Receipt this Period  
1.00

EM Kenneth Wegner

**B.**

Full Name (Last, First, Middle Initial)  
Rafael Hernandez

Mailing Address 3111 Dartmouth

City State Zip Code  
Rockford IL 61108

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

Name of Employer Occupation  
BEP Consulting Consulting

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
14.00

Date of Receipt  
MM / DD / YYYY  
10 / 18 / 2010

**Transaction ID:** SA11AI.4240

Amount of Each Receipt this Period  
1.00

EM Dean Heller

**C.**

Full Name (Last, First, Middle Initial)  
Rafael Hernandez

Mailing Address 3111 Dartmouth

City State Zip Code  
Rockford IL 61108

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

Name of Employer Occupation  
BEP Consulting Consulting

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
15.00

Date of Receipt  
MM / DD / YYYY  
10 / 18 / 2010

**Transaction ID:** SA11AI.4241

Amount of Each Receipt this Period  
1.00

EM Joseph Heck

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3.00**

**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 / 126

(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)  
ACTRIGHT

**A.**

Full Name (Last, First, Middle Initial)  
Rafael Hernandez

Mailing Address 3111 Dartmouth

City State Zip Code  
Rockford IL 61108

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

Name of Employer Occupation  
BEP Consulting Consulting

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
25.00

Date of Receipt

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

Transaction ID: SA11AI.4247

Amount of Each Receipt this Period

10.00

EM Heritage Foundation

**B.**

Full Name (Last, First, Middle Initial)  
Rafael Hernandez

Mailing Address 3111 Dartmouth

City State Zip Code  
Rockford IL 61108

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

Name of Employer Occupation  
BEP Consulting Consulting

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
26.00

Date of Receipt

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

Transaction ID: SA11AI.4248

Amount of Each Receipt this Period

1.00

EM Sharron Angle

**C.**

Full Name (Last, First, Middle Initial)  
Rafael Hernandez

Mailing Address 3111 Dartmouth

City State Zip Code  
Rockford IL 61108

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

Name of Employer Occupation  
BEP Consulting Consulting

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
27.00

Date of Receipt

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

Transaction ID: SA11AI.4249

Amount of Each Receipt this Period

1.00

EM Kenneth Wegner

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

12.00

**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 / 126  
(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)  
ACTRIGHT

**A.**

Full Name (Last, First, Middle Initial)  
Rafael Hernandez

Mailing Address 3111 Dartmouth

City State Zip Code  
Rockford IL 61108

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

Name of Employer Occupation  
BEP Consulting Consulting

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
28.00

Date of Receipt  
MM / DD / YYYY  
10 / 21 / 2010

**Transaction ID:** SA11AI.4250

Amount of Each Receipt this Period  
1.00

EM Dean Heller

**B.**

Full Name (Last, First, Middle Initial)  
Rafael Hernandez

Mailing Address 3111 Dartmouth

City State Zip Code  
Rockford IL 61108

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

Name of Employer Occupation  
BEP Consulting Consulting

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
29.00

Date of Receipt  
MM / DD / YYYY  
10 / 21 / 2010

**Transaction ID:** SA11AI.4251

Amount of Each Receipt this Period  
1.00

EM Joseph Heck

**C.**

Full Name (Last, First, Middle Initial)  
Rafael Hernandez

Mailing Address 3111 Dartmouth

City State Zip Code  
Rockford IL 61108

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

Name of Employer Occupation  
BEP Consulting Consulting

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
34.00

Date of Receipt  
MM / DD / YYYY  
10 / 21 / 2010

**Transaction ID:** SA11AI.4257

Amount of Each Receipt this Period  
5.00

EM National Organization for Marriage

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **7.00**

**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 / 126  
(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)  
ACTRIGHT

**A.**

Full Name (Last, First, Middle Initial)  
Rafael Hernandez

Mailing Address 3111 Dartmouth

City State Zip Code  
Rockford IL 61108

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

Name of Employer Occupation  
BEP Consulting Consulting

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
39.00

Date of Receipt  
MM / DD / YYYY  
10 / 22 / 2010

**Transaction ID:** SA11AI.4261

Amount of Each Receipt this Period  
5.00

EM Mark Kirk

**B.**

Full Name (Last, First, Middle Initial)  
Rafael Hernandez

Mailing Address 3111 Dartmouth

City State Zip Code  
Rockford IL 61108

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

Name of Employer Occupation  
BEP Consulting Consulting

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
44.00

Date of Receipt  
MM / DD / YYYY  
10 / 22 / 2010

**Transaction ID:** SA11AI.4264

Amount of Each Receipt this Period  
5.00

EM National Organization for Marriage

**C.**

Full Name (Last, First, Middle Initial)  
Rafael Hernandez

Mailing Address 3111 Dartmouth

City State Zip Code  
Rockford IL 61108

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

Name of Employer Occupation  
BEP Consulting Consulting

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
49.50

Date of Receipt  
MM / DD / YYYY  
10 / 22 / 2010

**Transaction ID:** SA11AI.4267

Amount of Each Receipt this Period  
5.50

EM National Organization for Marriage

**SUBTOTAL** of Receipts This Page (optional) ..... ► **15.50**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 126
	<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)  
ACTRIGHT

<b>A.</b>	Full Name (Last, First, Middle Initial) Rafael Hernandez		Date of Receipt
	Mailing Address 3111 Dartmouth		<input type="text" value="10"/> / <input type="text" value="25"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Rockford	IL	61108
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.4274
Name of Employer BEP Consulting		Occupation Consulting	Amount of Each Receipt this Period
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="1.25"/>
		<input type="text" value="50.75"/>	EM Sharron Angle

<b>B.</b>	Full Name (Last, First, Middle Initial) Rafael Hernandez		Date of Receipt
	Mailing Address 3111 Dartmouth		<input type="text" value="10"/> / <input type="text" value="25"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Rockford	IL	61108
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.4275
Name of Employer BEP Consulting		Occupation Consulting	Amount of Each Receipt this Period
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="1.25"/>
		<input type="text" value="52.00"/>	EM Kenneth Wegner

<b>C.</b>	Full Name (Last, First, Middle Initial) Rafael Hernandez		Date of Receipt
	Mailing Address 3111 Dartmouth		<input type="text" value="10"/> / <input type="text" value="25"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Rockford	IL	61108
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.4276
Name of Employer BEP Consulting		Occupation Consulting	Amount of Each Receipt this Period
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="1.25"/>
		<input type="text" value="53.25"/>	EM Dean Heller

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="3.75"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 28 / 126  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
ACTRIGHT

**A.** Full Name (Last, First, Middle Initial)  
Rafael Hernandez

Mailing Address 3111 Dartmouth

City State Zip Code  
Rockford IL 61108

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

Name of Employer Occupation  
BEP Consulting Consulting

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
54.50

Date of Receipt  

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

**Transaction ID:** SA11AI.4277

Amount of Each Receipt this Period  
1.25

EM Joseph Heck

**B.** Full Name (Last, First, Middle Initial)  
Rafael Hernandez

Mailing Address 3111 Dartmouth

City State Zip Code  
Rockford IL 61108

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

Name of Employer Occupation  
BEP Consulting Consulting

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
59.50

Date of Receipt  

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

**Transaction ID:** SA11AI.4278

Amount of Each Receipt this Period  
5.00

EM Dino Rossi

**C.** Full Name (Last, First, Middle Initial)  
Ralfie Hernandez

Mailing Address 3111 Dartmouth

City State Zip Code  
Rockford IL 61108

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

Name of Employer Occupation  
bepConsulting Manager

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1.00

Date of Receipt  

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

**Transaction ID:** SA11AI.4216

Amount of Each Receipt this Period  
1.00

EM Sharron Angle

**SUBTOTAL** of Receipts This Page (optional) ..... ► 7.25

**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 / 126  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
ACTRIGHT

**A.** Full Name (Last, First, Middle Initial)  
Ralfie Hernandez

Mailing Address 3111 Dartmouth

City State Zip Code  
Rockford IL 61108

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

Name of Employer bepConsulting Occupation Manager

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2.00

Date of Receipt  

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

**Transaction ID:** SA11AI.4217

Amount of Each Receipt this Period  
1.00

EM Kenneth Wegner

**B.** Full Name (Last, First, Middle Initial)  
Ralfie Hernandez

Mailing Address 3111 Dartmouth

City State Zip Code  
Rockford IL 61108

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

Name of Employer bepConsulting Occupation Manager

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3.00

Date of Receipt  

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

**Transaction ID:** SA11AI.4218

Amount of Each Receipt this Period  
1.00

EM Dean Heller

**C.** Full Name (Last, First, Middle Initial)  
Ralfie Hernandez

Mailing Address 3111 Dartmouth

City State Zip Code  
Rockford IL 61108

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

Name of Employer bepConsulting Occupation Manager

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4.00

Date of Receipt  

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

**Transaction ID:** SA11AI.4219

Amount of Each Receipt this Period  
1.00

EM Joseph Heck

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3.00**

**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 / 126  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
ACTRIGHT

**A.** Full Name (Last, First, Middle Initial)  
Ralfie Hernandez

Mailing Address 3111 Dartmouth

City State Zip Code  
Rockford IL 61108

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

Name of Employer bepConsulting Occupation Manager

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 9.00

Date of Receipt  

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

**Transaction ID:** SA11AI.4220

Amount of Each Receipt this Period  
5.00

EM Sharron Angle

**B.** Full Name (Last, First, Middle Initial)  
Ralfie Hernandez

Mailing Address 3111 Dartmouth

City State Zip Code  
Rockford IL 61108

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

Name of Employer bepConsulting Occupation Manager

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 13.00

Date of Receipt  

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

**Transaction ID:** SA11AI.4221

Amount of Each Receipt this Period  
4.00

EM Kenneth Wegner

**C.** Full Name (Last, First, Middle Initial)  
Ralfie Hernandez

Mailing Address 3111 Dartmouth

City State Zip Code  
Rockford IL 61108

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

Name of Employer bepConsulting Occupation Manager

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 16.00

Date of Receipt  

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

**Transaction ID:** SA11AI.4222

Amount of Each Receipt this Period  
3.00

EM Dean Heller

**SUBTOTAL** of Receipts This Page (optional) ..... ► **12.00**

**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 / 126  
(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
							17

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NAME OF COMMITTEE (In Full)  
ACTRIGHT

**A.**

Full Name (Last, First, Middle Initial)  
Ralfie Hernandez

Mailing Address 3111 Dartmouth

City State Zip Code  
Rockford IL 61108

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

Name of Employer Occupation  
bepConsulting Manager

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
18.00

Date of Receipt  
MM / DD / YYYY  
10 / 15 / 2010

**Transaction ID:** SA11AI.4223

Amount of Each Receipt this Period  
2.00

EM Joseph Heck

**B.**

Full Name (Last, First, Middle Initial)  
Larry Hook

Mailing Address 1320 SW 27th St. Apt. A2

City State Zip Code  
Topeka KS 66611

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

Name of Employer Occupation  
State of Kansas Professional Environmental Engineer

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
25.00

Date of Receipt  
MM / DD / YYYY  
10 / 22 / 2010

**Transaction ID:** SA11AI.4284

Amount of Each Receipt this Period  
25.00

EM Rand Paul

**C.**

Full Name (Last, First, Middle Initial)  
kathryn Housepian

Mailing Address 962 walnut street

City State Zip Code  
perrysburg OH 43551

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

Name of Employer Occupation  
perrysburg schools teacher

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10.00

Date of Receipt  
MM / DD / YYYY  
10 / 22 / 2010

**Transaction ID:** SA11AI.4331

Amount of Each Receipt this Period  
10.00

EM Rand Paul

**SUBTOTAL** of Receipts This Page (optional) ..... ► **37.00**

**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 / 126  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
ACTRIGHT

**A.** Full Name (Last, First, Middle Initial)  
Douglas Johnson  
Mailing Address 1020 S. Wabash Ave.  
City Chicago State IL Zip Code 60605  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SPT Occupation Mkting  
Receipt For: 2010  
 Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼ 50.00  
Date of Receipt 10 / 23 / 2010  
Transaction ID: SA11AI.4272  
Amount of Each Receipt this Period 50.00  
EM Rand Paul

**B.** Full Name (Last, First, Middle Initial)  
Douglas Johnson  
Mailing Address 1020 S. Wabash Ave.  
City Chicago State IL Zip Code 60605  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SPT Occupation Mkting  
Receipt For: 2010  
 Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼ 75.00  
Date of Receipt 10 / 23 / 2010  
Transaction ID: SA11AI.4273  
Amount of Each Receipt this Period 25.00  
EM National Organization for Marriage

**C.** Full Name (Last, First, Middle Initial)  
Evan Jones  
Mailing Address 154 Golden Hills Dr  
City Grangeville State ID Zip Code 83530  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Subway Occupation Restauratuer  
Receipt For: 2010  
 Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼ 10.00  
Date of Receipt 10 / 26 / 2010  
Transaction ID: SA11AI.4202  
Amount of Each Receipt this Period 10.00  
EM Sharron Angle

**SUBTOTAL** of Receipts This Page (optional) ..... ► 85.00  
**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: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 (check only one)	PAGE 33 / 126
	<input checked="" 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)  
ACTRIGHT

<b>A.</b>	Full Name (Last, First, Middle Initial) Evan Jones	Date of Receipt MM / DD / YYYY 10 / 26 / 2010
	Mailing Address 154 Golden Hills Dr	<b>Transaction ID:</b> SA11AI.4206
	City State Zip Code Grangeville ID 83530	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. <b>C</b>	EM Dino Rossi
Name of Employer Subway	Occupation Restauratuer	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 30.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Amy Kotner	Date of Receipt MM / DD / YYYY 10 / 27 / 2010
	Mailing Address 39927 Millbrook Way Unit A	<b>Transaction ID:</b> SA11AI.4152
	City State Zip Code Murrieta CA 92563	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. <b>C</b>	EM Sharron Angle
Name of Employer Psomas	Occupation Office Administrator	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Joseph LaBute	Date of Receipt MM / DD / YYYY 10 / 23 / 2010
	Mailing Address 5932 Franklin TRL	<b>Transaction ID:</b> SA11AI.4333
	City State Zip Code Liberty Twp OH 45011	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. <b>C</b>	EM Rand Paul
Name of Employer Ohio Casualty	Occupation Commercial Lines Underwriting Consulta	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 25.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	55.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 126

(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)  
ACTRIGHT

**A.**

Full Name (Last, First, Middle Initial)  
David Lejeune

Mailing Address 1303 Stamford Way

City State Zip Code  
Reston VA 20194

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

Name of Employer Occupation  
OPUSfidelis Managing Partner

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
19.00

Date of Receipt

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

Transaction ID: SA11AI.4344

Amount of Each Receipt this Period

19.00

EM Carly Fiorina

**B.**

Full Name (Last, First, Middle Initial)  
David Lejeune

Mailing Address 1303 Stamford Way

City State Zip Code  
Reston VA 20194

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

Name of Employer Occupation  
OPUSfidelis Managing Partner

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
38.00

Date of Receipt

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

Transaction ID: SA11AI.4345

Amount of Each Receipt this Period

19.00

EM Tom McClintock

**C.**

Full Name (Last, First, Middle Initial)  
David Lejeune

Mailing Address 1303 Stamford Way

City State Zip Code  
Reston VA 20194

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

Name of Employer Occupation  
OPUSfidelis Managing Partner

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
57.00

Date of Receipt

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

Transaction ID: SA11AI.4346

Amount of Each Receipt this Period

19.00

EM Van Tran

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

57.00

**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 / 126

(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)  
ACTRIGHT

**A.**

Full Name (Last, First, Middle Initial)  
David Lejeune

Mailing Address 1303 Stamford Way

City State Zip Code  
Reston VA 20194

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

Name of Employer Occupation  
OPUSfidelis Managing Partner

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
76.00

Date of Receipt

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

Transaction ID: SA11AI.4347

Amount of Each Receipt this Period

19.00

EM Christine O'Donnell

**B.**

Full Name (Last, First, Middle Initial)  
David Lejeune

Mailing Address 1303 Stamford Way

City State Zip Code  
Reston VA 20194

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

Name of Employer Occupation  
OPUSfidelis Managing Partner

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
95.00

Date of Receipt

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

Transaction ID: SA11AI.4348

Amount of Each Receipt this Period

19.00

EM Marco Rubio

**C.**

Full Name (Last, First, Middle Initial)  
David Lejeune

Mailing Address 1303 Stamford Way

City State Zip Code  
Reston VA 20194

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

Name of Employer Occupation  
OPUSfidelis Managing Partner

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
114.00

Date of Receipt

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

Transaction ID: SA11AI.4349

Amount of Each Receipt this Period

19.00

EM Campbell Cavasso

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

57.00

**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 / 126  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
ACTRIGHT

**A.** Full Name (Last, First, Middle Initial)  
David Lejeune

Mailing Address 1303 Stamford Way

City Reston State VA Zip Code 20194

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

Name of Employer OPUSfidelis Occupation Managing Partner

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 133.00

Date of Receipt 10 / 18 / 2010  
**Transaction ID:** SA11AI.4350  
 Amount of Each Receipt this Period 19.00  
 EM Kelly Ayotte

**B.** Full Name (Last, First, Middle Initial)  
David Lejeune

Mailing Address 1303 Stamford Way

City Reston State VA Zip Code 20194

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

Name of Employer OPUSfidelis Occupation Managing Partner

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 152.00

Date of Receipt 10 / 18 / 2010  
**Transaction ID:** SA11AI.4351  
 Amount of Each Receipt this Period 19.00  
 EM Sharron Angle

**C.** Full Name (Last, First, Middle Initial)  
David Lejeune

Mailing Address 1303 Stamford Way

City Reston State VA Zip Code 20194

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

Name of Employer OPUSfidelis Occupation Managing Partner

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 171.00

Date of Receipt 10 / 18 / 2010  
**Transaction ID:** SA11AI.4352  
 Amount of Each Receipt this Period 19.00  
 EM Patrick Toomey

**SUBTOTAL** of Receipts This Page (optional) ..... ► 57.00

**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 / 126  
(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)  
ACTRIGHT

**A.**

Full Name (Last, First, Middle Initial)  
David Lejeune

Mailing Address 1303 Stamford Way

City Reston State VA Zip Code 20194

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

Name of Employer OPUSfidelis Occupation Managing Partner

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 190.00

Date of Receipt 10 / 18 / 2010  
**Transaction ID: SA11AI.4353**  
 Amount of Each Receipt this Period 19.00  
 EM John Raese

**B.**

Full Name (Last, First, Middle Initial)  
Stephen Limbaugh

Mailing Address 726 N Orange Grove Ave

City Los Angeles State CA Zip Code 90046

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

Name of Employer Kingsley Occupation Musician

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 20.00

Date of Receipt 10 / 21 / 2010  
**Transaction ID: SA11AI.4131**  
 Amount of Each Receipt this Period 20.00  
 EM George Phillips

**C.**

Full Name (Last, First, Middle Initial)  
stephen linder

Mailing Address 112 e. allegan suite 700

City Lansing State MI Zip Code 48933

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

Name of Employer The Sterling Consulting Corporation Occupation Owner

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 22 / 2010  
**Transaction ID: SA11AI.4318**  
 Amount of Each Receipt this Period 1000.00  
 EM National Organization for Marriage

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1039.00

**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 / 126

(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)  
ACTRIGHT

**A.**

Full Name (Last, First, Middle Initial)  
Joan Liut

Mailing Address 17 Wilelinor Drive

City State Zip Code  
Edgewater MD 21037

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

Name of Employer Occupation  
None Homemaker

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
15.00

Date of Receipt

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

Transaction ID: SA11AI.4298

Amount of Each Receipt this Period

15.00

EM Patrick Toomey

**B.**

Full Name (Last, First, Middle Initial)  
Andrea Lucacel

Mailing Address 29617 Dawson St.

City State Zip Code  
Garden City MI 48135

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

Name of Employer Occupation  
Homemaker Student

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
5.00

Date of Receipt

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

Transaction ID: SA11AI.4305

Amount of Each Receipt this Period

5.00

EM CatholicVote.org

**C.**

Full Name (Last, First, Middle Initial)  
Andrea Lucacel

Mailing Address 29617 Dawson St.

City State Zip Code  
Garden City MI 48135

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

Name of Employer Occupation  
Homemaker Student

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
55.00

Date of Receipt

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

Transaction ID: SA11AI.4306

Amount of Each Receipt this Period

50.00

EM George Phillips

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

70.00

**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  
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FOR LINE NUMBER: PAGE 39 / 126  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
ACTRIGHT

**A.** Full Name (Last, First, Middle Initial)  
Andrea Lucacel  
Mailing Address 29617 Dawson St.  
City Garden City State MI Zip Code 48135  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Homemaker Occupation Student  
Receipt For: 2010  
 Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼ 60.00  
Date of Receipt 10 / 21 / 2010  
Transaction ID: SA11AI.4307  
Amount of Each Receipt this Period 5.00  
EM Sharron Angle

**B.** Full Name (Last, First, Middle Initial)  
Andrea Lucacel  
Mailing Address 29617 Dawson St.  
City Garden City State MI Zip Code 48135  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Homemaker Occupation Student  
Receipt For: 2010  
 Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼ 65.00  
Date of Receipt 10 / 21 / 2010  
Transaction ID: SA11AI.4308  
Amount of Each Receipt this Period 5.00  
EM Christine O'Donnell

**C.** Full Name (Last, First, Middle Initial)  
Andrea Lucacel  
Mailing Address 29617 Dawson St.  
City Garden City State MI Zip Code 48135  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Homemaker Occupation Student  
Receipt For: 2010  
 Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼ 70.00  
Date of Receipt 10 / 21 / 2010  
Transaction ID: SA11AI.4309  
Amount of Each Receipt this Period 5.00  
EM National Organization for Marriage

**SUBTOTAL** of Receipts This Page (optional) ..... ► 15.00  
**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 / 126  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
ACTRIGHT

**A.** Full Name (Last, First, Middle Initial)  
Andrea Lucacel  
Mailing Address 29617 Dawson St.  
City Garden City State MI Zip Code 48135  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Homemaker Occupation Student  
Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 170.00  
Date of Receipt 10 / 21 / 2010  
Transaction ID: SA11AI.4310  
Amount of Each Receipt this Period 100.00  
EM George Phillips

**B.** Full Name (Last, First, Middle Initial)  
Andrea Lucacel  
Mailing Address 29617 Dawson St.  
City Garden City State MI Zip Code 48135  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Homemaker Occupation Student  
Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 200.00  
Date of Receipt 10 / 21 / 2010  
Transaction ID: SA11AI.4311  
Amount of Each Receipt this Period 30.00  
EM George Phillips

**C.** Full Name (Last, First, Middle Initial)  
Joe Malek  
Mailing Address 6811 Amboy Street  
City Dearborn Heights State MI Zip Code 48127  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self employed Occupation Sales  
Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 100.00  
Date of Receipt 10 / 21 / 2010  
Transaction ID: SA11AI.4315  
Amount of Each Receipt this Period 100.00  
EM George Phillips

**SUBTOTAL** of Receipts This Page (optional) ..... ► 230.00  
**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 / 126  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
ACTRIGHT

**A.** Full Name (Last, First, Middle Initial)  
Matthew Malek

Mailing Address 11049 Magnolia Blvd.  
Apt. 214

City State Zip Code  
North Hollywood CA 11049

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

Name of Employer Self Employed      Occupation Self Employed

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10.00

Date of Receipt  

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

**Transaction ID:** SA11AI.4133

Amount of Each Receipt this Period  
10.00

EM Carly Fiorina

**B.** Full Name (Last, First, Middle Initial)  
Matthew Malek

Mailing Address 11049 Magnolia Blvd.  
Apt. 214

City State Zip Code  
North Hollywood CA 11049

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

Name of Employer Self Employed      Occupation Self Employed

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
20.00

Date of Receipt  

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

**Transaction ID:** SA11AI.4134

Amount of Each Receipt this Period  
10.00

EM George Phillips

**C.** Full Name (Last, First, Middle Initial)  
Matthew Malek

Mailing Address 11049 Magnolia Blvd.  
Apt. 214

City State Zip Code  
North Hollywood CA 11049

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

Name of Employer Self Employed      Occupation Self Employed

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
70.00

Date of Receipt  

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

**Transaction ID:** SA11AI.4135

Amount of Each Receipt this Period  
50.00

EM George Phillips

**SUBTOTAL** of Receipts This Page (optional) ..... ► **70.00**

**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 42 / 126  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
ACTRIGHT

**A.** Full Name (Last, First, Middle Initial)  
Salaam Malek

Mailing Address 6811 Amboy

City State Zip Code  
Dearborn Heights MI 48127

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

Name of Employer Occupation  
Ladywood High School Athletic Director

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
100.00

Date of Receipt  

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

**Transaction ID:** SA11AI.4313

Amount of Each Receipt this Period  
100.00

EM George Phillips

**B.** Full Name (Last, First, Middle Initial)  
Salaam Malek

Mailing Address 6811 Amboy

City State Zip Code  
Dearborn Heights MI 48127

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

Name of Employer Occupation  
Ladywood High School Athletic Director

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
125.00

Date of Receipt  

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

**Transaction ID:** SA11AI.4316

Amount of Each Receipt this Period  
25.00

EM Jeff Fortenberry

**C.** Full Name (Last, First, Middle Initial)  
Louis Marinelli

Mailing Address 1211 North French Road

City State Zip Code  
Amherst NY 14228

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

Name of Employer Occupation  
One Man One Woman Organization Founder

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10.00

Date of Receipt  

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

**Transaction ID:** SA11AI.4327

Amount of Each Receipt this Period  
10.00

EM Carly Fiorina

**SUBTOTAL** of Receipts This Page (optional) ..... ► **135.00**

**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 43 / 126  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
ACTRIGHT

**A.** Full Name (Last, First, Middle Initial)  
David Monge

Mailing Address 1810 Old Reston Avenue

City Reston State VA Zip Code 20190

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

Name of Employer National Org for Marriage Occupation Fundraiser

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
100.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

**Transaction ID:** SA11AI.4366

Amount of Each Receipt this Period  
100.00

EM Keith Fimian

**B.** Full Name (Last, First, Middle Initial)  
Paul Murphy

Mailing Address E. Smith Rd.

City Bellingham State WA Zip Code 98226

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

Name of Employer Whatcom Co Occupation Deputy Sheriff

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
25.00

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

**Transaction ID:** SA11AI.4375

Amount of Each Receipt this Period  
25.00

EM Christine O'Donnell

**C.** Full Name (Last, First, Middle Initial)  
George Newman

Mailing Address 3053 Golf Colony Dr

City Salem State VA Zip Code 24153

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

Name of Employer Bergami USA Occupation Sales

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
25.00

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

**Transaction ID:** SA11AI.4372

Amount of Each Receipt this Period  
25.00

EM Sharron Angle

**SUBTOTAL** of Receipts This Page (optional) ..... ► **150.00**

**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 44 / 126  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
ACTRIGHT

**A.** Full Name (Last, First, Middle Initial)  
Nancy ODonnell

Mailing Address 11936 Frieth Drive

City State Zip Code  
Orlando FL 32837

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

Name of Employer My husband and kids Occupation Housewife

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5.00

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

**Transaction ID:** SA11AI.4187

Amount of Each Receipt this Period  
5.00

EM Sharron Angle

**B.** Full Name (Last, First, Middle Initial)  
Nancy ODonnell

Mailing Address 11936 Frieth Drive

City State Zip Code  
Orlando FL 32837

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

Name of Employer My husband and kids Occupation Housewife

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 10.00

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

**Transaction ID:** SA11AI.4188

Amount of Each Receipt this Period  
5.00

EM Keith Fimian

**C.** Full Name (Last, First, Middle Initial)  
Lea Oksman

Mailing Address 3004 Lee Highway Apt D431

City State Zip Code  
Arlington VA 22201

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

Name of Employer Advisory Board Company Occupation Analyst

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 20.00

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

**Transaction ID:** SA11AI.4368

Amount of Each Receipt this Period  
20.00

EM Institute for Marriage and Public Policy

**SUBTOTAL** of Receipts This Page (optional) ..... ► **30.00**

**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 45 / 126  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
ACTRIGHT

**A.** Full Name (Last, First, Middle Initial)  
Thomas Peters

Mailing Address 3018 Q ST  
Apt 2

City Washington State DC Zip Code 20007

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

Name of Employer American Principles Project Occupation Communications Director

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 25.00

Date of Receipt 10 / 21 / 2010  
**Transaction ID: SA11AI.4183**  
 Amount of Each Receipt this Period 25.00  
 EM Keith Rothfus

**B.** Full Name (Last, First, Middle Initial)  
Thomas Peters

Mailing Address 3018 Q ST  
Apt 2

City Washington State DC Zip Code 20007

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

Name of Employer American Principles Project Occupation Communications Director

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 40.00

Date of Receipt 10 / 21 / 2010  
**Transaction ID: SA11AI.4184**  
 Amount of Each Receipt this Period 15.00  
 EM Rob Steele

**C.** Full Name (Last, First, Middle Initial)  
Thomas Peters

Mailing Address 3018 Q ST  
Apt 2

City Washington State DC Zip Code 20007

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

Name of Employer American Principles Project Occupation Communications Director

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 55.00

Date of Receipt 10 / 21 / 2010  
**Transaction ID: SA11AI.4185**  
 Amount of Each Receipt this Period 15.00  
 EM Charles Lollar

**SUBTOTAL** of Receipts This Page (optional) ..... ► 55.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 126
	<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)  
ACTRIGHT

<b>A.</b>	Full Name (Last, First, Middle Initial) Bonnie Pierce	Date of Receipt MM / DD / YYYY 10 / 29 / 2010
	Mailing Address 3515 Apple Grove Dr	<b>Transaction ID:</b> SA11AI.4338
	City Manvel State TX Zip Code 77578	Amount of Each Receipt this Period 5.00
	FEC ID number of contributing federal political committee. <b>C</b>	EM Joseph Miller
	Name of Employer: Moody Rambin Interests Inc    Occupation: Accountant Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼    Aggregate Year-to-Date ▼ 5.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Bonnie Pierce	Date of Receipt MM / DD / YYYY 10 / 29 / 2010
	Mailing Address 3515 Apple Grove Dr	<b>Transaction ID:</b> SA11AI.4339
	City Manvel State TX Zip Code 77578	Amount of Each Receipt this Period 5.00
	FEC ID number of contributing federal political committee. <b>C</b>	EM Charles Djou
	Name of Employer: Moody Rambin Interests Inc    Occupation: Accountant Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼    Aggregate Year-to-Date ▼ 10.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) OSCAR POSADA	Date of Receipt MM / DD / YYYY 10 / 27 / 2010
	Mailing Address 56-15 214ST	<b>Transaction ID:</b> SA11AI.4329
	City BAYSIDE State NY Zip Code 11364	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. <b>C</b>	EM Sharron Angle
	Name of Employer: POSADA BROTHERS    Occupation: SELF EMPLOYED Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼    Aggregate Year-to-Date ▼ 50.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	60.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 47 / 126

(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)  
ACTRIGHT

**A.**

Full Name (Last, First, Middle Initial)  
Darian Rafie

Mailing Address 28W525 Diversey

City State Zip Code  
West Chicago IL 60185

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

Name of Employer Occupation  
bep Interactive President

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
5.00

Date of Receipt

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

Transaction ID: SA11AI.4208

Amount of Each Receipt this Period  
5.00

EM Sharron Angle

**B.**

Full Name (Last, First, Middle Initial)  
Darian Rafie

Mailing Address 28W525 Diversey

City State Zip Code  
West Chicago IL 60185

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

Name of Employer Occupation  
bep Interactive President

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
6.00

Date of Receipt

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

Transaction ID: SA11AI.4209

Amount of Each Receipt this Period  
1.00

EM Kenneth Wegner

**C.**

Full Name (Last, First, Middle Initial)  
Darian Rafie

Mailing Address 28W525 Diversey

City State Zip Code  
West Chicago IL 60185

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

Name of Employer Occupation  
bep Interactive President

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
11.00

Date of Receipt

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

Transaction ID: SA11AI.4211

Amount of Each Receipt this Period  
5.00

EM Christine O'Donnell

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

11.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 / 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
ACTRIGHT

<b>A.</b>	Full Name (Last, First, Middle Initial) Darian Rafie	Date of Receipt MM / DD / YYYY 10 / 15 / 2010
	Mailing Address 28W525 Diversey	<b>Transaction ID:</b> SA11AI.4224
	City State Zip Code West Chicago IL 60185	Amount of Each Receipt this Period 1.00
	FEC ID number of contributing federal political committee. C	EM Carly Fiorina
	Name of Employer bep Interactive Occupation President Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 12.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Darian Rafie	Date of Receipt MM / DD / YYYY 10 / 15 / 2010
	Mailing Address 28W525 Diversey	<b>Transaction ID:</b> SA11AI.4225
	City State Zip Code West Chicago IL 60185	Amount of Each Receipt this Period 1.00
	FEC ID number of contributing federal political committee. C	EM Tom McClintock
	Name of Employer bep Interactive Occupation President Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 13.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Darian Rafie	Date of Receipt MM / DD / YYYY 10 / 15 / 2010
	Mailing Address 28W525 Diversey	<b>Transaction ID:</b> SA11AI.4226
	City State Zip Code West Chicago IL 60185	Amount of Each Receipt this Period 1.00
	FEC ID number of contributing federal political committee. C	EM Van Tran
	Name of Employer bep Interactive Occupation President Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 14.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	3.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 49 / 126  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
ACTRIGHT

**A.** Full Name (Last, First, Middle Initial)  
Darian Rafie

Mailing Address 28W525 Diversey

City State Zip Code  
West Chicago IL 60185

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

Name of Employer Occupation  
bep Interactive President

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
15.00

Date of Receipt  

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

**Transaction ID:** SA11AI.4227

Amount of Each Receipt this Period  
1.00

EM Christine O'Donnell

**B.** Full Name (Last, First, Middle Initial)  
Darian Rafie

Mailing Address 28W525 Diversey

City State Zip Code  
West Chicago IL 60185

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

Name of Employer Occupation  
bep Interactive President

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
16.00

Date of Receipt  

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

**Transaction ID:** SA11AI.4228

Amount of Each Receipt this Period  
1.00

EM Marco Rubio

**C.** Full Name (Last, First, Middle Initial)  
Darian Rafie

Mailing Address 28W525 Diversey

City State Zip Code  
West Chicago IL 60185

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

Name of Employer Occupation  
bep Interactive President

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
17.00

Date of Receipt  

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

**Transaction ID:** SA11AI.4229

Amount of Each Receipt this Period  
1.00

EM Campbell Cavasso

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3.00**

**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 50 / 126
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
ACTRIGHT

<b>A.</b>	Full Name (Last, First, Middle Initial) Darian Rafie		Date of Receipt
	Mailing Address 28W525 Diversey		<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	West Chicago	IL	60185
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
	Name of Employer bep Interactive		Occupation President
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="18.00"/>	Transaction ID: SA11AI.4230 Amount of Each Receipt this Period <input type="text" value="1.00"/> EM Kelly Ayotte

<b>B.</b>	Full Name (Last, First, Middle Initial) Darian Rafie		Date of Receipt
	Mailing Address 28W525 Diversey		<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	West Chicago	IL	60185
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
	Name of Employer bep Interactive		Occupation President
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="19.00"/>	Transaction ID: SA11AI.4231 Amount of Each Receipt this Period <input type="text" value="1.00"/> EM Sharron Angle

<b>C.</b>	Full Name (Last, First, Middle Initial) Darian Rafie		Date of Receipt
	Mailing Address 28W525 Diversey		<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	West Chicago	IL	60185
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
	Name of Employer bep Interactive		Occupation President
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="20.00"/>	Transaction ID: SA11AI.4232 Amount of Each Receipt this Period <input type="text" value="1.00"/> EM Patrick Toomey

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="3.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 51 / 126</span>
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 12
	<input type="checkbox"/> 16
	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
ACTRIGHT

<b>A.</b>	Full Name (Last, First, Middle Initial) Darian Rafie		Date of Receipt
	Mailing Address 28W525 Diversey		<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	West Chicago	IL	60185
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.4233
Name of Employer bep Interactive		Occupation President	Amount of Each Receipt this Period
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="1.00"/>
			EM John Raese

<b>B.</b>	Full Name (Last, First, Middle Initial) Darian Rafie		Date of Receipt
	Mailing Address 28W525 Diversey		<input type="text" value="10"/> / <input type="text" value="21"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	West Chicago	IL	60185
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.4252
Name of Employer bep Interactive		Occupation President	Amount of Each Receipt this Period
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="5.00"/>
			EM Carly Fiorina

<b>C.</b>	Full Name (Last, First, Middle Initial) Darian Rafie		Date of Receipt
	Mailing Address 28W525 Diversey		<input type="text" value="10"/> / <input type="text" value="21"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	West Chicago	IL	60185
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.4253
Name of Employer bep Interactive		Occupation President	Amount of Each Receipt this Period
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="5.00"/>
			EM Linda McMahon

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="11.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 52 / 126</span>
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
ACTRIGHT

<b>A.</b>	Full Name (Last, First, Middle Initial) Darian Rafie	Date of Receipt MM / DD / YYYY 10 / 21 / 2010
	Mailing Address 28W525 Diversey	<b>Transaction ID:</b> SA11AI.4254
	City State Zip Code West Chicago IL 60185	Amount of Each Receipt this Period 5.00
	FEC ID number of contributing federal political committee. C	EM Christine O'Donnell
	Name of Employer Occupation bep Interactive President	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 36.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Darian Rafie	Date of Receipt MM / DD / YYYY 10 / 21 / 2010
	Mailing Address 28W525 Diversey	<b>Transaction ID:</b> SA11AI.4255
	City State Zip Code West Chicago IL 60185	Amount of Each Receipt this Period 5.00
	FEC ID number of contributing federal political committee. C	EM Kelly Ayotte
	Name of Employer Occupation bep Interactive President	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 41.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Darian Rafie	Date of Receipt MM / DD / YYYY 10 / 21 / 2010
	Mailing Address 28W525 Diversey	<b>Transaction ID:</b> SA11AI.4256
	City State Zip Code West Chicago IL 60185	Amount of Each Receipt this Period 5.00
	FEC ID number of contributing federal political committee. C	EM Sharron Angle
	Name of Employer Occupation bep Interactive President	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 46.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	15.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 / 126
	<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)  
ACTRIGHT

<b>A.</b>	Full Name (Last, First, Middle Initial) Darian Rafie		Date of Receipt
	Mailing Address 28W525 Diversey		<input type="text" value="10"/> / <input type="text" value="22"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	West Chicago	IL	60185
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.4268
Name of Employer bep Interactive		Occupation President	Amount of Each Receipt this Period
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="1.00"/>
		<input type="text" value="47.00"/>	EM George Phillips

<b>B.</b>	Full Name (Last, First, Middle Initial) Darian Rafie		Date of Receipt
	Mailing Address 28W525 Diversey		<input type="text" value="10"/> / <input type="text" value="22"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	West Chicago	IL	60185
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.4269
Name of Employer bep Interactive		Occupation President	Amount of Each Receipt this Period
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="1.00"/>
		<input type="text" value="48.00"/>	EM Rand Paul

<b>C.</b>	Full Name (Last, First, Middle Initial) Darian Rafie		Date of Receipt
	Mailing Address 28W525 Diversey		<input type="text" value="10"/> / <input type="text" value="22"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	West Chicago	IL	60185
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.4270
Name of Employer bep Interactive		Occupation President	Amount of Each Receipt this Period
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="1.00"/>
		<input type="text" value="49.00"/>	EM Rand Paul

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="3.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 (check only one)	PAGE 54 / 126
	<input checked="" 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)  
ACTRIGHT

<b>A.</b>	Full Name (Last, First, Middle Initial) Darian Rafie	Date of Receipt MM / DD / YYYY 10 / 27 / 2010
	Mailing Address 28W525 Diversey	<b>Transaction ID:</b> SA11AI.4279
	City State Zip Code West Chicago IL 60185	Amount of Each Receipt this Period 5.00
	FEC ID number of contributing federal political committee. C	EM Susan B. Anthony List
	Name of Employer Occupation bep Interactive President	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 54.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Darian Ralfie	Date of Receipt MM / DD / YYYY 10 / 21 / 2010
	Mailing Address 28W525 Diversey	<b>Transaction ID:</b> SA11AI.4259
	City State Zip Code West Chicago IL 60185	Amount of Each Receipt this Period 5.00
	FEC ID number of contributing federal political committee. C	EM George Phillips
	Name of Employer Occupation bet Interactive President	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Darian Ralfie	Date of Receipt MM / DD / YYYY 10 / 21 / 2010
	Mailing Address 28W525 Diversey	<b>Transaction ID:</b> SA11AI.4260
	City State Zip Code West Chicago IL 60185	Amount of Each Receipt this Period 5.00
	FEC ID number of contributing federal political committee. C	EM George Phillips
	Name of Employer Occupation bet Interactive President	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	15.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 55 / 126  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
ACTRIGHT

**A.** Full Name (Last, First, Middle Initial)  
Darian Ralfie

Mailing Address 28W525 Diversey

City State Zip Code  
West Chicago IL 60185

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

Name of Employer bet Interactive Occupation President

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 15.00

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

**Transaction ID:** SA11AI.4282

Amount of Each Receipt this Period  
5.00

EM Marco Rubio

**B.** Full Name (Last, First, Middle Initial)  
Malcolm Reese

Mailing Address 78 Cheryl Drive

City State Zip Code  
East Bridgewater MA 02333

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

Name of Employer Retired Occupation Retired

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 25.00

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

**Transaction ID:** SA11AI.4303

Amount of Each Receipt this Period  
25.00

EM Sharron Angle

**C.** Full Name (Last, First, Middle Initial)  
Francis Schubert

Mailing Address 1415 L Street, Suite 1250

City State Zip Code  
Sacramento CA 95814

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

Name of Employer Schubert Flint Public Affairs Occupation Public affairs executive

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 50.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 1 5 / 2 0 1 0

**Transaction ID:** SA11AI.4129

Amount of Each Receipt this Period  
50.00

EM Sharron Angle

**SUBTOTAL** of Receipts This Page (optional) ..... ► **80.00**

**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: <span style="float: right;">PAGE 56 / 126</span>
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**ACTRIGHT**

<p><b>A.</b> Full Name (Last, First, Middle Initial) Susan Skinner</p> <p>Mailing Address 525 Bienville Rd</p> <hr/> <p>City State Zip Code Folsom LA 70437</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation Carolee LLC Part Time Merchandiser</p> <p>Receipt For: 2010  <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 50.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 10 / 27 / 2010</p> <p><b>Transaction ID:</b> SA11AI.4286</p> <p>Amount of Each Receipt this Period 50.00</p> <p>EM Patrick Toomey</p>
---	--

<p><b>B.</b> Full Name (Last, First, Middle Initial) Susan Skinner</p> <p>Mailing Address 525 Bienville Rd</p> <hr/> <p>City State Zip Code Folsom LA 70437</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation Carolee LLC Part Time Merchandiser</p> <p>Receipt For: 2010  <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 100.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 10 / 27 / 2010</p> <p><b>Transaction ID:</b> SA11AI.4287</p> <p>Amount of Each Receipt this Period 50.00</p> <p>EM Sharron Angle</p>
--	---

<p><b>C.</b> Full Name (Last, First, Middle Initial) Susan Skinner</p> <p>Mailing Address 525 Bienville Rd</p> <hr/> <p>City State Zip Code Folsom LA 70437</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation Carolee LLC Part Time Merchandiser</p> <p>Receipt For: 2010  <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 125.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 10 / 27 / 2010</p> <p><b>Transaction ID:</b> SA11AI.4288</p> <p>Amount of Each Receipt this Period 25.00</p> <p>EM Joseph Miller</p>
--	---

<p><b>SUBTOTAL</b> of Receipts This Page (optional) .....</p>	<p><b>125.00</b></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 57 / 126

(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)  
ACTRIGHT

**A.**

Full Name (Last, First, Middle Initial)  
John Stanek

Mailing Address 1465 W 33rd Street

City State Zip Code  
Minneapolis MN 55408

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

Name of Employer Occupation  
Minneapolis Public Schools Special Education Assistant

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
20.00

Date of Receipt

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

Transaction ID: SA11AI.4320

Amount of Each Receipt this Period  
20.00

EM Institute for Marriage and Public Policy

**B.**

Full Name (Last, First, Middle Initial)  
Thomas Stauffer

Mailing Address 3130 Hollyburne Ct

City State Zip Code  
Glendale CA 91206

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

Name of Employer Occupation  
Walt Disney Businessman

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
50.00

Date of Receipt

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

Transaction ID: SA11AI.4139

Amount of Each Receipt this Period  
50.00

EM Rand Paul

**C.**

Full Name (Last, First, Middle Initial)  
Tom Stiff

Mailing Address 16515 Chalmette Park

City State Zip Code  
Cypress TX 77429

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

Name of Employer Occupation  
bhc marketing software engineer

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
5.00

Date of Receipt

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

Transaction ID: SA11AI.4336

Amount of Each Receipt this Period  
5.00

EM Rand Paul

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

75.00

**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 58 / 126
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
ACTRIGHT

**A.**

Full Name (Last, First, Middle Initial) Benjamin Stochmal		Date of Receipt MM / DD / YYYY 10 / 27 / 2010
Mailing Address 7 Dolan Circle		<b>Transaction ID:</b> SA11AI.4179
City Seymour	State CT	Zip Code 06483
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer TLG Services	Occupation Cost Analyst Engineer	EM Sharron Angle
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10.00	

**B.**

Full Name (Last, First, Middle Initial) Sean Thomas		Date of Receipt MM / DD / YYYY 10 / 25 / 2010
Mailing Address PO Box 446		<b>Transaction ID:</b> SA11AI.4324
City Manchester	State NH	Zip Code 03105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Friends of Frank Quinta	Occupation Political Director	EM Frank Quinta
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00	

**C.**

Full Name (Last, First, Middle Initial) tommy tolbart		Date of Receipt MM / DD / YYYY 10 / 29 / 2010
Mailing Address 3450 golfe links dr		<b>Transaction ID:</b> SA11AI.4195
City snellville	State GA	Zip Code 30039
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Big D Discount Drugs	Occupation pharmacist	EM Sharron Angle
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	120.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 59 / 126  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
ACTRIGHT

**A.** Full Name (Last, First, Middle Initial)  
Thomas Walker

Mailing Address 200 Ridge Line Drive

City State Zip Code  
Newport VA 24128

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

Name of Employer Occupation  
Virginia Tech Associate Professor

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
50.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 27 / 2010

**Transaction ID:** SA11AI.4370

Amount of Each Receipt this Period  
50.00

EM Institute for Marriage and Public Policy

**B.** Full Name (Last, First, Middle Initial)  
Richard Wallace

Mailing Address 173 Molly Lane

City State Zip Code  
Harvest AL 35749

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

Name of Employer Occupation  
City of Huntsville Alabama firefighter\_retired

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 27 / 2010

**Transaction ID:** SA11AI.4127

Amount of Each Receipt this Period  
10.00

EM Sharron Angle

**C.** Full Name (Last, First, Middle Initial)  
Stewart Wallace

Mailing Address 1030 Ferndale St.

City State Zip Code  
Stone Mountain GA 30083

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

Name of Employer Occupation  
Unemployed Accountant

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 29 / 2010

**Transaction ID:** SA11AI.4192

Amount of Each Receipt this Period  
5.00

EM Carly Fiorina

**SUBTOTAL** of Receipts This Page (optional) ..... ► **65.00**

**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 60 / 126

(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)  
ACTRIGHT

**A.**

Full Name (Last, First, Middle Initial)  
Stewart Wallace

Mailing Address 1030 Ferndale St.

City State Zip Code  
Stone Mountain GA 30083

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

Name of Employer Occupation  
Unemployed Accountant

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10.00

Date of Receipt

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

Transaction ID: SA11AI.4193

Amount of Each Receipt this Period

5.00

EM Sharron Angle

**B.**

Full Name (Last, First, Middle Initial)  
William Wickham

Mailing Address 158 Lakeview Trc

City State Zip Code  
Jasper GA 30143

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

Name of Employer Occupation  
None Retired

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
20.00

Date of Receipt

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

Transaction ID: SA11AI.4190

Amount of Each Receipt this Period

20.00

EM Sharron Angle

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

25.00

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

4927.50

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
ACTRIGHT

A.

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

Mailing Address PO Box 25950

City Woodbury State MN Zip Code 55125

Purpose of Disbursement  
Transmittal of Earmarked Contributions

Candidate Name  
MICHELE M BACHMANN

Office Sought:  House  
 Senate  
 President

State: MN District: 06

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Transaction ID: SB23.4441

Date of Disbursement

10 / 22 / 2010

Amount of Each Disbursement this Period

138.24

B.

Full Name (Last, First, Middle Initial)  
margaret Gallagher

Mailing Address 12010 Starboard Dr.

City reston State MD Zip Code 21094

Purpose of Disbursement  
Earmarked - Michele Bachmann

Candidate Name  
MICHELE M BACHMANN

Office Sought:  House  
 Senate  
 President

State: MN District: 06

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Transaction ID: SB23.4441.0

Date of Disbursement

10 / 19 / 2010

Amount of Each Disbursement this Period

75.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
margaret Gallagher

Mailing Address 12010 Starboard Dr.

City reston State MD Zip Code 21094

Purpose of Disbursement  
Earmarked - Michele Bachmann

Candidate Name  
MICHELE M BACHMANN

Office Sought:  House  
 Senate  
 President

State: MN District: 06

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Transaction ID: SB23.4441.1

Date of Disbursement

10 / 19 / 2010

Amount of Each Disbursement this Period

69.00

[MEMO ITEM]

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

138.24

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 / 126

<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)  
ACTRIGHT

<b>A.</b>	Full Name (Last, First, Middle Initial) BUCK FOR COLORADO  Mailing Address PO BOX 101465  City DENVER State CO Zip Code 80250  Purpose of Disbursement Transmittal of Earmarked Contributions Candidate Name KENNETH R BUCK  Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 00  Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4627 Date of Disbursement 11 / 08 / 2010  Amount of Each Disbursement this Period 24.00  011 Category/ Type	
<b>B.</b>	Full Name (Last, First, Middle Initial) John Glycenter  Mailing Address 3006 San Luis Court  City Fort Collins State CO Zip Code 80525  Purpose of Disbursement Earmarked - Ken Buck Candidate Name KENNETH R BUCK  Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 00  Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4627.0 Date of Disbursement 10 / 29 / 2010  Amount of Each Disbursement this Period 25.00  011 Category/ Type	[MEMO ITEM]
<b>C.</b>	Full Name (Last, First, Middle Initial) CAM CAVASSO FOR U S SENATE  Mailing Address 41-530 WAIKUPANAHA STREET  City WAIMANALO State HI Zip Code 96795  Purpose of Disbursement Transmittal of Earmarked Contributions Candidate Name CAMPBELL CAVASSO  Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: HI District: 00  Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4417 Date of Disbursement 10 / 21 / 2010  Amount of Each Disbursement this Period 43.20  011 Category/ Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	67.20
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)  
ACTRIGHT

A.

Full Name (Last, First, Middle Initial)  
Darian Rafie

Mailing Address 28W525 Diversey

City West Chicago State IL Zip Code 60185

Purpose of Disbursement  
Earmarked - Cam Cavasso

Candidate Name  
CAMPBELL CAVASSO

Office Sought:  House  Senate  President

State: HI District: 00

Disbursement For: 2010  Primary  General  Other (specify) ▼

Transaction ID: SB23.4417.0  
Date of Disbursement

10 / 15 / 2010

Amount of Each Disbursement this Period

1.00

011  
Category/  
Type

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
Brian Stephen Brown

Mailing Address 2029 K St., NW Ste. 300

City Washington State DC Zip Code 20006

Purpose of Disbursement  
Earmarked - Cam Cavasso

Candidate Name  
CAMPBELL CAVASSO

Office Sought:  House  Senate  President

State: HI District: 00

Disbursement For: 2010  Primary  General  Other (specify) ▼

Transaction ID: SB23.4417.1  
Date of Disbursement

10 / 16 / 2010

Amount of Each Disbursement this Period

25.00

011  
Category/  
Type

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
David Lejeune

Mailing Address 1303 Stamford Way

City Reston State VA Zip Code 20194

Purpose of Disbursement  
Earmarked - Cam Cavasso

Candidate Name  
CAMPBELL CAVASSO

Office Sought:  House  Senate  President

State: HI District: 00

Disbursement For: 2010  Primary  General  Other (specify) ▼

Transaction ID: SB23.4417.2  
Date of Disbursement

10 / 18 / 2010

Amount of Each Disbursement this Period

19.00

011  
Category/  
Type

[MEMO ITEM]

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)

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

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NAME OF COMMITTEE (In Full)  
ACTRIGHT

<p><b>A.</b> Full Name (Last, First, Middle Initial) CAM CAVASSO FOR U S SENATE</p> <p>Mailing Address 41-530 WAIKUPANAHA STREET</p> <p>City WAIMANALO State HI Zip Code 96795</p> <p>Purpose of Disbursement Transmittal of Earmarked Contributions</p> <p>Candidate Name CAMPBELL CAVASSO</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: HI District: 00</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.4473 <b>Date of Disbursement</b> 11 / 03 / 2010</p> <p>Amount of Each Disbursement this Period 24.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) John Brown</p> <p>Mailing Address 5611 Scharf Ave</p> <p>City Fontana State CA Zip Code 92336</p> <p>Purpose of Disbursement Earmarked - Cam Cavasso</p> <p>Candidate Name CAMPBELL CAVASSO</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: HI District: 00</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.4473.0 <b>Date of Disbursement</b> 10 / 26 / 2010</p> <p>Amount of Each Disbursement this Period 25.00</p> <p>[MEMO ITEM]</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) CARLY FOR CALIFORNIA INC</p> <p>Mailing Address 520 CAPITOL MALL SUITE 220</p> <p>City SACRAMENTO State CA Zip Code 95814</p> <p>Purpose of Disbursement Transmittal of Earmarked Contributions</p> <p>Candidate Name CARLY FIORINA</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 00</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.4415 <b>Date of Disbursement</b> 10 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 57.60</p> <p>011 Category/ Type</p>

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

81.60

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
ACTRIGHT

A.

Full Name (Last, First, Middle Initial)  
Brian Stephen Brown

Mailing Address 2029 K St., NW Ste. 300

City Washington State DC Zip Code 20006

Purpose of Disbursement  
Earmarked - Carly Fiorina

Candidate Name  
CARLY FIORINA

Office Sought:  House  
 Senate  
 President

State: CA District: 00

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Transaction ID: SB23.4415.0  
Date of Disbursement

10 / 15 / 2010

Amount of Each Disbursement this Period

25.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
margaret Gallagher

Mailing Address 12010 Starboard Dr.

City reston State MD Zip Code 21094

Purpose of Disbursement  
Earmarked - Carly Fiorina

Candidate Name  
CARLY FIORINA

Office Sought:  House  
 Senate  
 President

State: CA District: 00

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Transaction ID: SB23.4415.1  
Date of Disbursement

10 / 15 / 2010

Amount of Each Disbursement this Period

15.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
Darian Rafie

Mailing Address 28W525 Diversey

City West Chicago State IL Zip Code 60185

Purpose of Disbursement  
Earmarked - Carly Fiorina

Candidate Name  
CARLY FIORINA

Office Sought:  House  
 Senate  
 President

State: CA District: 00

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Transaction ID: SB23.4415.2  
Date of Disbursement

10 / 15 / 2010

Amount of Each Disbursement this Period

1.00

[MEMO ITEM]

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)

<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)  
ACTRIGHT

A.	Full Name (Last, First, Middle Initial) David Lejeune	Transaction ID: SB23.4415.3 Date of Disbursement 10 / 18 / 2010
	Mailing Address 1303 Stamford Way	Amount of Each Disbursement this Period 19.00
	City Reston State VA Zip Code 20194	
	Purpose of Disbursement Earmarked - Carly Fiorina Candidate Name CARLY FIORINA	011 Category/ Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) CARLY FOR CALIFORNIA INC	Transaction ID: SB23.4447 Date of Disbursement 10 / 30 / 2010
	Mailing Address 520 CAPITOL MALL SUITE 220	Amount of Each Disbursement this Period 14.40
	City SACRAMENTO State CA Zip Code 95814	
	Purpose of Disbursement Transmittal of Earmarked Contributions Candidate Name CARLY FIORINA	011 Category/ Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Darian Rafie	Transaction ID: SB23.4447.0 Date of Disbursement 10 / 21 / 2010
	Mailing Address 28W525 Diversey	Amount of Each Disbursement this Period 5.00
	City West Chicago State IL Zip Code 60185	
	Purpose of Disbursement Earmarked - Carly Fiorina Candidate Name CARLY FIORINA	011 Category/ Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	14.40
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)  
ACTRIGHT

<p><b>A.</b> Full Name (Last, First, Middle Initial) Matthew Malek</p> <p>Mailing Address 11049 Magnolia Blvd. Apt. 214</p> <p>City North Hollywood State CA Zip Code 11049</p> <p>Purpose of Disbursement Earmarked - Carly Fiorina</p> <p>Candidate Name CARLY FIORINA</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 00</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.4447.1 <b>Date of Disbursement:</b> 10 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 10.00</p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) CARLY FOR CALIFORNIA INC</p> <p>Mailing Address 520 CAPITOL MALL SUITE 220</p> <p>City SACRAMENTO State CA Zip Code 95814</p> <p>Purpose of Disbursement Transmittal of Earmarked Contributions</p> <p>Candidate Name CARLY FIORINA</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 00</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.4474 <b>Date of Disbursement:</b> 11 / 03 / 2010</p> <p>Amount of Each Disbursement this Period 38.40</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Louis Marinelli</p> <p>Mailing Address 1211 North French Road</p> <p>City Amherst State NY Zip Code 14228</p> <p>Purpose of Disbursement Earmarked - Carly Fiorina</p> <p>Candidate Name CARLY FIORINA</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 00</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.4474.0 <b>Date of Disbursement:</b> 10 / 26 / 2010</p> <p>Amount of Each Disbursement this Period 10.00</p> <p><b>[MEMO ITEM]</b></p>

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

38.40

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
ACTRIGHT

A.

Full Name (Last, First, Middle Initial)  
John Brown

Mailing Address 5611 Scharf Ave

City State Zip Code  
Fontana CA 92336

Purpose of Disbursement  
Earmarked - Carly Fiorina

Candidate Name  
CARLY FIORINA

Office Sought:  House  
 Senate  
 President

State: CA District: 00

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Transaction ID: SB23.4474.1  
Date of Disbursement

10 / 26 / 2010

Amount of Each Disbursement this Period

25.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
Stewart Wallace

Mailing Address 1030 Ferndale St.

City State Zip Code  
Stone Mountain GA 30083

Purpose of Disbursement  
Earmarked - Carly Fiorina

Candidate Name  
CARLY FIORINA

Office Sought:  House  
 Senate  
 President

State: CA District: 00

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Transaction ID: SB23.4474.2  
Date of Disbursement

10 / 29 / 2010

Amount of Each Disbursement this Period

5.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
CHARLES LOLLAR FOR CONGRESS

Mailing Address 8201 Corporate Drive, Ste. 500

City State Zip Code  
Landover MD 20785

Purpose of Disbursement  
Transmittal of Earmarked Contributions

Candidate Name  
CHARLES J LOLLAR

Office Sought:  House  
 Senate  
 President

State: MD District: 05

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Transaction ID: SB23.4448  
Date of Disbursement

10 / 30 / 2010

Amount of Each Disbursement this Period

14.40

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

14.40

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 / 126

<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)  
ACTRIGHT

A.	Full Name (Last, First, Middle Initial) Thomas Peters	Transaction ID: SB23.4448.0 Date of Disbursement 10 <sup>M</sup> / 21 <sup>D</sup> / 2010 <sup>Y</sup>
	Mailing Address 3018 Q ST Apt 2	Amount of Each Disbursement this Period 15.00
	City Washington State DC Zip Code 20007	
	Purpose of Disbursement Earmarked - Charles Lollar	011 Category/ Type
	Candidate Name CHARLES J LOLLAR	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 05	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) CITIZENS FOR ROTHFUS INC	Transaction ID: SB23.4469 Date of Disbursement 11 <sup>M</sup> / 01 <sup>D</sup> / 2010 <sup>Y</sup>
	Mailing Address POST OFFICE BOX 259	Amount of Each Disbursement this Period 24.00
	City ALLISON PARK State PA Zip Code 15101	
	Purpose of Disbursement Transmittal of Earmarked Contributions	011 Category/ Type
	Candidate Name KEITH J ROTHFUS	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 04	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Thomas Peters	Transaction ID: SB23.4469.0 Date of Disbursement 10 <sup>M</sup> / 21 <sup>D</sup> / 2010 <sup>Y</sup>
	Mailing Address 3018 Q ST Apt 2	Amount of Each Disbursement this Period 25.00
	City Washington State DC Zip Code 20007	
	Purpose of Disbursement Earmarked - Keith Rothfus	011 Category/ Type
	Candidate Name KEITH J ROTHFUS	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 04	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	24.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
ACTRIGHT

<p><b>A.</b> Full Name (Last, First, Middle Initial) DJOU FOR HAWAII</p> <p>Mailing Address P.O. BOX 235280</p> <p>City HONOLULU State HI Zip Code 96823</p> <p>Purpose of Disbursement Transmittal of Earmarked Contributions</p> <p>Candidate Name CHARLES K DJOU</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: HI District: 01</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.4475 <b>Date of Disbursement</b> 11 / 03 / 2010</p> <p>Amount of Each Disbursement this Period 4.80</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Bonnie Pierce</p> <p>Mailing Address 3515 Apple Grove Dr</p> <p>City Manvel State TX Zip Code 77578</p> <p>Purpose of Disbursement Earmarked - Charles Djou</p> <p>Candidate Name CHARLES K DJOU</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: HI District: 01</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.4475.0 <b>Date of Disbursement</b> 10 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 5.00</p> <p>[MEMO ITEM]</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) FIMIAN FOR CONGRESS 2010 (FIMIAN 2010)</p> <p>Mailing Address PO Box 3131</p> <p>City Oakton State VA Zip Code 22124</p> <p>Purpose of Disbursement Transmittal of Earmarked Contributions</p> <p>Candidate Name KEITH S. FIMIAN</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 11</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.4471 <b>Date of Disbursement</b> 11 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 24.00</p> <p>011 Category/ Type</p>

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

28.80

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
ACTRIGHT

A.	Full Name (Last, First, Middle Initial) Brian Stephen Brown	Transaction ID: SB23.4471.0 Date of Disbursement 10 / 21 / 2010
	Mailing Address 2029 K St., NW Ste. 300	Amount of Each Disbursement this Period 25.00
	City Washington State DC Zip Code 20006	
	Purpose of Disbursement Earmarked - Keith Fimian Candidate Name KEITH S. FIMIAN Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 11	011 Category/Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) FIMIAN FOR CONGRESS 2010 (FIMIAN 2010)	Transaction ID: SB23.4483 Date of Disbursement 11 / 03 / 2010
	Mailing Address PO Box 3131	Amount of Each Disbursement this Period 120.00
	City Oakton State VA Zip Code 22124	
	Purpose of Disbursement Transmittal of Earmarked Contributions Candidate Name KEITH S. FIMIAN Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 11	011 Category/Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) David Monge	Transaction ID: SB23.4483.0 Date of Disbursement 10 / 25 / 2010
	Mailing Address 1810 Old Reston Avenue	Amount of Each Disbursement this Period 100.00
	City Reston State VA Zip Code 20190	
	Purpose of Disbursement Earmarked - Keith Fimian Candidate Name KEITH S. FIMIAN Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 11	011 Category/Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	120.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)  
ACTRIGHT

A.

Full Name (Last, First, Middle Initial)  
John Brown

Mailing Address 5611 Scharf Ave

City State Zip Code  
Fontana CA 92336

Purpose of Disbursement  
Earmarked - Keith Fimian

Candidate Name  
KEITH S. FIMIAN

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: VA District: 11

Transaction ID: SB23.4483.1  
Date of Disbursement

10 / 26 / 2010

Amount of Each Disbursement this Period

25.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
FIMIAN FOR CONGRESS 2010 (FIMIAN 2010)

Mailing Address PO Box 3131

City State Zip Code  
Oakton VA 22124

Purpose of Disbursement  
Transmittal of Earmarked Contributions

Candidate Name  
KEITH S. FIMIAN

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: VA District: 11

Transaction ID: SB23.4619  
Date of Disbursement

11 / 08 / 2010

Amount of Each Disbursement this Period

4.80

C.

Full Name (Last, First, Middle Initial)  
Nancy ODonnell

Mailing Address 11936 Frieth Drive

City State Zip Code  
Orlando FL 32837

Purpose of Disbursement  
Earmarked - Keith Fimian

Candidate Name  
KEITH S. FIMIAN

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: VA District: 11

Transaction ID: SB23.4619.0  
Date of Disbursement

10 / 29 / 2010

Amount of Each Disbursement this Period

5.00

[MEMO ITEM]

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

4.80

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
ACTRIGHT

**A.** Full Name (Last, First, Middle Initial)  
FRIENDS OF CHRISTINE O'DONNELL

Mailing Address 1242 PRESIDENTIAL DRIVE  
POST OFFICE BOX 3987

City WILMINGTON State DE Zip Code 19807

Purpose of Disbursement  
Transmittal of Earmarked Contributions

Candidate Name  
CHRISTINE O'DONNELL

Office Sought:  House  
 Senate  
 President  
State: DE District: 00

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Transaction ID: SB23.4419  
Date of Disbursement

10 / 21 / 2010

Amount of Each Disbursement this Period

48.00

**B.** Full Name (Last, First, Middle Initial)  
Darian Rafie

Mailing Address 28W525 Diversey

City West Chicago State IL Zip Code 60185

Purpose of Disbursement  
Earmarked - Christine O'Donnell

Candidate Name  
CHRISTINE O'DONNELL

Office Sought:  House  
 Senate  
 President  
State: DE District: 00

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Transaction ID: SB23.4419.0  
Date of Disbursement

10 / 15 / 2010

Amount of Each Disbursement this Period

5.00

[MEMO ITEM]

**C.** Full Name (Last, First, Middle Initial)  
Darian Rafie

Mailing Address 28W525 Diversey

City West Chicago State IL Zip Code 60185

Purpose of Disbursement  
Earmarked - Christine O'Donnell

Candidate Name  
CHRISTINE O'DONNELL

Office Sought:  House  
 Senate  
 President  
State: DE District: 00

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Transaction ID: SB23.4419.1  
Date of Disbursement

10 / 15 / 2010

Amount of Each Disbursement this Period

1.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

48.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
ACTRIGHT

<p><b>A.</b> Full Name (Last, First, Middle Initial) Brian Stephen Brown</p> <p>Mailing Address 2029 K St., NW Ste. 300</p> <p>City Washington State DC Zip Code 20006</p> <p>Purpose of Disbursement Earmarked - Christine O'Donnell</p> <p>Candidate Name CHRISTINE O'DONNELL</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: DE District: 00</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.4419.2</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">25.00</td> </tr> </table> <p><b>[MEMO ITEM]</b></p>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	6		2	0	1	0	25.00
M	M	/	D	D	/	Y	Y	Y	Y													
1	0		1	6		2	0	1	0													
25.00																						
<p><b>B.</b> Full Name (Last, First, Middle Initial) David Lejeune</p> <p>Mailing Address 1303 Stamford Way</p> <p>City Reston State VA Zip Code 20194</p> <p>Purpose of Disbursement Earmarked - Christine O'Donnell</p> <p>Candidate Name CHRISTINE O'DONNELL</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: DE District: 00</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.4419.3</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</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> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">19.00</td> </tr> </table> <p><b>[MEMO ITEM]</b></p>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	8		2	0	1	0	19.00
M	M	/	D	D	/	Y	Y	Y	Y													
1	0		1	8		2	0	1	0													
19.00																						
<p><b>C.</b> Full Name (Last, First, Middle Initial) FRIENDS OF CHRISTINE O'DONNELL</p> <p>Mailing Address 1242 PRESIDENTIAL DRIVE POST OFFICE BOX 3987</p> <p>City WILMINGTON State DE Zip Code 19807</p> <p>Purpose of Disbursement Transmittal of Earmarked Contributions</p> <p>Candidate Name CHRISTINE O'DONNELL</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: DE District: 00</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.4450</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</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> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">9.60</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		3	0		2	0	1	0	9.60
M	M	/	D	D	/	Y	Y	Y	Y													
1	0		3	0		2	0	1	0													
9.60																						

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	9.60
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 75 / 126

<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)  
ACTRIGHT

A.

Full Name (Last, First, Middle Initial)  
Andrea Lucacel

Mailing Address 29617 Dawson St.

City Garden City State MI Zip Code 48135

Purpose of Disbursement  
Earmarked - Christine O'Donnell

Candidate Name  
CHRISTINE O'DONNELL

Office Sought:  House  
 Senate  
 President

State: DE District: 00

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Transaction ID: SB23.4450.0  
Date of Disbursement

10 / 21 / 2010

Amount of Each Disbursement this Period

5.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
Darian Rafie

Mailing Address 28W525 Diversey

City West Chicago State IL Zip Code 60185

Purpose of Disbursement  
Earmarked - Christine O'Donnell

Candidate Name  
CHRISTINE O'DONNELL

Office Sought:  House  
 Senate  
 President

State: DE District: 00

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Transaction ID: SB23.4450.1  
Date of Disbursement

10 / 21 / 2010

Amount of Each Disbursement this Period

5.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
FRIENDS OF CHRISTINE O'DONNELL

Mailing Address 1242 PRESIDENTIAL DRIVE  
POST OFFICE BOX 3987

City WILMINGTON State DE Zip Code 19807

Purpose of Disbursement  
Transmittal of Earmarked Contributions

Candidate Name  
CHRISTINE O'DONNELL

Office Sought:  House  
 Senate  
 President

State: DE District: 00

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Transaction ID: SB23.4477  
Date of Disbursement

11 / 03 / 2010

Amount of Each Disbursement this Period

48.00

SUBTOTAL of Disbursements This Page (optional) ▶

48.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
ACTRIGHT

A.

Full Name (Last, First, Middle Initial)  
Paul Murphy

Transaction ID: SB23.4477.0  
Date of Disbursement

Mailing Address E. Smith Rd.

10 / 26 / 2010

City Bellingham State WA Zip Code 98226

Amount of Each Disbursement this Period

Purpose of Disbursement  
Earmarked - Christine O'Donnell

011  
Category/  
Type

25.00

Candidate Name  
CHRISTINE O'DONNELL

[MEMO ITEM]

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼

State: DE District: 00

B.

Full Name (Last, First, Middle Initial)  
John Brown

Transaction ID: SB23.4477.1  
Date of Disbursement

Mailing Address 5611 Scharf Ave

10 / 26 / 2010

City Fontana State CA Zip Code 92336

Amount of Each Disbursement this Period

Purpose of Disbursement  
Earmarked - Christine O'Donnell

011  
Category/  
Type

25.00

Candidate Name  
CHRISTINE O'DONNELL

[MEMO ITEM]

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼

State: DE District: 00

C.

Full Name (Last, First, Middle Initial)  
FRIENDS OF CHRISTINE O'DONNELL

Transaction ID: SB23.4735  
Date of Disbursement

Mailing Address 1242 PRESIDENTIAL DRIVE  
POST OFFICE BOX 3987

11 / 22 / 2010

City WILMINGTON State DE Zip Code 19807

Amount of Each Disbursement this Period

Purpose of Disbursement  
Void Check Issued 10/30/2010

Category/  
Type

-9.60

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼

State: DE District: 00

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

-9.60

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
ACTRIGHT

**A.** Full Name (Last, First, Middle Initial)  
FRIENDS OF CHRISTINE O'DONNELL

Mailing Address 1242 PRESIDENTIAL DRIVE  
POST OFFICE BOX 3987

City WILMINGTON State DE Zip Code 19807

Purpose of Disbursement  
Void Check Issued 11/3/2010

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: DE District: 00

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.4737  
Date of Disbursement

11 / 22 / 2010

Amount of Each Disbursement this Period

-24.00

**B.** Full Name (Last, First, Middle Initial)  
FRIENDS OF FRANK GUINTA

Mailing Address P.O. Box 877

City Manchester State NH Zip Code 03105

Purpose of Disbursement  
Transmittal of Earmarked Contributions

Candidate Name  
FRANK GUINTA

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NH District: 01

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.4479  
Date of Disbursement

11 / 03 / 2010

Amount of Each Disbursement this Period

96.00

**C.** Full Name (Last, First, Middle Initial)  
Sean Thomas

Mailing Address PO Box 446

City Manchester State NH Zip Code 03105

Purpose of Disbursement  
Earmarked - Frank Guinta

Candidate Name  
FRANK GUINTA

005  
Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NH District: 01

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.4479.0  
Date of Disbursement

10 / 25 / 2010

Amount of Each Disbursement this Period

100.00

[MEMO ITEM]

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

72.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
ACTRIGHT

A.	Full Name (Last, First, Middle Initial) FRIENDS OF JOE HECK	Transaction ID: SB23.4425 Date of Disbursement
	Mailing Address PO Box 750114	<input type="text" value="10"/> <input type="text" value="0"/> / <input type="text" value="21"/> <input type="text" value="1"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Las Vegas State NV Zip Code 89136	Amount of Each Disbursement this Period
	Purpose of Disbursement Transmittal of Earmarked Contributions	<input type="text" value="4.80"/>
	Candidate Name JOE HECK	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 03	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Ralfie Hernandez	Transaction ID: SB23.4425.0 Date of Disbursement
	Mailing Address 3111 Dartmouth	<input type="text" value="10"/> <input type="text" value="0"/> / <input type="text" value="15"/> <input type="text" value="1"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Rockford State IL Zip Code 61108	Amount of Each Disbursement this Period
	Purpose of Disbursement Earmarked - Joseph Heck	<input type="text" value="1.00"/>
	Candidate Name JOE HECK	<input type="text" value="005"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 03	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) Ralfie Hernandez	Transaction ID: SB23.4425.1 Date of Disbursement
	Mailing Address 3111 Dartmouth	<input type="text" value="10"/> <input type="text" value="0"/> / <input type="text" value="15"/> <input type="text" value="1"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Rockford State IL Zip Code 61108	Amount of Each Disbursement this Period
	Purpose of Disbursement Earmarked - Joseph Heck	<input type="text" value="2.00"/>
	Candidate Name JOE HECK	<input type="text" value="005"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 03	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="4.80"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
ACTRIGHT

A.	Full Name (Last, First, Middle Initial) Rafael Hernandez	Transaction ID: SB23.4425.2 Date of Disbursement
	Mailing Address 3111 Dartmouth	<input type="text" value="10"/> <input type="text" value="16"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Rockford State IL Zip Code 61108	Amount of Each Disbursement this Period
	Purpose of Disbursement Earmarked - Joseph Heck	<input type="text" value="1.00"/>
	Candidate Name JOE HECK	[MEMO ITEM]
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: NV District: 03	

B.	Full Name (Last, First, Middle Initial) Rafael Hernandez	Transaction ID: SB23.4425.3 Date of Disbursement
	Mailing Address 3111 Dartmouth	<input type="text" value="10"/> <input type="text" value="18"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Rockford State IL Zip Code 61108	Amount of Each Disbursement this Period
	Purpose of Disbursement Earmarked - Joseph Heck	<input type="text" value="1.00"/>
	Candidate Name JOE HECK	[MEMO ITEM]
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: NV District: 03	

C.	Full Name (Last, First, Middle Initial) FRIENDS OF JOHN LOUGHLIN	Transaction ID: SB23.4487 Date of Disbursement
	Mailing Address PO BOX 244	<input type="text" value="11"/> <input type="text" value="03"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City ADAMSVILLE State RI Zip Code 02801	Amount of Each Disbursement this Period
	Purpose of Disbursement Transmittal of Earmarked Contributions	<input type="text" value="96.00"/>
	Candidate Name JOHN J II LOUGHLIN	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: RI District: 01	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="96.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
ACTRIGHT

A.

Full Name (Last, First, Middle Initial)  
Michael T. Casey

Transaction ID: SB23.4487.0  
Date of Disbursement

Mailing Address 756 N. Main Rd.

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

City State Zip Code  
Jamestown RI 02385

Amount of Each Disbursement this Period

100.00
--------

Purpose of Disbursement  
Earmarked - John Loughlin

011  
Category/  
Type

Candidate Name  
JOHN J II LOUGHLIN

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼

[MEMO ITEM]

State: RI District: 01

B.

Full Name (Last, First, Middle Initial)  
FRIENDS OF KELLY AYOTTE

Transaction ID: SB23.4445  
Date of Disbursement

Mailing Address PO BOX 233

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

City State Zip Code  
NASHUA NH 03061

Amount of Each Disbursement this Period

43.20
-------

Purpose of Disbursement  
Transmittal of Earmarked Contributions

011  
Category/  
Type

Candidate Name  
KELLY A AYOTTE

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼

State: NH District: 00

C.

Full Name (Last, First, Middle Initial)  
Darian Rafie

Transaction ID: SB23.4445.0  
Date of Disbursement

Mailing Address 28W525 Diversey

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

City State Zip Code  
West Chicago IL 60185

Amount of Each Disbursement this Period

1.00
------

Purpose of Disbursement  
Earmarked - Kelly Ayotte

005  
Category/  
Type

Candidate Name  
KELLY A AYOTTE

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼

State: NH District: 00

[MEMO ITEM]

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

43.20
-------

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

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# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input 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)  
ACTRIGHT

<p><b>A.</b> Full Name (Last, First, Middle Initial) Brian Stephen Brown</p> <p>Mailing Address 2029 K St., NW Ste. 300</p> <p>City Washington State DC Zip Code 20006</p> <p>Purpose of Disbursement Earmarked - Kelly Ayotte</p> <p>Candidate Name KELLY A AYOTTE</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 00</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.4445.1 <b>Date of Disbursement:</b> 10 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 25.00</p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) David Lejeune</p> <p>Mailing Address 1303 Stamford Way</p> <p>City Reston State VA Zip Code 20194</p> <p>Purpose of Disbursement Earmarked - Kelly Ayotte</p> <p>Candidate Name KELLY A AYOTTE</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 00</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.4445.2 <b>Date of Disbursement:</b> 10 / 18 / 2010</p> <p>Amount of Each Disbursement this Period 19.00</p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) FRIENDS OF KELLY AYOTTE</p> <p>Mailing Address PO BOX 233</p> <p>City NASHUA State NH Zip Code 03061</p> <p>Purpose of Disbursement Transmittal of Earmarked Contributions</p> <p>Candidate Name KELLY A AYOTTE</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 00</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.4464 <b>Date of Disbursement:</b> 11 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 4.80</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	4.80
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: (check only one)

<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)  
ACTRIGHT

<p><b>A.</b> Full Name (Last, First, Middle Initial) Darian Rafie</p> <p>Mailing Address 28W525 Diversey</p> <p>City West Chicago State IL Zip Code 60185</p> <p>Purpose of Disbursement Earmarked - Kelly Ayotte</p> <p>Candidate Name KELLY A AYOTTE</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 00</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.4464.0 <b>Date of Disbursement</b> 10 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 5.00</p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) FRIENDS OF KELLY AYOTTE</p> <p>Mailing Address PO BOX 233</p> <p>City NASHUA State NH Zip Code 03061</p> <p>Purpose of Disbursement Transmittal of Earmarked Contributions</p> <p>Candidate Name KELLY A AYOTTE</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 00</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.4490 <b>Date of Disbursement</b> 11 / 03 / 2010</p> <p>Amount of Each Disbursement this Period 24.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) John Brown</p> <p>Mailing Address 5611 Scharf Ave</p> <p>City Fontana State CA Zip Code 92336</p> <p>Purpose of Disbursement Earmarked - Kelly Ayotte</p> <p>Candidate Name KELLY A AYOTTE</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 00</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.4490.0 <b>Date of Disbursement</b> 10 / 26 / 2010</p> <p>Amount of Each Disbursement this Period 25.00</p> <p><b>[MEMO ITEM]</b></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	24.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<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)  
ACTRIGHT

A.	Full Name (Last, First, Middle Initial) <b>FRIENDS OF SEAN BIELAT</b>	<b>Transaction ID:</b> SB23.4458 Date of Disbursement 11 / 01 / 2010	
	Mailing Address <b>22 JAMES STREET Unit 4</b>		
	City <b>Brookline</b> State <b>MA</b> Zip Code <b>02446</b>	Amount of Each Disbursement this Period 6.72	
	Purpose of Disbursement Transmittal of Earmarked Contributions	<input type="text" value="011"/> Category/ Type	
	Candidate Name <b>SEAN D BIELAT</b>		
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>MA</b> District: <b>04</b>	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B.	Full Name (Last, First, Middle Initial) <b>margaret Gallagher</b>	<b>Transaction ID:</b> SB23.4458.0 Date of Disbursement 10 / 22 / 2010	
	Mailing Address <b>12010 Starboard Dr.</b>		
	City <b>reston</b> State <b>MD</b> Zip Code <b>21094</b>	Amount of Each Disbursement this Period 7.00	
	Purpose of Disbursement Earmarked - Sean Bielat	<input type="text" value="011"/> Category/ Type	
	Candidate Name <b>SEAN D BIELAT</b>		
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>MA</b> District: <b>04</b>	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b>
C.	Full Name (Last, First, Middle Initial) <b>FRIENDS OF SEAN BIELAT</b>	<b>Transaction ID:</b> SB23.4491 Date of Disbursement 11 / 04 / 2010	
	Mailing Address <b>22 JAMES STREET Unit 4</b>		
	City <b>Brookline</b> State <b>MA</b> Zip Code <b>02446</b>	Amount of Each Disbursement this Period 72.00	
	Purpose of Disbursement Transmittal of Earmarked Contributions	<input type="text" value="011"/> Category/ Type	
	Candidate Name <b>SEAN D BIELAT</b>		
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>MA</b> District: <b>04</b>	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

**78.72**

**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)

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

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NAME OF COMMITTEE (In Full)  
ACTRIGHT

A.	Full Name (Last, First, Middle Initial) margaret Gallagher	Transaction ID: SB23.4491.0 Date of Disbursement 10 / 29 / 2010
	Mailing Address 12010 Starboard Dr.	Amount of Each Disbursement this Period 75.00
	City reston State MD Zip Code 21094	
	Purpose of Disbursement Earmarked - Sean Bielat	011 Category/ Type
	Candidate Name SEAN D BIELAT	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 04	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) FRIENDS OF SHARRON ANGLE	Transaction ID: SB23.4437 Date of Disbursement 10 / 22 / 2010
	Mailing Address PO BOX 33058	Amount of Each Disbursement this Period 105.60
	City RENO State NV Zip Code 89533	
	Purpose of Disbursement Transmittal of Earmarked Contributions	011 Category/ Type
	Candidate Name SHARRON E ANGLE	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Darian Rafie	Transaction ID: SB23.4437.0 Date of Disbursement 10 / 15 / 2010
	Mailing Address 28W525 Diversey	Amount of Each Disbursement this Period 5.00
	City West Chicago State IL Zip Code 60185	
	Purpose of Disbursement Earmarked - Sharron Angle	011 Category/ Type
	Candidate Name SHARRON E ANGLE	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	105.60
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 85 / 126

<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)  
ACTRIGHT

A.	Full Name (Last, First, Middle Initial) Rafael Hernandez	Transaction ID: SB23.4437.1 Date of Disbursement
	Mailing Address 3111 Dartmouth	<input type="text" value="10"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Rockford State IL Zip Code 61108	Amount of Each Disbursement this Period
	Purpose of Disbursement Earmarked - Sharron Angle	<input type="text" value="1.00"/>
	Candidate Name SHARRON E ANGLE	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 00	[MEMO ITEM]
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Rafael Hernandez	Transaction ID: SB23.4437.2 Date of Disbursement
	Mailing Address 3111 Dartmouth	<input type="text" value="10"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Rockford State IL Zip Code 61108	Amount of Each Disbursement this Period
	Purpose of Disbursement Earmarked - Sharron Angle	<input type="text" value="1.00"/>
	Candidate Name SHARRON E ANGLE	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 00	[MEMO ITEM]
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Ralfie Hernandez	Transaction ID: SB23.4437.3 Date of Disbursement
	Mailing Address 3111 Dartmouth	<input type="text" value="10"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Rockford State IL Zip Code 61108	Amount of Each Disbursement this Period
	Purpose of Disbursement Earmarked - Sharron Angle	<input type="text" value="1.00"/>
	Candidate Name SHARRON E ANGLE	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 00	[MEMO ITEM]
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="0.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
ACTRIGHT

A.	Full Name (Last, First, Middle Initial) Ralfie Hernandez	Transaction ID: SB23.4437.4 Date of Disbursement 10 / 15 / 2010
	Mailing Address 3111 Dartmouth	Amount of Each Disbursement this Period 5.00
	City Rockford State IL Zip Code 61108	
	Purpose of Disbursement Earmarked - Sharron Angle Candidate Name SHARRON E ANGLE Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 00	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) Darian Rafie	Transaction ID: SB23.4437.5 Date of Disbursement 10 / 15 / 2010
	Mailing Address 28W525 Diversey	Amount of Each Disbursement this Period 1.00
	City West Chicago State IL Zip Code 60185	
	Purpose of Disbursement Earmarked - Sharron Angle Candidate Name SHARRON E ANGLE Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 00	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) Francis Schubert	Transaction ID: SB23.4437.6 Date of Disbursement 10 / 15 / 2010
	Mailing Address 1415 L Street, Suite 1250	Amount of Each Disbursement this Period 50.00
	City Sacramento State CA Zip Code 95814	
	Purpose of Disbursement Earmarked - Sharron Angle Candidate Name SHARRON E ANGLE Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 00	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<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)  
ACTRIGHT

<p><b>A.</b> Full Name (Last, First, Middle Initial) Rafael Hernandez</p> <p>Mailing Address 3111 Dartmouth</p> <p>City Rockford State IL Zip Code 61108</p> <p>Purpose of Disbursement Earmarked - Sharron Angle</p> <p>Candidate Name SHARRON E ANGLE</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 00</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.4437.7 <b>Date of Disbursement</b> 10 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 1.00</p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Brian Stephen Brown</p> <p>Mailing Address 2029 K St., NW Ste. 300</p> <p>City Washington State DC Zip Code 20006</p> <p>Purpose of Disbursement Earmarked - Sharron Angle</p> <p>Candidate Name SHARRON E ANGLE</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 00</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.4437.8 <b>Date of Disbursement</b> 10 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 25.00</p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) David Lejeune</p> <p>Mailing Address 1303 Stamford Way</p> <p>City Reston State VA Zip Code 20194</p> <p>Purpose of Disbursement Earmarked - Sharron Angle</p> <p>Candidate Name SHARRON E ANGLE</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 00</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.4437.9 <b>Date of Disbursement</b> 10 / 18 / 2010</p> <p>Amount of Each Disbursement this Period 19.00</p> <p><b>[MEMO ITEM]</b></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)

<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)  
ACTRIGHT

A.	Full Name (Last, First, Middle Initial) Rafael Hernandez	Transaction ID: SB23.4437.10 Date of Disbursement 10 / 18 / 2010
	Mailing Address 3111 Dartmouth	
	City Rockford State IL Zip Code 61108	Amount of Each Disbursement this Period 1.00
	Purpose of Disbursement Earmarked - Sharron Angle Candidate Name SHARRON E ANGLE Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 00	[MEMO ITEM]
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) FRIENDS OF SHARRON ANGLE	Transaction ID: SB23.4457 Date of Disbursement 11 / 01 / 2010
	Mailing Address PO BOX 33058	
	City RENO State NV Zip Code 89533	Amount of Each Disbursement this Period 10.56
	Purpose of Disbursement Transmittal of Earmarked Contributions Candidate Name SHARRON E ANGLE Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 00	[MEMO ITEM]
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Rafael Hernandez	Transaction ID: SB23.4457.0 Date of Disbursement 10 / 21 / 2010
	Mailing Address 3111 Dartmouth	
	City Rockford State IL Zip Code 61108	Amount of Each Disbursement this Period 1.00
	Purpose of Disbursement Earmarked - Sharron Angle Candidate Name SHARRON E ANGLE Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 00	[MEMO ITEM]
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	10.56
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<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)  
ACTRIGHT

A.

Full Name (Last, First, Middle Initial)  
Andrea Lucacel

Transaction ID: SB23.4457.1  
Date of Disbursement

Mailing Address 29617 Dawson St.

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

City State Zip Code  
Garden City MI 48135

Amount of Each Disbursement this Period

5.00
------

Purpose of Disbursement  
Earmarked - Sharron Angle

011
-----

Category/  
Type

Candidate Name  
SHARRON E ANGLE

[MEMO ITEM]

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼

State: NV District: 00

B.

Full Name (Last, First, Middle Initial)  
Darian Rafie

Transaction ID: SB23.4457.2  
Date of Disbursement

Mailing Address 28W525 Diversey

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

City State Zip Code  
West Chicago IL 60185

Amount of Each Disbursement this Period

5.00
------

Purpose of Disbursement  
Earmarked - Sharron Angle

011
-----

Category/  
Type

Candidate Name  
SHARRON E ANGLE

[MEMO ITEM]

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼

State: NV District: 00

C.

Full Name (Last, First, Middle Initial)  
FRIENDS OF SHARRON ANGLE

Transaction ID: SB23.4485  
Date of Disbursement

Mailing Address PO BOX 33058

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

City State Zip Code  
RENO NV 89533

Amount of Each Disbursement this Period

246.00
--------

Purpose of Disbursement  
Transmittal of Earmarked Contributions

011
-----

Category/  
Type

Candidate Name  
SHARRON E ANGLE

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼

State: NV District: 00

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

246.00

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 90 / 126

<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)  
ACTRIGHT

<p><b>A.</b> Full Name (Last, First, Middle Initial) Rafael Hernandez</p> <p>Mailing Address 3111 Dartmouth</p> <p>City Rockford State IL Zip Code 61108</p> <p>Purpose of Disbursement Earmarked - Sharron Angle</p> <p>Candidate Name SHARRON E ANGLE</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 00</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.4485.0 <b>Date of Disbursement:</b> 10 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 1.25</p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) John Brown</p> <p>Mailing Address 5611 Scharf Ave</p> <p>City Fontana State CA Zip Code 92336</p> <p>Purpose of Disbursement Earmarked - Sharron Angle</p> <p>Candidate Name SHARRON E ANGLE</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 00</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.4485.1 <b>Date of Disbursement:</b> 10 / 26 / 2010</p> <p>Amount of Each Disbursement this Period 25.00</p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Evan Jones</p> <p>Mailing Address 154 Golden Hills Dr</p> <p>City Grangeville State ID Zip Code 83530</p> <p>Purpose of Disbursement Earmarked - Sharron Angle</p> <p>Candidate Name SHARRON E ANGLE</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 00</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.4485.2 <b>Date of Disbursement:</b> 10 / 26 / 2010</p> <p>Amount of Each Disbursement this Period 10.00</p> <p><b>[MEMO ITEM]</b></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)

<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)  
ACTRIGHT

<p><b>A.</b> Full Name (Last, First, Middle Initial) Amy Kotner</p> <p>Mailing Address 39927 Millbrook Way Unit A</p> <p>City Murrieta State CA Zip Code 92563</p> <p>Purpose of Disbursement Earmarked - Sharron Angle</p> <p>Candidate Name SHARRON E ANGLE</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 00</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.4485.3 <b>Date of Disbursement:</b> 10 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 10.00</p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) OSCAR POSADA</p> <p>Mailing Address 56-15 214ST</p> <p>City BAYSIDE State NY Zip Code 11364</p> <p>Purpose of Disbursement Earmarked - Sharron Angle</p> <p>Candidate Name SHARRON E ANGLE</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 00</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.4485.4 <b>Date of Disbursement:</b> 10 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 50.00</p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Malcolm Reese</p> <p>Mailing Address 78 Cheryl Drive</p> <p>City East Bridgewater State MA Zip Code 02333</p> <p>Purpose of Disbursement Earmarked - Sharron Angle</p> <p>Candidate Name SHARRON E ANGLE</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 00</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.4485.5 <b>Date of Disbursement:</b> 10 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 25.00</p> <p><b>[MEMO ITEM]</b></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)

<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)  
ACTRIGHT

A.

Full Name (Last, First, Middle Initial)  
Benjamin Stochmal

Mailing Address 7 Dolan Circle

City Seymour State CT Zip Code 06483

Purpose of Disbursement  
Earmarked - Sharron Angle

Candidate Name  
SHARRON E ANGLE

Office Sought:  House  
 Senate  
 President  
State: NV District: 00

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Transaction ID: SB23.4485.6  
Date of Disbursement

10 / 27 / 2010

Amount of Each Disbursement this Period

10.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
William Wickham

Mailing Address 158 Lakeview Trc

City Jasper State GA Zip Code 30143

Purpose of Disbursement  
Earmarked - Sharron Angle

Candidate Name  
SHARRON E ANGLE

Office Sought:  House  
 Senate  
 President  
State: NV District: 00

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Transaction ID: SB23.4485.7  
Date of Disbursement

10 / 27 / 2010

Amount of Each Disbursement this Period

20.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
Susan Skinner

Mailing Address 525 Bienville Rd

City Folsom State LA Zip Code 70437

Purpose of Disbursement  
Earmarked - Sharron Angle

Candidate Name  
SHARRON E ANGLE

Office Sought:  House  
 Senate  
 President  
State: NV District: 00

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Transaction ID: SB23.4485.8  
Date of Disbursement

10 / 27 / 2010

Amount of Each Disbursement this Period

50.00

[MEMO ITEM]

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)

<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)  
ACTRIGHT

A.	Full Name (Last, First, Middle Initial) Richard Wallace	Transaction ID: SB23.4485.9 Date of Disbursement 10 / 27 / 2010
	Mailing Address 173 Molly Lane	Amount of Each Disbursement this Period 10.00
	City Harvest State AL Zip Code 35749	
	Purpose of Disbursement Earmarked - Sharron Angle Candidate Name SHARRON E ANGLE Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 00	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) George Newman	Transaction ID: SB23.4485.10 Date of Disbursement 10 / 27 / 2010
	Mailing Address 3053 Golf Colony Dr	Amount of Each Disbursement this Period 25.00
	City Salem State VA Zip Code 24153	
	Purpose of Disbursement Earmarked - Sharron Angle Candidate Name SHARRON E ANGLE Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 00	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) Wayne Fry	Transaction ID: SB23.4485.11 Date of Disbursement 10 / 29 / 2010
	Mailing Address 236 N. West Rd.	Amount of Each Disbursement this Period 5.00
	City Lombard State IL Zip Code 60148	
	Purpose of Disbursement Earmarked - Sharron Angle Candidate Name SHARRON E ANGLE Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 00	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

<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)  
ACTRIGHT

A.	Full Name (Last, First, Middle Initial) Stewart Wallace	Transaction ID: SB23.4485.12 Date of Disbursement 10 / 29 / 2010
	Mailing Address 1030 Ferndale St.	Amount of Each Disbursement this Period 5.00
	City Stone Mountain State GA Zip Code 30083	
	Purpose of Disbursement Earmarked - Sharron Angle Candidate Name SHARRON E ANGLE Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 00	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) tommy tolbert	Transaction ID: SB23.4485.13 Date of Disbursement 10 / 29 / 2010
	Mailing Address 3450 golfe links dr	Amount of Each Disbursement this Period 10.00
	City snellville State GA Zip Code 30039	
	Purpose of Disbursement Earmarked - Sharron Angle Candidate Name SHARRON E ANGLE Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 00	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) FRIENDS OF SHARRON ANGLE	Transaction ID: SB23.4710 Date of Disbursement 11 / 08 / 2010
	Mailing Address PO BOX 33058	Amount of Each Disbursement this Period 4.80
	City RENO State NV Zip Code 89533	
	Purpose of Disbursement Transmittal of Earmarked Contributions Candidate Name SHARRON E ANGLE Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 00	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	4.80
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

<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)  
ACTRIGHT

A.	Full Name (Last, First, Middle Initial) Nancy ODonnell	Transaction ID: SB23.4710.0 Date of Disbursement 10 / 29 / 2010
	Mailing Address 11936 Frieth Drive	Amount of Each Disbursement this Period 5.00
	City Orlando State FL Zip Code 32837	
	Purpose of Disbursement Earmarked - Sharron Angle Candidate Name SHARRON E ANGLE Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 00	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) HELLER FOR CONGRESS	Transaction ID: SB23.4421 Date of Disbursement 10 / 21 / 2010
	Mailing Address PO Box 531086	Amount of Each Disbursement this Period 5.76
	City Henderson State NV Zip Code 89053	
	Purpose of Disbursement Transmittal of Earmarked Contributions Candidate Name DEAN HELLER Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 02	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Ralfie Hernandez	Transaction ID: SB23.4421.0 Date of Disbursement 10 / 15 / 2010
	Mailing Address 3111 Dartmouth	Amount of Each Disbursement this Period 1.00
	City Rockford State IL Zip Code 61108	
	Purpose of Disbursement Earmarked - Dean Heller Candidate Name DEAN HELLER Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 02	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	5.76
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<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)  
ACTRIGHT

<p><b>A.</b> Full Name (Last, First, Middle Initial) Ralfie Hernandez</p> <p>Mailing Address 3111 Dartmouth</p> <p>City Rockford State IL Zip Code 61108</p> <p>Purpose of Disbursement Earmarked - Dean Heller</p> <p>Candidate Name DEAN HELLER</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NV District: 02</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.4421.1</p> <p>Date of Disbursement 10 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 3.00</p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Ralfie Hernandez</p> <p>Mailing Address 3111 Dartmouth</p> <p>City Rockford State IL Zip Code 61108</p> <p>Purpose of Disbursement Earmarked - Dean Heller</p> <p>Candidate Name DEAN HELLER</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NV District: 02</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.4421.2</p> <p>Date of Disbursement 10 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 1.00</p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Ralfie Hernandez</p> <p>Mailing Address 3111 Dartmouth</p> <p>City Rockford State IL Zip Code 61108</p> <p>Purpose of Disbursement Earmarked - Dean Heller</p> <p>Candidate Name DEAN HELLER</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NV District: 02</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.4421.3</p> <p>Date of Disbursement 10 / 18 / 2010</p> <p>Amount of Each Disbursement this Period 1.00</p> <p><b>[MEMO ITEM]</b></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 97 / 126

<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)  
ACTRIGHT

<p><b>A.</b> Full Name (Last, First, Middle Initial) JEFF FORTENBERRY FOR UNITED STATES CONGRESS</p> <p>Mailing Address 301 S 13th St. Ste. 401</p> <p>City Lincoln State NE Zip Code 68508</p> <p>Purpose of Disbursement Transmittal of Earmarked Contributions</p> <p>Candidate Name JEFF FORTENBERRY</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NE District: 01</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.4465 <b>Date of Disbursement</b> 11 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 24.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Salaam Malek</p> <p>Mailing Address 6811 Amboy</p> <p>City Dearborn Heights State MI Zip Code 48127</p> <p>Purpose of Disbursement Earmarked - Jeff Fortenberry</p> <p>Candidate Name JEFF FORTENBERRY</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NE District: 01</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.4465.0 <b>Date of Disbursement</b> 10 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 25.00</p> <p>[MEMO ITEM]</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) JOE MILLER FOR US SENATE</p> <p>Mailing Address PO BOX 72838</p> <p>City FAIRBANKS State AK Zip Code 99707</p> <p>Purpose of Disbursement Transmittal of Earmarked Contributions</p> <p>Candidate Name JOSEPH W MILLER</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: AK District: 00</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.4427 <b>Date of Disbursement</b> 10 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 9.60</p> <p>011 Category/ Type</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	33.60
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: (check only one)

<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)  
ACTRIGHT

A.	Full Name (Last, First, Middle Initial) Maggie Gallagher	Transaction ID: SB23.4427.0 Date of Disbursement 10 / 15 / 2010
	Mailing Address 12010 Starboard Dr.	Amount of Each Disbursement this Period 10.00
	City Reston State VA Zip Code 20194	
	Purpose of Disbursement Earmarked - Joseph Miller Candidate Name JOSEPH W MILLER Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AK District: 00	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) JOE MILLER FOR US SENATE	Transaction ID: SB23.4489 Date of Disbursement 11 / 03 / 2010
	Mailing Address PO BOX 72838	Amount of Each Disbursement this Period 24.00
	City FAIRBANKS State AK Zip Code 99707	
	Purpose of Disbursement Transmittal of Earmarked Contributions Candidate Name JOSEPH W MILLER Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AK District: 00	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Susan Skinner	Transaction ID: SB23.4489.0 Date of Disbursement 10 / 27 / 2010
	Mailing Address 525 Bienville Rd	Amount of Each Disbursement this Period 25.00
	City Folsom State LA Zip Code 70437	
	Purpose of Disbursement Earmarked - Joseph Miller Candidate Name JOSEPH W MILLER Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AK District: 00	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	24.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

<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)  
ACTRIGHT

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>JOE MILLER FOR US SENATE</b>  Mailing Address <b>PO BOX 72838</b>  City <b>FAIRBANKS</b> State <b>AK</b> Zip Code <b>99707</b> Purpose of Disbursement Transmittal of Earmarked Contributions Candidate Name <b>JOSEPH W MILLER</b> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <b>AK</b> District: <b>00</b> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: <b>SB23.4492</b> Date of Disbursement 11 / 04 / 2010  Amount of Each Disbursement this Period 4.80  011 Category/ Type
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>Bonnie Pierce</b>  Mailing Address <b>3515 Apple Grove Dr</b>  City <b>Manvel</b> State <b>TX</b> Zip Code <b>77578</b> Purpose of Disbursement Earmarked - Joseph Miller Candidate Name <b>JOSEPH W MILLER</b> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <b>AK</b> District: <b>00</b> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: <b>SB23.4492.0</b> Date of Disbursement 10 / 29 / 2010  Amount of Each Disbursement this Period 5.00  011 Category/ Type  <b>[MEMO ITEM]</b>
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>KIRK FOR SENATE</b>  Mailing Address <b>P.O. Box 8</b>  City <b>Winnetka</b> State <b>IL</b> Zip Code <b>60093</b> Purpose of Disbursement Transmittal of Earmarked Contributions Candidate Name <b>MARK STEVEN KIRK</b> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <b>IL</b> District: <b>00</b> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: <b>SB23.4460</b> Date of Disbursement 11 / 01 / 2010  Amount of Each Disbursement this Period 4.80  011 Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>9.60</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 100 / 126

<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)  
ACTRIGHT

<p><b>A.</b> Full Name (Last, First, Middle Initial) Rafael Hernandez</p> <p>Mailing Address 3111 Dartmouth</p> <p>City Rockford State IL Zip Code 61108</p> <p>Purpose of Disbursement Earmarked - Mark Kirk</p> <p>Candidate Name MARK STEVEN KIRK</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 00</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.4460.0 <b>Date of Disbursement</b> 10 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 5.00</p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) LINDA MCMAHON FOR SENATE 2010</p> <p>Mailing Address PO BOX 271386</p> <p>City WEST HARTFORD State CT Zip Code 06127</p> <p>Purpose of Disbursement Transmittal of Earmarked Contributions</p> <p>Candidate Name LINDA MCMAHON</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 00</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.4462 <b>Date of Disbursement</b> 11 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 4.80</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Darian Rafie</p> <p>Mailing Address 28W525 Diversey</p> <p>City West Chicago State IL Zip Code 60185</p> <p>Purpose of Disbursement Earmarked - Linda McMahon</p> <p>Candidate Name LINDA MCMAHON</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 00</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.4462.0 <b>Date of Disbursement</b> 10 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 5.00</p> <p><b>[MEMO ITEM]</b></p>

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

4.80

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
ACTRIGHT

**A.** Full Name (Last, First, Middle Initial)  
LINDA MCMAHON FOR SENATE 2010

Mailing Address PO BOX 271386

City WEST HARTFORD State CT Zip Code 06127

Purpose of Disbursement  
Void Check Issued 11/1/2010

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: CT District: 00

Transaction ID: SB23.4736

Date of Disbursement

11 / 22 / 2010

Amount of Each Disbursement this Period

-4.80

**B.** Full Name (Last, First, Middle Initial)  
MARCO RUBIO FOR US SENATE

Mailing Address 2030 SOUTH DOUGLAS ROAD SUITE 105

City CORAL GABLES State FL Zip Code 33134

Purpose of Disbursement  
Transmittal of Earmarked Contributions

Candidate Name  
MARCO RUBIO

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: FL District: 00

Transaction ID: SB23.4443

Date of Disbursement

10 / 22 / 2010

Amount of Each Disbursement this Period

43.20

**C.** Full Name (Last, First, Middle Initial)  
Darian Rafie

Mailing Address 28W525 Diversey

City West Chicago State IL Zip Code 60185

Purpose of Disbursement  
Earmarked - Marco Rubio

Candidate Name  
MARCO RUBIO

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: FL District: 00

Transaction ID: SB23.4443.0

Date of Disbursement

10 / 15 / 2010

Amount of Each Disbursement this Period

1.00

[MEMO ITEM]

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

38.40

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
ACTRIGHT

<p><b>A.</b> Full Name (Last, First, Middle Initial) Brian Stephen Brown</p> <p>Mailing Address 2029 K St., NW Ste. 300</p> <p>City Washington State DC Zip Code 20006</p> <p>Purpose of Disbursement Earmarked - Marco Rubio</p> <p>Candidate Name MARCO RUBIO</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 00</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.4443.1 <b>Date of Disbursement:</b> 10 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 25.00</p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) David Lejeune</p> <p>Mailing Address 1303 Stamford Way</p> <p>City Reston State VA Zip Code 20194</p> <p>Purpose of Disbursement Earmarked - Marco Rubio</p> <p>Candidate Name MARCO RUBIO</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 00</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.4443.2 <b>Date of Disbursement:</b> 10 / 18 / 2010</p> <p>Amount of Each Disbursement this Period 19.00</p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) MARCO RUBIO FOR US SENATE</p> <p>Mailing Address 2030 SOUTH DOUGLAS ROAD SUITE 105</p> <p>City CORAL GABLES State FL Zip Code 33134</p> <p>Purpose of Disbursement Transmittal of Earmarked Contributions</p> <p>Candidate Name MARCO RUBIO</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 00</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.4461 <b>Date of Disbursement:</b> 11 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 4.80</p>

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

4.80

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
ACTRIGHT

A.	Full Name (Last, First, Middle Initial) Darian Ralfie	Transaction ID: SB23.4461.0 Date of Disbursement 10 / 21 / 2010
	Mailing Address 28W525 Diversey	Amount of Each Disbursement this Period 5.00
	City West Chicago State IL Zip Code 60185	
	Purpose of Disbursement Earmarked - Marco Rubio	011 Category/Type
	Candidate Name MARCO RUBIO	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) MCCLINTOCK FOR CONGRESS	Transaction ID: SB23.4433 Date of Disbursement 10 / 22 / 2010
	Mailing Address 2150 RIVER PLAZA DR. #150	Amount of Each Disbursement this Period 43.20
	City SACRAMENTO State CA Zip Code 95833	
	Purpose of Disbursement Transmittal of Earmarked Contributions	011 Category/Type
	Candidate Name THOMAS MCCLINTOCK	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 04	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Darian Rafie	Transaction ID: SB23.4433.0 Date of Disbursement 10 / 15 / 2010
	Mailing Address 28W525 Diversey	Amount of Each Disbursement this Period 1.00
	City West Chicago State IL Zip Code 60185	
	Purpose of Disbursement Earmarked - Tom McClintock	011 Category/Type
	Candidate Name THOMAS MCCLINTOCK	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 04	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	43.20
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 104 / 126

<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)  
ACTRIGHT

<b>A.</b>	Full Name (Last, First, Middle Initial) Brian Stephen Brown <hr/> Mailing Address 2029 K St., NW Ste. 300 <hr/> City Washington State DC Zip Code 20006 <hr/> Purpose of Disbursement Earmarked - Tom McClintock Candidate Name THOMAS MCCLINTOCK <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 04 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4433.1 Date of Disbursement 10 / 16 / 2010 <hr/> Amount of Each Disbursement this Period 25.00 <hr/> [MEMO ITEM]	
<b>B.</b>	Full Name (Last, First, Middle Initial) David Lejeune <hr/> Mailing Address 1303 Stamford Way <hr/> City Reston State VA Zip Code 20194 <hr/> Purpose of Disbursement Earmarked - Tom McClintock Candidate Name THOMAS MCCLINTOCK <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 04 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4433.2 Date of Disbursement 10 / 18 / 2010 <hr/> Amount of Each Disbursement this Period 19.00 <hr/> [MEMO ITEM]	
<b>C.</b>	Full Name (Last, First, Middle Initial) PHILLIPS FOR CONGRESS <hr/> Mailing Address 3523 Phyllis St <hr/> City Endwell State NY Zip Code 13760 <hr/> Purpose of Disbursement Transmittal of Earmarked Contributions Candidate Name GEORGE K PHILLIPS <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 22 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4453 Date of Disbursement 10 / 30 / 2010 <hr/> Amount of Each Disbursement this Period 1095.36 <hr/> [MEMO ITEM]	

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

1095.36

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
ACTRIGHT

A.

Full Name (Last, First, Middle Initial)  
Stephen Limbaugh

Mailing Address 726 N Orange Grove Ave

City State Zip Code  
Los Angeles CA 90046

Purpose of Disbursement  
Earmarked - George Phillips

Candidate Name  
GEORGE K PHILLIPS

Office Sought:  House  
 Senate  
 President  
State: NY District: 22

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.4453.0  
Date of Disbursement

10 / 21 / 2010

Amount of Each Disbursement this Period

20.00

011  
Category/  
Type

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
Andrea Lucacel

Mailing Address 29617 Dawson St.

City State Zip Code  
Garden City MI 48135

Purpose of Disbursement  
Earmarked - George Phillips

Candidate Name  
GEORGE K PHILLIPS

Office Sought:  House  
 Senate  
 President  
State: NY District: 22

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.4453.1  
Date of Disbursement

10 / 21 / 2010

Amount of Each Disbursement this Period

50.00

011  
Category/  
Type

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
Andrea Lucacel

Mailing Address 29617 Dawson St.

City State Zip Code  
Garden City MI 48135

Purpose of Disbursement  
Earmarked - George Phillips

Candidate Name  
GEORGE K PHILLIPS

Office Sought:  House  
 Senate  
 President  
State: NY District: 22

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.4453.2  
Date of Disbursement

10 / 21 / 2010

Amount of Each Disbursement this Period

100.00

011  
Category/  
Type

[MEMO ITEM]

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)

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

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NAME OF COMMITTEE (In Full)  
ACTRIGHT

A.	Full Name (Last, First, Middle Initial) Andrea Lucacel	Transaction ID: SB23.4453.3 Date of Disbursement 10 / 21 / 2010
	Mailing Address 29617 Dawson St.	Amount of Each Disbursement this Period 30.00
	City Garden City State MI Zip Code 48135	
	Purpose of Disbursement Earmarked - George Phillips Candidate Name GEORGE K PHILLIPS	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 22	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) Darian Ralfie	Transaction ID: SB23.4453.4 Date of Disbursement 10 / 21 / 2010
	Mailing Address 28W525 Diversey	Amount of Each Disbursement this Period 5.00
	City West Chicago State IL Zip Code 60185	
	Purpose of Disbursement Earmarked - George Phillips Candidate Name GEORGE K PHILLIPS	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 22	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) Darian Ralfie	Transaction ID: SB23.4453.5 Date of Disbursement 10 / 21 / 2010
	Mailing Address 28W525 Diversey	Amount of Each Disbursement this Period 5.00
	City West Chicago State IL Zip Code 60185	
	Purpose of Disbursement Earmarked - George Phillips Candidate Name GEORGE K PHILLIPS	005 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 22	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<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)  
ACTRIGHT

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Matthew Malek</p> <p>Mailing Address 11049 Magnolia Blvd. Apt. 214</p> <p>City North Hollywood State CA Zip Code 11049</p> <p>Purpose of Disbursement Earmarked - George Phillips</p> <p>Candidate Name GEORGE K PHILLIPS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 22</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.4453.6</p> <p><b>Date of Disbursement</b> 10 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 10.00</p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Matthew Malek</p> <p>Mailing Address 11049 Magnolia Blvd. Apt. 214</p> <p>City North Hollywood State CA Zip Code 11049</p> <p>Purpose of Disbursement Earmarked - George Phillips</p> <p>Candidate Name GEORGE K PHILLIPS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 22</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.4453.7</p> <p><b>Date of Disbursement</b> 10 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 50.00</p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Salaam Malek</p> <p>Mailing Address 6811 Amboy</p> <p>City Dearborn Heights State MI Zip Code 48127</p> <p>Purpose of Disbursement Earmarked - George Phillips</p> <p>Candidate Name GEORGE K PHILLIPS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 22</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.4453.8</p> <p><b>Date of Disbursement</b> 10 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 100.00</p> <p><b>[MEMO ITEM]</b></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)

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

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NAME OF COMMITTEE (In Full)  
ACTRIGHT

<b>A.</b>	Full Name (Last, First, Middle Initial) Joe Malek  Mailing Address 6811 Amboy Street  City Dearborn Heights State MI Zip Code 48127  Purpose of Disbursement Earmarked - George Phillips Candidate Name GEORGE K PHILLIPS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 22 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4453.9 Date of Disbursement 10 / 21 / 2010  Amount of Each Disbursement this Period 100.00  [MEMO ITEM]	011 Category/ Type
<b>B.</b>	Full Name (Last, First, Middle Initial) doug brown  Mailing Address 9255 Doheny Rd  City west hollywood State CA Zip Code 90069  Purpose of Disbursement Earmarked - George Phillips Candidate Name GEORGE K PHILLIPS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 22 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4453.10 Date of Disbursement 10 / 22 / 2010  Amount of Each Disbursement this Period 500.00  [MEMO ITEM]	011 Category/ Type
<b>C.</b>	Full Name (Last, First, Middle Initial) Brian Burch  Mailing Address 233 W. Crytal Avenue  City Lombard State IL Zip Code 60148  Purpose of Disbursement Earmarked - George Phillips Candidate Name GEORGE K PHILLIPS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 22 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4453.11 Date of Disbursement 10 / 22 / 2010  Amount of Each Disbursement this Period 20.00  [MEMO ITEM]	011 Category/ Type

**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)

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

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NAME OF COMMITTEE (In Full)  
ACTRIGHT

**A.** Full Name (Last, First, Middle Initial)  
Darian Rafie

Mailing Address 28W525 Diversey

City West Chicago State IL Zip Code 60185

Purpose of Disbursement Earmarked - George Phillips

Candidate Name GEORGE K PHILLIPS

Office Sought:  House  Senate  President

Disbursement For: 2010  Primary  General  Other (specify) ▼

State: NY District: 22

Transaction ID: SB23.4453.12  
Date of Disbursement 10 / 22 / 2010

Amount of Each Disbursement this Period 1.00

011 Category/Type

[MEMO ITEM]

**B.** Full Name (Last, First, Middle Initial)  
neil corkery

Mailing Address 9502 nelson lane

City manassas State VA Zip Code 20110

Purpose of Disbursement Earmarked - George Phillips

Candidate Name GEORGE K PHILLIPS

Office Sought:  House  Senate  President

Disbursement For: 2010  Primary  General  Other (specify) ▼

State: NY District: 22

Transaction ID: SB23.4453.13  
Date of Disbursement 10 / 23 / 2010

Amount of Each Disbursement this Period 150.00

011 Category/Type

[MEMO ITEM]

**C.** Full Name (Last, First, Middle Initial)  
RAESE FOR SENATE COMMITTEE

Mailing Address PO BOX 262

City MORGANTOWN State WV Zip Code 26507

Purpose of Disbursement Transmittal of Earmarked Contributions

Candidate Name JOHN REEVES RAESE

Office Sought:  House  Senate  President

Disbursement For: 2010  Primary  General  Other (specify) ▼

State: WV District: 00

Transaction ID: SB23.4423  
Date of Disbursement 10 / 21 / 2010

Amount of Each Disbursement this Period 43.20

011 Category/Type

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶ 43.20

**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)

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

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NAME OF COMMITTEE (In Full)  
ACTRIGHT

<p><b>A.</b> Full Name (Last, First, Middle Initial) Darian Rafie</p> <p>Mailing Address 28W525 Diversey</p> <p>City West Chicago State IL Zip Code 60185</p> <p>Purpose of Disbursement Earmarked - John Raese</p> <p>Candidate Name JOHN REEVES RAESE</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 00</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.4423.0 <b>Date of Disbursement</b> 10 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 1.00</p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Brian Stephen Brown</p> <p>Mailing Address 2029 K St., NW Ste. 300</p> <p>City Washington State DC Zip Code 20006</p> <p>Purpose of Disbursement Earmarked - John Raese</p> <p>Candidate Name JOHN REEVES RAESE</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 00</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.4423.1 <b>Date of Disbursement</b> 10 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 25.00</p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) David Lejeune</p> <p>Mailing Address 1303 Stamford Way</p> <p>City Reston State VA Zip Code 20194</p> <p>Purpose of Disbursement Earmarked - John Raese</p> <p>Candidate Name JOHN REEVES RAESE</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 00</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.4423.2 <b>Date of Disbursement</b> 10 / 18 / 2010</p> <p>Amount of Each Disbursement this Period 19.00</p> <p><b>[MEMO ITEM]</b></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)

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

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NAME OF COMMITTEE (In Full)  
ACTRIGHT

**A.** Full Name (Last, First, Middle Initial)  
RAESE FOR SENATE COMMITTEE

Mailing Address PO BOX 262

City MORGANTOWN State WV Zip Code 26507

Purpose of Disbursement  
Transmittal of Earmarked Contributions

Candidate Name  
JOHN REEVES RAESE

Office Sought:  House  
 Senate  
 President

State: WV District: 00

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.4481  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

Category/  
Type

**B.** Full Name (Last, First, Middle Initial)  
John Brown

Mailing Address 5611 Scharf Ave

City Fontana State CA Zip Code 92336

Purpose of Disbursement  
Earmarked - John Raese

Candidate Name  
JOHN REEVES RAESE

Office Sought:  House  
 Senate  
 President

State: WV District: 00

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.4481.0  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

Category/  
Type

[MEMO ITEM]

**C.** Full Name (Last, First, Middle Initial)  
RAND PAUL FOR US SENATE

Mailing Address 1019 STATE STREET

City BOWLING GREEN State KY Zip Code 42101

Purpose of Disbursement  
Transmittal of Earmarked Contributions

Candidate Name  
RAND PAUL

Office Sought:  House  
 Senate  
 President

State: KY District: 00

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.4455  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

Category/  
Type

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
ACTRIGHT

A.

Full Name (Last, First, Middle Initial)  
margaret Gallagher

Mailing Address 12010 Starboard Dr.

City reston State MD Zip Code 21094

Purpose of Disbursement  
Earmarked - Rand Paul

Candidate Name  
RAND PAUL

Office Sought:  House  
 Senate  
 President  
State: KY District: 00

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.4455.0  
Date of Disbursement

10 / 22 / 2010

Amount of Each Disbursement this Period

112.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
Darian Rafie

Mailing Address 28W525 Diversey

City West Chicago State IL Zip Code 60185

Purpose of Disbursement  
Earmarked - Rand Paul

Candidate Name  
RAND PAUL

Office Sought:  House  
 Senate  
 President  
State: KY District: 00

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.4455.1  
Date of Disbursement

10 / 22 / 2010

Amount of Each Disbursement this Period

1.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
Darian Rafie

Mailing Address 28W525 Diversey

City West Chicago State IL Zip Code 60185

Purpose of Disbursement  
Earmarked - Rand Paul

Candidate Name  
RAND PAUL

Office Sought:  House  
 Senate  
 President  
State: KY District: 00

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.4455.2  
Date of Disbursement

10 / 22 / 2010

Amount of Each Disbursement this Period

1.00

[MEMO ITEM]

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)

<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)  
ACTRIGHT

<p><b>A.</b> Full Name (Last, First, Middle Initial) kathryn Housepian</p> <p>Mailing Address 962 walnut street</p> <p>City perrysburg State OH Zip Code 43551</p> <p>Purpose of Disbursement Earmarked - Rand Paul</p> <p>Candidate Name RAND PAUL</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 00</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.4455.3 <b>Date of Disbursement</b> 10 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 10.00</p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) margaret Gallagher</p> <p>Mailing Address 12010 Starboard Dr.</p> <p>City reston State MD Zip Code 21094</p> <p>Purpose of Disbursement Earmarked - Rand Paul</p> <p>Candidate Name RAND PAUL</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 00</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.4455.4 <b>Date of Disbursement</b> 10 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 7.00</p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Larry Hook</p> <p>Mailing Address 1320 SW 27th St. Apt. A2</p> <p>City Topeka State KS Zip Code 66611</p> <p>Purpose of Disbursement Earmarked - Rand Paul</p> <p>Candidate Name RAND PAUL</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 00</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.4455.5 <b>Date of Disbursement</b> 10 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 25.00</p> <p><b>[MEMO ITEM]</b></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)

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

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NAME OF COMMITTEE (In Full)  
ACTRIGHT

<p><b>A.</b> Full Name (Last, First, Middle Initial) Thomas Stauffer</p> <p>Mailing Address 3130 Hollyburne Ct</p> <p>City Glendale State CA Zip Code 91206</p> <p>Purpose of Disbursement Earmarked - Rand Paul</p> <p>Candidate Name RAND PAUL</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 00</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.4455.6 <b>Date of Disbursement</b> 10 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 50.00</p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Joseph LaBute</p> <p>Mailing Address 5932 Franklin TRL</p> <p>City Liberty Twp State OH Zip Code 45011</p> <p>Purpose of Disbursement Earmarked - Rand Paul</p> <p>Candidate Name RAND PAUL</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 00</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.4455.7 <b>Date of Disbursement</b> 10 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 25.00</p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Douglas Johnson</p> <p>Mailing Address 1020 S. Wabash Ave.</p> <p>City Chicago State IL Zip Code 60605</p> <p>Purpose of Disbursement Earmarked - Rand Paul</p> <p>Candidate Name RAND PAUL</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 00</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.4455.8 <b>Date of Disbursement</b> 10 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 50.00</p> <p><b>[MEMO ITEM]</b></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)  
ACTRIGHT

<p><b>A.</b> Full Name (Last, First, Middle Initial) Tom Stiff</p> <p>Mailing Address 16515 Chalmette Park</p> <p>City Cypress State TX Zip Code 77429</p> <p>Purpose of Disbursement Earmarked - Rand Paul</p> <p>Candidate Name RAND PAUL</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 00</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.4455.9 <b>Date of Disbursement</b> 10 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 5.00</p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) ROB STEELE FOR CONGRESS</p> <p>Mailing Address 320 N MAIN STREET SUITE 104</p> <p>City ANN ARBOR State MI Zip Code 48104</p> <p>Purpose of Disbursement Transmittal of Earmarked Contributions</p> <p>Candidate Name ROBERT L STEELE</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 15</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.4467 <b>Date of Disbursement</b> 11 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 14.40</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Thomas Peters</p> <p>Mailing Address 3018 Q ST Apt 2</p> <p>City Washington State DC Zip Code 20007</p> <p>Purpose of Disbursement Earmarked - Rob Steele</p> <p>Candidate Name ROBERT L STEELE</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 15</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.4467.0 <b>Date of Disbursement</b> 10 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 15.00</p> <p><b>[MEMO ITEM]</b></p>

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

14.40

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
ACTRIGHT

<b>A.</b> Full Name (Last, First, Middle Initial) ROSSI FOR SENATE <hr/> Mailing Address PO BOX 50713 <hr/> City BELLEVUE State WA Zip Code 98015 <hr/> Purpose of Disbursement Transmittal of Earmarked Contributions Candidate Name DINO ROSSI <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 00 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4451 Date of Disbursement 10 / 30 / 2010
	Amount of Each Disbursement this Period 30.72
	Category/ Type 011
	[MEMO ITEM]

<b>B.</b> Full Name (Last, First, Middle Initial) Brian Stephen Brown <hr/> Mailing Address 2029 K St., NW Ste. 300 <hr/> City Washington State DC Zip Code 20006 <hr/> Purpose of Disbursement Earmarked - Dino Rossi Candidate Name DINO ROSSI <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 00 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4451.0 Date of Disbursement 10 / 21 / 2010
	Amount of Each Disbursement this Period 25.00
	Category/ Type 005
	[MEMO ITEM]

<b>C.</b> Full Name (Last, First, Middle Initial) margaret Gallagher <hr/> Mailing Address 12010 Starboard Dr. <hr/> City reston State MD Zip Code 21094 <hr/> Purpose of Disbursement Earmarked - Dino Rossi Candidate Name DINO ROSSI <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 00 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4451.1 Date of Disbursement 10 / 22 / 2010
	Amount of Each Disbursement this Period 7.00
	Category/ Type 005
	[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	30.72
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<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)  
ACTRIGHT

<p><b>A.</b> Full Name (Last, First, Middle Initial) ROSSI FOR SENATE</p> <p>Mailing Address PO BOX 50713</p> <p>City BELLEVUE State WA Zip Code 98015</p> <p>Purpose of Disbursement Transmittal of Earmarked Contributions</p> <p>Candidate Name DINO ROSSI</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 00</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.4478 <b>Date of Disbursement:</b> 11 / 03 / 2010</p> <p>Amount of Each Disbursement this Period 48.00</p> <p>Category/Type: 011</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) John Brown</p> <p>Mailing Address 5611 Scharf Ave</p> <p>City Fontana State CA Zip Code 92336</p> <p>Purpose of Disbursement Earmarked - Dino Rossi</p> <p>Candidate Name DINO ROSSI</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 00</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.4478.0 <b>Date of Disbursement:</b> 10 / 26 / 2010</p> <p>Amount of Each Disbursement this Period 25.00</p> <p>[MEMO ITEM]</p> <p>Category/Type: 005</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Evan Jones</p> <p>Mailing Address 154 Golden Hills Dr</p> <p>City Grangeville State ID Zip Code 83530</p> <p>Purpose of Disbursement Earmarked - Dino Rossi</p> <p>Candidate Name DINO ROSSI</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 00</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.4478.1 <b>Date of Disbursement:</b> 10 / 26 / 2010</p> <p>Amount of Each Disbursement this Period 20.00</p> <p>[MEMO ITEM]</p> <p>Category/Type: 011</p>

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

48.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
ACTRIGHT

A.

Full Name (Last, First, Middle Initial)  
Rafael Hernandez

Mailing Address 3111 Dartmouth

City State Zip Code  
Rockford IL 61108

Purpose of Disbursement  
Earmarked - Dino Rossi

Candidate Name  
DINO ROSSI

Office Sought:  House  
 Senate  
 President  
State: WA District: 00

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Transaction ID: SB23.4478.2  
Date of Disbursement

10 / 26 / 2010

Amount of Each Disbursement this Period

5.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
TERESA COLLETT FOR CONGRESS

Mailing Address PO Box 40097

City State Zip Code  
ST PAUL MN 55105

Purpose of Disbursement  
Transmittal of Earmarked Contributions

Candidate Name  
TERESA STANTON COLLETT

Office Sought:  House  
 Senate  
 President  
State: MN District: 04

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Transaction ID: SB23.4435  
Date of Disbursement

10 / 22 / 2010

Amount of Each Disbursement this Period

176.64

C.

Full Name (Last, First, Middle Initial)  
margaret Gallagher

Mailing Address 12010 Starboard Dr.

City State Zip Code  
reston MD 21094

Purpose of Disbursement  
Earmarked - Teresa Collett

Candidate Name  
TERESA STANTON COLLETT

Office Sought:  House  
 Senate  
 President  
State: MN District: 04

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Transaction ID: SB23.4435.0  
Date of Disbursement

10 / 19 / 2010

Amount of Each Disbursement this Period

115.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

176.64

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)

<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)  
ACTRIGHT

A.	Full Name (Last, First, Middle Initial) margaret Gallagher	Transaction ID: SB23.4435.1 Date of Disbursement 10 / 19 / 2010
	Mailing Address 12010 Starboard Dr.	Amount of Each Disbursement this Period 69.00
	City reston State MD Zip Code 21094	
	Purpose of Disbursement Earmarked - Teresa Collett Candidate Name TERESA STANTON COLLETT Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 04	011 Category/Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) TOOMEY FOR SENATE COMMITTEE	Transaction ID: SB23.4439 Date of Disbursement 10 / 22 / 2010
	Mailing Address 2720 JORDAN ROAD	Amount of Each Disbursement this Period 43.20
	City OREFIELD State PA Zip Code 18069	
	Purpose of Disbursement Transmittal of Earmarked Contributions Candidate Name PATRICK JOSEPH TOOMEY Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 00	011 Category/Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Darian Rafie	Transaction ID: SB23.4439.0 Date of Disbursement 10 / 15 / 2010
	Mailing Address 28W525 Diversey	Amount of Each Disbursement this Period 1.00
	City West Chicago State IL Zip Code 60185	
	Purpose of Disbursement Earmarked - Pat Toomey Candidate Name PATRICK JOSEPH TOOMEY Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 00	011 Category/Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	43.20
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<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)  
ACTRIGHT

A.

Full Name (Last, First, Middle Initial)  
Brian Stephen Brown

Mailing Address 2029 K St., NW Ste. 300

City Washington State DC Zip Code 20006

Purpose of Disbursement  
Earmarked - Pat Toomey

Candidate Name  
PATRICK JOSEPH TOOMEY

Office Sought:  House  
 Senate  
 President

State: PA District: 00

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Transaction ID: SB23.4439.1  
Date of Disbursement

10 / 16 / 2010

Amount of Each Disbursement this Period

25.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
David Lejeune

Mailing Address 1303 Stamford Way

City Reston State VA Zip Code 20194

Purpose of Disbursement  
Earmarked - Pat Toomey

Candidate Name  
PATRICK JOSEPH TOOMEY

Office Sought:  House  
 Senate  
 President

State: PA District: 00

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Transaction ID: SB23.4439.2  
Date of Disbursement

10 / 18 / 2010

Amount of Each Disbursement this Period

19.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
TOOMEY FOR SENATE COMMITTEE

Mailing Address 2720 JORDAN ROAD

City OREFIELD State PA Zip Code 18069

Purpose of Disbursement  
Transmittal of Earmarked Contributions

Candidate Name  
PATRICK JOSEPH TOOMEY

Office Sought:  House  
 Senate  
 President

State: PA District: 00

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Transaction ID: SB23.4484  
Date of Disbursement

11 / 03 / 2010

Amount of Each Disbursement this Period

86.40

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

86.40

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
ACTRIGHT

<p><b>A.</b> Full Name (Last, First, Middle Initial) Joan Liut</p> <p>Mailing Address 17 Wilelinor Drive</p> <p>City Edgewater State MD Zip Code 21037</p> <p>Purpose of Disbursement Earmarked - Pat Toomey</p> <p>Candidate Name PATRICK JOSEPH TOOMEY</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 00</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.4484.0 <b>Date of Disbursement:</b> 10 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 15.00</p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) John Brown</p> <p>Mailing Address 5611 Scharf Ave</p> <p>City Fontana State CA Zip Code 92336</p> <p>Purpose of Disbursement Earmarked - Pat Toomey</p> <p>Candidate Name PATRICK JOSEPH TOOMEY</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 00</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.4484.1 <b>Date of Disbursement:</b> 10 / 26 / 2010</p> <p>Amount of Each Disbursement this Period 25.00</p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Susan Skinner</p> <p>Mailing Address 525 Bienville Rd</p> <p>City Folsom State LA Zip Code 70437</p> <p>Purpose of Disbursement Earmarked - Pat Toomey</p> <p>Candidate Name PATRICK JOSEPH TOOMEY</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 00</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.4484.2 <b>Date of Disbursement:</b> 10 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 50.00</p> <p><b>[MEMO ITEM]</b></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 122 / 126

<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)  
ACTRIGHT

<p><b>A.</b> Full Name (Last, First, Middle Initial) VAN TRAN FOR CONGRESS</p> <p>Mailing Address 2150 RIVER PLAZA DR #150</p> <p>City SACRAMENTO State CA Zip Code 95833</p> <p>Purpose of Disbursement Transmittal of Earmarked Contributions</p> <p>Candidate Name VAN TRAN</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 47</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.4431 <b>Date of Disbursement</b> 10 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 43.20</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Darian Rafie</p> <p>Mailing Address 28W525 Diversey</p> <p>City West Chicago State IL Zip Code 60185</p> <p>Purpose of Disbursement Earmarked - Van Tran</p> <p>Candidate Name VAN TRAN</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 47</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.4431.0 <b>Date of Disbursement</b> 10 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 1.00</p> <p>[MEMO ITEM]</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Brian Stephen Brown</p> <p>Mailing Address 2029 K St., NW Ste. 300</p> <p>City Washington State DC Zip Code 20006</p> <p>Purpose of Disbursement Earmarked - Van Tran</p> <p>Candidate Name VAN TRAN</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 47</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.4431.1 <b>Date of Disbursement</b> 10 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 25.00</p> <p>[MEMO ITEM]</p> <p>011 Category/ Type</p>

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

43.20

**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)

<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)  
ACTRIGHT

<p><b>A.</b> Full Name (Last, First, Middle Initial) David Lejeune</p> <p>Mailing Address 1303 Stamford Way</p> <p>City Reston State VA Zip Code 20194</p> <p>Purpose of Disbursement Earmarked - Van Tran</p> <p>Candidate Name VAN TRAN</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 47</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.4431.2 <b>Date of Disbursement</b> 10 / 18 / 2010</p> <p>Amount of Each Disbursement this Period 19.00</p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) VAN TRAN FOR CONGRESS</p> <p>Mailing Address 2150 RIVER PLAZA DR #150</p> <p>City SACRAMENTO State CA Zip Code 95833</p> <p>Purpose of Disbursement Transmittal of Earmarked Contributions</p> <p>Candidate Name VAN TRAN</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 47</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.4486 <b>Date of Disbursement</b> 11 / 03 / 2010</p> <p>Amount of Each Disbursement this Period 24.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) John Brown</p> <p>Mailing Address 5611 Scharf Ave</p> <p>City Fontana State CA Zip Code 92336</p> <p>Purpose of Disbursement Earmarked - Van Tran</p> <p>Candidate Name VAN TRAN</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 47</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.4486.0 <b>Date of Disbursement</b> 10 / 26 / 2010</p> <p>Amount of Each Disbursement this Period 25.00</p> <p><b>[MEMO ITEM]</b></p>

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

24.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
ACTRIGHT

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>WEGNER FOR CONGRESS</b>	<b>Transaction ID:</b> SB23.4429 Date of Disbursement 10 / 22 / 2010	
	Mailing Address 8221 TURSI LODGE CT		
	City LAS VEGAS State NV Zip Code 89131	Amount of Each Disbursement this Period	7.68
	Purpose of Disbursement Transmittal of Earmarked Contributions	011 Category/ Type	
	Candidate Name KENNETH ALEXANDER WEGNER		
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 01	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>Darian Rafie</b>	<b>Transaction ID:</b> SB23.4429.0 Date of Disbursement 10 / 15 / 2010	
	Mailing Address 28W525 DIVERSEY		
	City West Chicago State IL Zip Code 60185	Amount of Each Disbursement this Period	1.00
	Purpose of Disbursement Earmarket - Kenneth Wegner	011 Category/ Type	
	Candidate Name KENNETH ALEXANDER WEGNER		
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 01	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>Ralfie Hernandez</b>	<b>Transaction ID:</b> SB23.4429.1 Date of Disbursement 10 / 15 / 2010	
	Mailing Address 3111 DARTMOUTH		
	City Rockford State IL Zip Code 61108	Amount of Each Disbursement this Period	1.00
	Purpose of Disbursement Earmarked - Kenenth Wegner	011 Category/ Type	
	Candidate Name KENNETH ALEXANDER WEGNER		
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 01	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	7.68
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)  
ACTRIGHT

<p><b>A.</b> Full Name (Last, First, Middle Initial) Ralfie Hernandez</p> <p>Mailing Address 3111 Dartmouth</p> <p>City Rockford State IL Zip Code 61108</p> <p>Purpose of Disbursement Earmarked - Kenenth Wegner</p> <p>Candidate Name KENNETH ALEXANDER WEGNER</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 01</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.4429.2 <b>Date of Disbursement:</b> 10 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 4.00</p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Rafael Hernandez</p> <p>Mailing Address 3111 Dartmouth</p> <p>City Rockford State IL Zip Code 61108</p> <p>Purpose of Disbursement Earmarked - Kenenth Wegner</p> <p>Candidate Name KENNETH ALEXANDER WEGNER</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 01</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.4429.3 <b>Date of Disbursement:</b> 10 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 1.00</p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Rafael Hernandez</p> <p>Mailing Address 3111 Dartmouth</p> <p>City Rockford State IL Zip Code 61108</p> <p>Purpose of Disbursement Earmarked - Kenenth Wegner</p> <p>Candidate Name KENNETH ALEXANDER WEGNER</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 01</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.4429.4 <b>Date of Disbursement:</b> 10 / 18 / 2010</p> <p>Amount of Each Disbursement this Period 1.00</p> <p><b>[MEMO ITEM]</b></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	3393.84

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
ACTRIGHT

A.	Full Name (Last, First, Middle Initial) National Organization for Marriage	Transaction ID: SB29.4536 Date of Disbursement
	Mailing Address 2029 K Street, NW Suite 300	<input type="text" value="11"/> / <input type="text" value="01"/> / <input type="text" value="2010"/>
	City Washington State DC Zip Code 20006	Amount of Each Disbursement this Period
	Purpose of Disbursement Transmittal of Earmarked Contributions	<input type="text" value="1003.68"/>
	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) stephen linder	Transaction ID: SB29.4536.2 Date of Disbursement
	Mailing Address 112 e. allegan suite 700	<input type="text" value="10"/> / <input type="text" value="22"/> / <input type="text" value="2010"/>
	City lansing State MI Zip Code 48933	Amount of Each Disbursement this Period
	Purpose of Disbursement Earmarked - National Organization for Marriage	<input type="text" value="1000.00"/>
	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) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) National Organization for Marriage	Transaction ID: SB29.4539 Date of Disbursement
	Mailing Address 2029 K Street, NW Suite 300	<input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2010"/>
	City Washington State DC Zip Code 20006	Amount of Each Disbursement this Period
	Purpose of Disbursement Transmittal of Earmarked Contributions	<input type="text" value="100.80"/>
	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>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="1104.48"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="1104.48"/>