

# 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  
Americans for New Leadership

ADDRESS (number and street) PO Box 80252  
 Check if different than previously reported. (ACC)  
Las Vegas NV 89180

2. **FEC IDENTIFICATION NUMBER** C00485821  
**3. IS THIS REPORT**  NEW (N) **OR**  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on 11 02 2010 in the State of NV

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 Christopher M Marston

Signature of Treasurer Electronically Filed by Christopher M Marston Date 04 13 2011

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

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

A. Form/Schedule : **F3XA**

Transaction ID :

This amendment responds to an RFAI dated March 9, 2011. The RFAI includes 4 itemized issues. Each is addressed by number. (1) 30G Beginning Balance does not match 12G Closing Balance. The discrepancy has been resolved through amendments to both the 12G and 30G. (2) Line 8 Cash-on-hand for the period and the year do not match. The discrepancy has been resolved. (3) Negative Ending Balance. The Committee discovered a data entry error that caused all receipts from one of the Committee's contributions sources not to be reported. The Committee has corrected the data entry problem. The full details of the problem and its resolution are explained in the amended October Quarterly report. (4) 48-Hour Notices do not match Report. The Committee regrets its oversight in failing to include the appropriate Schedule E entries on the report to match its correctly-filed October 14 48-Hour independent expenditure notice opposing Harry Reid and supporting Joe Heck. The Committee will endeavor to improve the reporting of Schedule E transactions on future reports.

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

Write or Type Committee Name  
Americans for New Leadership

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>X</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>	X	Y	Y	Y	2	0	1	0		0.00
X	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	84937.60									
(c) Total Receipts (from Line 19) .....	85293.60	1345439.60								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	170231.20	1345439.60								
7. Total Disbursements (from Line 31) .....	153120.75	1328329.15								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	17110.45	17110.45								
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**

Write or Type Committee Name  
Americans for New Leadership

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) .....	19788.00	492139.00
(ii) Unitemized .....	63466.70	851261.70
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	83254.70	1343400.70
(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) .....	83254.70	1343400.70
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) .....	2038.90	2038.90
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)) .....	85293.60	1345439.60
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	85293.60	1345439.60

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	146170.75	1080118.62
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	146170.75	1080118.62
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E) .....	6950.00	245950.53
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	2260.00
(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	2260.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	153120.75	1328329.15
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	153120.75	1328329.15

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) .....	83254.70	1343400.70
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	2260.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	83254.70	1341140.70
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	146170.75	1080118.62
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	2038.90	2038.90
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	144131.85	1078079.72

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

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

FOR LINE NUMBER: PAGE 7 / 96  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

NAME OF COMMITTEE (In Full)  
Americans for New Leadership

**A.** Full Name (Last, First, Middle Initial)  
JAMES E. ANDERSON

Mailing Address 99 SAN ANSELMO AVE.

City State Zip Code  
SAN FRANCISCO CA 94127-1511

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
SILICON VALLEY BANK BANKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

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

**Transaction ID:** SA11.21627

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
JERRY ASKIN

Mailing Address 7135 RAVEN DRIVE

City State Zip Code  
BELGRADE MT 59714-8118

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
BARNARD CONST CO ESTIMATOR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt M M / D D / Y Y Y Y  
11 / 02 / 2010

**Transaction ID:** SA11.23242

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
ARTHUR BARRETT

Mailing Address 369 KELSEY HILL RD

City State Zip Code  
MIDDLEBURGH NY 12122-7107

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt M M / D D / Y Y Y Y  
10 / 15 / 2010

**Transaction ID:** SA11.22378

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... 400.00

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

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

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

FOR LINE NUMBER: PAGE 8 / 96

(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)  
Americans for New Leadership

**A.**

Full Name (Last, First, Middle Initial)  
FRANK W. BAUMGARTNER

Mailing Address 3081 S SPRUCE WAY

City State Zip Code  
DENVER CO 80231-4159

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

Name of Employer Occupation  
PRAIRIE PETROLEUM GEOLOGIST

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 350.00

Date of Receipt

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

Transaction ID: SA11.22468

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
ROBERT BECKMAN

Mailing Address 9225 STRASSE BOULEVARD

City State Zip Code  
PUNTA GORDA FL 33982-2339

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

Name of Employer Occupation  
BECKMAN CONCRETE MASON

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 350.00

Date of Receipt

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

Transaction ID: SA11.22199

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
JAMES JOSEPH BEESON

Mailing Address 13300-56 S CLEVELAND AVE  
APT 276

City State Zip Code  
FORT MYERS FL 33907-3871

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

Name of Employer Occupation  
NONE RETIRED

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 590.00

Date of Receipt

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

Transaction ID: SA11.22478

Amount of Each Receipt this Period

250.00

CONTRIBUTION

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

400.00

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

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

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

FOR LINE NUMBER: PAGE 9 / 96  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Americans for New Leadership

**A.** Full Name (Last, First, Middle Initial)  
JANICE B. BENNETT

Mailing Address 2213 N. SUNRISE DR

City State Zip Code  
ROUND LAKE BEACH IL 60073-4049

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

Name of Employer Occupation  
UNEMPLOYED HOSPITAL CHAPLAIN

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 1 0

**Transaction ID:** SA11.21584

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
VINCE L. BERLAND

Mailing Address 2333 LARK ROAD

City State Zip Code  
ABILENE KS 67410-7239

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

Name of Employer Occupation  
SELF EMPLOYED FARMER

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 250.00

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

**Transaction ID:** SA11.22041

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
MARK BIRK

Mailing Address 4031 COLUMBIA PIKE

City State Zip Code  
ARLINGTON VA 22204-4104

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

Name of Employer Occupation  
US GOV LTCOL

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 380.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 1 0

**Transaction ID:** SA11.21998

Amount of Each Receipt this Period  
10.00

CONTRIBUTION

**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: PAGE 10 / 96  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Americans for New Leadership

**A.** Full Name (Last, First, Middle Initial)  
EYVIND BOYESEN

Mailing Address 35 RUEN RD

City State Zip Code  
KEMPTON PA 19529-8833

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

Name of Employer Occupation  
SELF ENGINEER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 1 0

**Transaction ID:** SA11.21623

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
PETER BRENNAN

Mailing Address 3421 W/ GALVESTON PL.

City State Zip Code  
BROKEN ARROW OK 74012-3254

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

Name of Employer Occupation  
SELF-EMPLOYED BUSINESS OWNER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

**Transaction ID:** SA11.22921

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
BARBARA BROWN

Mailing Address P.O. BOX 1098

City State Zip Code  
PRAIRIE GROVE AR 72753-1098

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

Name of Employer Occupation  
NONE RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 1 0

**Transaction ID:** SA11.21617

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► **350.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 96

(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)  
Americans for New Leadership

**A.**

Full Name (Last, First, Middle Initial)  
LINDA CASALE

Mailing Address 1410 VANCOUVER DRIVE

City State Zip Code  
ARLINGTON TX 76012-2611

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

Name of Employer Occupation  
GSA PURCHASING AGENT

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 380.00

Date of Receipt

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

Transaction ID: SA11.21629

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

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

Mailing Address 522 NORTH STATE RD. SUITE 102

City State Zip Code  
BRIARCLIFF MANOR NY 10510-1536

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

Name of Employer Occupation  
SELF SINGER-SONGWRITER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 350.00

Date of Receipt

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

Transaction ID: SA11.21748

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
RALPH CHAPMAN

Mailing Address 7955 CARUTH COURT

City State Zip Code  
DALLAS TX 75225-8125

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

Name of Employer Occupation  
RETIRED RADIO BROADCASTER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1500.00

Date of Receipt

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

Transaction ID: SA11.22479

Amount of Each Receipt this Period

500.00

CONTRIBUTION

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

650.00

**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 12 / 96
	<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)  
Americans for New Leadership

<b>A.</b>	Full Name (Last, First, Middle Initial) HARRY COMBS JR	Date of Receipt MM / DD / YYYY 10 / 17 / 2010
	Mailing Address 158 SOUTH FOREST ST.	Transaction ID: SA11.23088
	City State Zip Code DENVER CO 80246-1147	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. <b>C</b>	CONTRIBUTION
	Name of Employer IAS INC. Occupation EXECUTIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) CINDY CRAWFORD	Date of Receipt MM / DD / YYYY 10 / 16 / 2010
	Mailing Address 3719 LANGTRY DR.	Transaction ID: SA11.22475
	City State Zip Code AMARILLO TX 79109-3925	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	CONTRIBUTION
	Name of Employer SELF Occupation HOMEMAKER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) PAT C. DAVIS	Date of Receipt MM / DD / YYYY 10 / 31 / 2010
	Mailing Address 2419 B. FISK LANE	Transaction ID: SA11.22048
	City State Zip Code REDONDO BEACH CA 90278-5103	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. <b>C</b>	CONTRIBUTION
	Name of Employer PATRICK C DAVIS, CLU Occupation INSURANCE SALES Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	175.00
<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 13 / 96

(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)  
Americans for New Leadership

**A.**

Full Name (Last, First, Middle Initial)  
EDWARD DEMPSEY

Mailing Address 130 GLENWOOD AVE, APT 32

City State Zip Code  
YONKERS NY 10703-2637

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

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

Transaction ID: SA11.21675

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
MARGIE DETIEGE

Mailing Address 2838 MADEIRA WAY

City State Zip Code  
PLEASANT HILL CA 94523-2023

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

Name of Employer Occupation  
WIRELESS INDUSTRY PROJECT MANAGER

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

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

Transaction ID: SA11.21705

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
TIMOTHY ERNEST DOCTER

Mailing Address 7778 BOCA RATON DR.

City State Zip Code  
LAS VEGAS NV 89113-1313

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

Name of Employer Occupation  
RETIRED CIVIL ENGINEER

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1050.00

Date of Receipt

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

Transaction ID: SA11.22556

Amount of Each Receipt this Period

100.00

CONTRIBUTION

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

250.00

**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 / 96

(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)  
Americans for New Leadership

**A.**

Full Name (Last, First, Middle Initial)  
ALICE ALANE DONZELLI

Mailing Address 7200 HOME AVENUE  
P.O. BOX 366

City State Zip Code  
HARBERT MI 49115-5133

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

Name of Employer Occupation  
N/A RETIRED

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 425.00

Date of Receipt

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

Transaction ID: SA11.22003

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
ROBERT M. DOTY

Mailing Address 3 SPRUCE STREET

City State Zip Code  
EAST HAMPTON NY 11937-4816

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

Name of Employer Occupation  
BROOKHAVEN NATIONAL LAB PROJET ENGINEER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

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

Transaction ID: SA11.22245

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
EDIE DOWDLE

Mailing Address 219 HUCKLEBERRY HILLS RD.

City State Zip Code  
COLUMBUS MS 39705-1619

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

Name of Employer Occupation  
RETIRED HOUSEWIFE

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

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

Transaction ID: SA11.22964

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**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 15 / 96

(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)  
Americans for New Leadership

**A.**

Full Name (Last, First, Middle Initial)  
ORVILLE G. G. ELLIOTT

Mailing Address 4421 SADDLEHORN TRAIL

City State Zip Code  
MIDDLEBURG FL 32068-3243

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 225.00

Date of Receipt

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

Transaction ID: SA11.22521

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
HARTSON FILLMORE

Mailing Address 2712 MANORWOOD TRAIL

City State Zip Code  
FORT WORTH TX 76109-9589

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 350.00

Date of Receipt

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

Transaction ID: SA11.22523

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
WALTER FINGERER

Mailing Address 3001 NW 49TH AVE  
SUITE 207 EAST

City State Zip Code  
FORT LAUDERDALE FL 33313-7266

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

Name of Employer Occupation  
SELF PHYSICIAN

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

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

Transaction ID: SA11.22264

Amount of Each Receipt this Period

50.00

CONTRIBUTION

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

200.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 96

(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)  
Americans for New Leadership

**A.**

Full Name (Last, First, Middle Initial)  
JOHN FIRESTONE

Mailing Address 349 FAIRFIELD AVE  
SUITE E

City State Zip Code  
GRETNA LA 70056-7004

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

Name of Employer Occupation  
PHYSICIAN PHYSICIANS OF RIVER RIDGE

Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt

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

Transaction ID: SA11.23233

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
BERNIE FRANCIS

Mailing Address 2343 HIGHLAQNDSCREEK ROAD

City State Zip Code  
CARROLLTON TX 75007-2007

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

Name of Employer Occupation  
BUSINESS CONTROL SYSTEMS, LP EXECUTIVE

Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt

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

Transaction ID: SA11.23105

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
JOSEPH FURLONG

Mailing Address 336 WILD WILLOW DR

City State Zip Code  
EL PASO TX 79922-1848

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

Name of Employer Occupation  
SELF PHYSICIAN

Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼ 275.00

Date of Receipt

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

Transaction ID: SA11.22529

Amount of Each Receipt this Period

175.00

CONTRIBUTION

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

525.00

**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 17 / 96  
(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)  
Americans for New Leadership

**A.**

Full Name (Last, First, Middle Initial)  
GALE GARDNER

Mailing Address 309 MILLICENT WAY

City State Zip Code  
SHREVEPORT LA 71106-6018

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

Name of Employer Occupation  
LSU HEALTH SCIENCE CENTER - SHREVEPORT PHYSICIAN

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 1 0

Transaction ID: SA11.21698

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
JEANETTE GERLACK

Mailing Address 26 SLABTOWN RD,

City State Zip Code  
ELMER NJ 08318-2707

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

Name of Employer Occupation  
RETIRED ADMINISTRATION

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.22476

Amount of Each Receipt this Period  
150.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
LAURA GIRIMONTI

Mailing Address 374 BURNS STREET

City State Zip Code  
FOREST HILLS NY 11375-6133

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

Name of Employer Occupation  
NONE NONE

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 425.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 1 0

Transaction ID: SA11.21692

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► 300.00

**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 18 / 96
	<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)  
Americans for New Leadership

**A.**

Full Name (Last, First, Middle Initial) WILLIAM GOW		Date of Receipt MM / DD / YYYY 11 / 02 / 2010
Mailing Address 120 26TH ST		Transaction ID: SA11.22561
City MANHATTAN BEACH	State CA	Zip Code 90266-2160
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 100.00	
Name of Employer KAISER PERMANENTE	Occupation PHYSICIAN	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

**B.**

Full Name (Last, First, Middle Initial) JAMES H. GRAVES		Date of Receipt MM / DD / YYYY 10 / 31 / 2010
Mailing Address 8409 PICKWICK LN 429		Transaction ID: SA11.21757
City DALLAS	State TX	Zip Code 75225-5323
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 100.00	
Name of Employer ERWIN, GRAVES & ASSOCIATES	Occupation PARTNER	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

**C.**

Full Name (Last, First, Middle Initial) BRUCE GREENAN		Date of Receipt MM / DD / YYYY 10 / 27 / 2010
Mailing Address 508 BAROOSHIAN COURT		Transaction ID: SA11.21745
City AUBURN	State CA	Zip Code 95603-3679
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 100.00	
Name of Employer SELF EMPLOYED	Occupation BUSINESS CONSULTANT	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	300.00
<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 19 / 96  
(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)  
Americans for New Leadership

**A.**

Full Name (Last, First, Middle Initial) RAY GRIFFITH		Date of Receipt MM / DD / YYYY 10 / 27 / 2010
Mailing Address 1670 KELLER PARKWAY SUITE 200		Transaction ID: SA11.21801
City KELLER	State TX	Zip Code 76248-3770
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer GRANITE FINANCIAL GROUP	Occupation WEALTH ADVISOR	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

**B.**

Full Name (Last, First, Middle Initial) BARBARA K. GROH		Date of Receipt MM / DD / YYYY 10 / 17 / 2010
Mailing Address 6400 SHAWNEE PINES		Transaction ID: SA11.22985
City CINCINNATI	State OH	Zip Code 45243-3154
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer RETIRED	Occupation HOMEMAKER	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

**C.**

Full Name (Last, First, Middle Initial) DONALD GUMPERTZ		Date of Receipt MM / DD / YYYY 10 / 31 / 2010
Mailing Address P.O.BOX 2450		Transaction ID: SA11.22064
City TOLUCA LAKE	State CA	Zip Code 91610-0450
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer RETIRED	Occupation NONE	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1150.00
<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 20 / 96  
(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)  
Americans for New Leadership

**A.**

Full Name (Last, First, Middle Initial)  
RONALD E. HAWLEY

Mailing Address 6301 STEVEMSPM AVE.  
#1313

City State Zip Code  
ALEXANDRIA VA 22304

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

Name of Employer NONE Occupation RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 4 / 2 0 1 0

Transaction ID: SA11.21809

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
DONALD S. HERBERT

Mailing Address 1557 TRIMINGHAM DRIVE

City State Zip Code  
PLEASANTON CA 94566-8407

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

Name of Employer PRIVATE FUNDING SOLUTIONS, INC. Occupation CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 1 0

Transaction ID: SA11.21598

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
CAROL A. HOFFMAN

Mailing Address 1854 W. CAPE COD WAY

City State Zip Code  
LITTLETON CO 80120-5518

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: SA11.21727

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► **325.00**

**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 / 96  
(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)  
Americans for New Leadership

**A.**

Full Name (Last, First, Middle Initial)  
LEE M. HOLMES

Mailing Address 530 WEST O'BRIEN DR.

City State Zip Code  
HAGATNA GU 96910-4926

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

Name of Employer Occupation  
SOUTHERN MEDIA, INC. MANAGER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5750.00

Date of Receipt  
MM / DD / YYYY  
11 / 15 / 2010

Transaction ID: SA11.21813

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
LAWRENCE HUBBART

Mailing Address 3095 KEY HARBOUR DRIVE

City State Zip Code  
LAKE SAINT LOUIS MO 63367-2097

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

Name of Employer Occupation  
AMERICAN POOLPLAYERS ASSO- EXECUTIVE VICE PRESIDENT  
C.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
10 / 14 / 2010

Transaction ID: SA11.22864

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
JEFF JERNIGAN

Mailing Address 5232 LOCKWOOD LN

City State Zip Code  
POWDER SPRINGS GA 30127-4915

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

Name of Employer Occupation  
PINKERTON & LAWS CONTRACTOR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

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

Transaction ID: SA11.22919

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► **450.00**

**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 / 96  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Americans for New Leadership

**A.** Full Name (Last, First, Middle Initial)  
HARRISON JOHNSTON

Mailing Address 309 EMPIRE LAKES DRIVE

City State Zip Code  
RALEIGH NC 27617

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

Name of Employer NONE Occupation RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 11 / 02 / 2010  
Transaction ID: SA11.22407  
Amount of Each Receipt this Period: 100.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
ROBERT JOHNSON

Mailing Address 163 LOS VIENTOS

City State Zip Code  
SAN CARLOS CA 94070-1508

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt: 10 / 27 / 2010  
Transaction ID: SA11.21800  
Amount of Each Receipt this Period: 25.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
GARY L. KANTOR

Mailing Address 2816 VISTA DEL SOL AVE

City State Zip Code  
LAS VEGAS NV 89120-3610

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

Name of Employer NA Occupation PHYSICIAN/RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt: 10 / 15 / 2010  
Transaction ID: SA11.22863  
Amount of Each Receipt this Period: 200.00  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► 325.00

**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 / 96  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Americans for New Leadership

**A.** Full Name (Last, First, Middle Initial)  
PAT G. KEELEY

Mailing Address 6596A REFLECTIONS DRIVE

City State Zip Code  
DUBLIN OH 43017-2347

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

Name of Employer AMERICAN HEALTH NETWORK      Occupation PHYSICIAN

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      300.00

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

**Transaction ID:** SA11.21835

Amount of Each Receipt this Period  
200.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
JAMES LAWRENCE KNOBLAUCH

Mailing Address 413 GRANADA TERRACE

City State Zip Code  
WARNER ROBINS GA 31088-4035

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

Name of Employer NONE      Occupation RETIRED SENIOR CITIZEN

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

**Transaction ID:** SA11.22028

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
ETHEL LANGFORD

Mailing Address 1725 10 RD

City State Zip Code  
MACK CO 81525-9778

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

Name of Employer NONE      Occupation RETIRED

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      450.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 1 0

**Transaction ID:** SA11.21722

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► **750.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 96  
(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)  
Americans for New Leadership

**A.**

Full Name (Last, First, Middle Initial) DOUGLAS REED LATHROP		Date of Receipt MM / DD / YYYY 10 / 31 / 2010
Mailing Address 3609 SAINSBURY LANE C/O CARACAS POUCH		Transaction ID: SA11.21609
City GREENSBORO	State NC	Zip Code 27409-9218
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer FLORIDA FUELS	Occupation EXECUTIVE	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

**B.**

Full Name (Last, First, Middle Initial) MARIANNE LAWLER		Date of Receipt MM / DD / YYYY 10 / 25 / 2010
Mailing Address P.O. BOX 4801		Transaction ID: SA11.22515
City HORSESHOE BAY	State TX	Zip Code 78657-4801
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer RETIRED	Occupation TECHNICAL DIRECTOR	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

**C.**

Full Name (Last, First, Middle Initial) ROBERT LINDHOLM		Date of Receipt MM / DD / YYYY 10 / 15 / 2010
Mailing Address 14007 HUGHES LN		Transaction ID: SA11.22207
City DALLAS	State TX	Zip Code 75254-8649
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer ON OUR OWN SERVICESINC	Occupation CEO	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	200.00
<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 25 / 96  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

NAME OF COMMITTEE (In Full)  
Americans for New Leadership

**A.** Full Name (Last, First, Middle Initial)  
GARY LOCKE

Mailing Address 2602 BOOGER HILL ROAD

City State Zip Code  
DANIELSVILLE GA 30633-6102

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

Name of Employer Occupation  
USN/STATE OF GEORGIA RETIRED

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 450.00

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

**Transaction ID:** SA11.22968

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
KEITH LORING

Mailing Address 116 CAMP DRIVE

City State Zip Code  
GEORGETOWN TX 78633-4882

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 275.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

**Transaction ID:** SA11.22467

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
NANCY LUCHT

Mailing Address 4 DOGWOOD LANE

City State Zip Code  
GREENWICH CT 06830-3917

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 300.00

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

**Transaction ID:** SA11.22555

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► 250.00

**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 / 96  
(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)  
Americans for New Leadership

**A.**

Full Name (Last, First, Middle Initial)  
SANDRA A. MALLIN

Mailing Address 1040 PINEHURST DR

City State Zip Code  
LAS VEGAS NV 89109-1522

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

Name of Employer NONE Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

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

Transaction ID: SA11.21845

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
CLIFTON BRYANT MAYO

Mailing Address 4803 GASTON AVE

City State Zip Code  
DALLAS TX 75246-1020

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

Name of Employer SELF Occupation IT CONSULTING

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 1 0

Transaction ID: SA11.21622

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
JOHN MCCLURE

Mailing Address 101 SHAN HILL LANE

City State Zip Code  
BOYCE VA 22620-2436

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

Name of Employer RETIRED Occupation GEOLOGIST

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 410.00

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

Transaction ID: SA11.22406

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► **200.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 96  
(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)  
Americans for New Leadership

**A.**

Full Name (Last, First, Middle Initial)  
JAMES MCDONOUGH

Mailing Address 403 GRANDVIEW AVENUE

City State Zip Code  
PITTSBURGH PA 15211-1551

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

Name of Employer  
CATHOLIC DIOCESE OF PITTSBURGH

Occupation  
ROMAN CATHOLIC PRIEST

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

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

Transaction ID: SA11.23104

Amount of Each Receipt this Period  
200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
ROSEMARY MCMAHON

Mailing Address 8816 SPARKLE CT.

City State Zip Code  
MYRTLE BEACH SC 29579-1875

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

Name of Employer  
NONE

Occupation  
RETIRED PROFESSOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  
MM / DD / YYYY  
11 / 01 / 2010

Transaction ID: SA11.21785

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
DR. DONALD MERRYMAN

Mailing Address 2605 WHITEFORD RD.

City State Zip Code  
WHITEFORD MD 21160-1103

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

Name of Employer  
SELF

Occupation  
VETERINARIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

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

Transaction ID: SA11.23031

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **500.00**

**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 28 / 96
	<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)  
Americans for New Leadership

<b>A.</b>	Full Name (Last, First, Middle Initial) TILLMAN MARION MOORE	Date of Receipt MM / DD / YYYY 10 / 27 / 2010
	Mailing Address 909 MARINE DR	<b>Transaction ID:</b> SA11.21898
	City State Zip Code BELLINGHAM WA 98225-8461	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	<b>CONTRIBUTION</b>
Name of Employer MEDICAL DIRECTOR	Occupation PACIFIC COAST TISSUE BANK	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) DON A. NAEVE	Date of Receipt MM / DD / YYYY 10 / 15 / 2010
	Mailing Address 1230 EASTWICK CIRCLE	<b>Transaction ID:</b> SA11.21842
	City State Zip Code MURPHY TX 75094-4185	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. <b>C</b>	<b>CONTRIBUTION</b>
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) JOHN NOLTE	Date of Receipt MM / DD / YYYY 10 / 17 / 2010
	Mailing Address 9400 PONDEROSA	<b>Transaction ID:</b> SA11.22124
	City State Zip Code ANCHORAGE AK 99507-6074	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	<b>CONTRIBUTION</b>
Name of Employer SELF	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	225.00
<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 29 / 96

(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)  
Americans for New Leadership

**A.**

Full Name (Last, First, Middle Initial)  
ROBERT NORTH

Mailing Address 20707 SUTHERLAND DAM RD

City State Zip Code  
RAMONA CA 92065-5447

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

Name of Employer Occupation  
RETIRED MANAGER

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt

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

Transaction ID: SA11.22856

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
VIRGINIA NORTON

Mailing Address 1512 N. FREMONT ST.  
SUITE 102

City State Zip Code  
CHICAGO IL 60642-2567

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

Name of Employer Occupation  
AMERICAN DENTAL CO. OFFICE AND BUSINESS MANAGER

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

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

Transaction ID: SA11.21773

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
DANIEL LEE PARKER

Mailing Address 2312 BUTTERCUP DR.

City State Zip Code  
RICHARDSON TX 75082-2341

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

Name of Employer Occupation  
TASC, INC. ENGINEER

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 550.00

Date of Receipt

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

Transaction ID: SA11.22067

Amount of Each Receipt this Period

100.00

CONTRIBUTION

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

250.00

**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 / 96  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Americans for New Leadership

**A.** Full Name (Last, First, Middle Initial)  
SANFORD PASSER

Mailing Address 1001 W. 13 MILE RD.

City MADISON HEIGHTS State MI Zip Code 48071-1602

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

Name of Employer SELF Occupation ATTORNEY/BUSINESSMAN

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt: 11 / 01 / 2010  
**Transaction ID:** SA11.22549  
 Amount of Each Receipt this Period: 50.00  
**CONTRIBUTION**

**B.** Full Name (Last, First, Middle Initial)  
ROBERT PERKINS

Mailing Address 2101 ALEJANDRO DRIVE

City SANTA ROSA State CA Zip Code 95405-8101

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 31 / 2010  
**Transaction ID:** SA11.21593  
 Amount of Each Receipt this Period: 100.00  
**CONTRIBUTION**

**C.** Full Name (Last, First, Middle Initial)  
DANIEL PERSCHBACHER

Mailing Address 8397 KERRY CT

City ST JOHN State IN Zip Code 46373-9171

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

Name of Employer DPTECH Occupation SOFTWARE DEVELOPER

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt: 11 / 16 / 2010  
**Transaction ID:** SA11.21818  
 Amount of Each Receipt this Period: 200.00  
**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional) ..... ► 350.00

**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 / 96  
(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)  
Americans for New Leadership

**A.**

Full Name (Last, First, Middle Initial)  
TRACY PFEIFER

Mailing Address 1675 YORK AVENUE

City State Zip Code  
NEW YORK NY 10128-6752

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

Name of Employer SELF Occupation PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 15 / 2010

Transaction ID: SA11.22116

Amount of Each Receipt this Period: 100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
SARAH P. PYLE

Mailing Address 1456 HAMPTON HILL CIRCLE

City State Zip Code  
MCLEAN VA 22101-6010

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

Name of Employer N/A Occupation RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt: 11 / 01 / 2010

Transaction ID: SA11.21830

Amount of Each Receipt this Period: 500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
DAVID QUINLAN

Mailing Address N4404 LAKESHORE DR

City State Zip Code  
KEWAUNEE WI 54216-9726

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

Name of Employer NONE Occupation NONE (RETIRED)

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 405.00

Date of Receipt: 11 / 02 / 2010

Transaction ID: SA11.22554

Amount of Each Receipt this Period: 55.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 655.00

**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 / 96  
(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)  
Americans for New Leadership

**A.**

Full Name (Last, First, Middle Initial)  
DAN REAGAN

Mailing Address 7384 SEA PINES PLACE

City State Zip Code  
WEST CHESTER OH 45069-6587

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

Name of Employer Occupation  
U S THERMAL ENGINEER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.22902

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
JOHN REINHART

Mailing Address 9 MANORWOOD DR.

City State Zip Code  
BLOOMFIELD HILLS MI 48304-2129

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

Name of Employer Occupation  
SELF EMPLOYED FINANCIAL ADVISOR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

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

Transaction ID: SA11.22530

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
JOHNNY RIBEIRO, JR.

Mailing Address 3983 S MCCARRAN BLVD  
SUITE 321

City State Zip Code  
RENO NV 89502-7510

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

Name of Employer Occupation  
RIBEIRO COMPANY INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1478.00

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

Transaction ID: SA11.21365

Amount of Each Receipt this Period  
1478.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2028.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 96  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Americans for New Leadership

**A.** Full Name (Last, First, Middle Initial)  
LINDA RIBEIRO

Mailing Address 1350 E FLAMINGO RD

City State Zip Code  
LAS VEGAS NV 89119-5263

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

Name of Employer RIBEIRO COMPANIES      Occupation INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      1480.00

Date of Receipt  

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

**Transaction ID:** SA11.21577

Amount of Each Receipt this Period  
740.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
WILLIAM L. RITCHIE

Mailing Address 5302 BROOKWAY DR

City State Zip Code  
BETHESDA MD 20816-1308

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

Name of Employer RETIRED      Occupation RETIRED

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      750.00

Date of Receipt  

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

**Transaction ID:** SA11.22020

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
LAWRENCE ROBBINS

Mailing Address 1606 RED FOX LANE

City State Zip Code  
MILFORD OH 45150-9506

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

Name of Employer NONE      Occupation RETIRED

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      225.00

Date of Receipt  

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

**Transaction ID:** SA11.22918

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► **940.00**

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

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

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

FOR LINE NUMBER: PAGE 34 / 96  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Americans for New Leadership

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

Mailing Address P.O. BOX 10

City State Zip Code  
POSTVILLE IA 52162-0010

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

Name of Employer Occupation  
HALL ROBERTS' SON, INC. PRESIDENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

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

**Transaction ID:** SA11.22403

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
KENNETH ROBERTSON

Mailing Address 12 STILLFOREST

City State Zip Code  
HOUSTON TX 77024-7518

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

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

**Transaction ID:** SA11.22528

Amount of Each Receipt this Period  
150.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
PAUL J. ROBERTS

Mailing Address 171 ELKINS PLACE

City State Zip Code  
ARCADIA CA 91006-1716

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

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

**Transaction ID:** SA11.21738

Amount of Each Receipt this Period  
200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► **600.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 96
	<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)  
Americans for New Leadership

<b>A.</b>	Full Name (Last, First, Middle Initial) SAMUEL ROBERTS		Date of Receipt
	Mailing Address 488 W 200 S		<input type="text" value="10"/> / <input type="text" value="25"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	SPRINGVILLE	UT	84663-4903
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer EBMUD		Occupation RETIRED	Transaction ID: SA11.22518
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="225.00"/>	Amount of Each Receipt this Period <input type="text" value="50.00"/>
CONTRIBUTION			

<b>B.</b>	Full Name (Last, First, Middle Initial) JOHN ROSS		Date of Receipt
	Mailing Address P.O. BOX 18718		<input type="text" value="10"/> / <input type="text" value="27"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	RENO	NV	89511-0718
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer RETIRED		Occupation RETIRED	Transaction ID: SA11.21674
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>	Amount of Each Receipt this Period <input type="text" value="250.00"/>
CONTRIBUTION			

<b>C.</b>	Full Name (Last, First, Middle Initial) BRUCE ROWLEY		Date of Receipt
	Mailing Address 12035 NORMONT DRIVE		<input type="text" value="11"/> / <input type="text" value="01"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	HOUSTON	TX	77070-2445
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer DEVON ENERGY CORPORATION		Occupation PETROLEUM ENGINEER	Transaction ID: SA11.22558
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>	Amount of Each Receipt this Period <input type="text" value="100.00"/>
CONTRIBUTION			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="400.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 / 96  
(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)  
Americans for New Leadership

**A.**

Full Name (Last, First, Middle Initial)  
WILLIAM RYAN

Mailing Address 10063 HART BRANCH CIR

City State Zip Code  
ORLANDO FL 32832-5913

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

Name of Employer Occupation  
OD OS INC SERVICE MANAGER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: SA11.23208

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
MICHAEL SCHULZE

Mailing Address 4 WEBSTER ROAD

City State Zip Code  
ELLINGTON CT 06029-2719

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

Name of Employer Occupation  
HAMILTON SUNDSTRAND ENGINEER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1750.00

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

Transaction ID: SA11.21812

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
RICHARD SCOTTI

Mailing Address 574 S DECATUR BLVD

City State Zip Code  
LAS VEGAS NV 89107-3932

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

Name of Employer Occupation  
KEMP, JONES & COULTHARD, LLP ATTORNEY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

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

Transaction ID: SA11.21367

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1100.00**

**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 37 / 96
	<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)  
Americans for New Leadership

<b>A.</b>	Full Name (Last, First, Middle Initial) TOM SCOTT		Date of Receipt MM / DD / YYYY 10 / 27 / 2010
	Mailing Address 17 RIVER WAY DRIVE		Transaction ID: SA11.21892
	City GREER	State SC	Zip Code 29651-6879
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer SELF EMPLOYED		Occupation AGRICULTURE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	CONTRIBUTION

<b>B.</b>	Full Name (Last, First, Middle Initial) SHELDON SHAPIRO		Date of Receipt MM / DD / YYYY 10 / 27 / 2010
	Mailing Address 1720 SAN YSIDRO DRIVE		Transaction ID: SA11.21650
	City BEVERLY HILLS	State CA	Zip Code 90210-2145
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
	Name of Employer SHAPIRO AGENCY		Occupation INSURANCE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	CONTRIBUTION

<b>C.</b>	Full Name (Last, First, Middle Initial) WILLIAM SIMPSON		Date of Receipt MM / DD / YYYY 10 / 19 / 2010
	Mailing Address 414 CHRISTIAN VILLAGE CIRCLE		Transaction ID: SA11.22846
	City LOUISVILLE	State KY	Zip Code 40243-1387
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
	Name of Employer RETIRED		Occupation RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 310.00	CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	360.00
<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 38 / 96  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Americans for New Leadership

**A.** Full Name (Last, First, Middle Initial)  
CHARLES SKINNER

Mailing Address 6210 SAN OSE BLVD, W

City JACKSONVILLE State FL Zip Code 32217-2370

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

Name of Employer SELF Occupation FORESTRY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 26 / 2010  
Transaction ID: SA11.22267  
Amount of Each Receipt this Period 1000.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
ROBERT DOWELL SKINNER

Mailing Address 1 WOODSTREAM COVE

City LITTLE ROCK State AR Zip Code 72211-4479

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

Name of Employer UNIVERSITY OF ARKANSAS Occupation TEACHER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 570.00

Date of Receipt 10 / 28 / 2010  
Transaction ID: SA11.21903  
Amount of Each Receipt this Period 105.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
MARY SMITH

Mailing Address 7391 S.W. 156 STREET

City PALMETTO BAY State FL Zip Code 33157-2438

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

Name of Employer RETIRED Occupation BOOKKEEPER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 15 / 2010  
Transaction ID: SA11.22364  
Amount of Each Receipt this Period 100.00  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1205.00

**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 39 / 96
	<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)  
Americans for New Leadership

<b>A.</b>	Full Name (Last, First, Middle Initial) MICHAEL DAVID SMITH	Date of Receipt MM / DD / YYYY 10 / 31 / 2010
	Mailing Address 3400 BENEVA RD	Transaction ID: SA11.21587
	City State Zip Code SARASOTA FL 34232-4603	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	CONTRIBUTION
Name of Employer NONE	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 950.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) WINSTON SMITH	Date of Receipt MM / DD / YYYY 10 / 14 / 2010
	Mailing Address 100 CITATION CIRCLE	Transaction ID: SA11.22636
	City State Zip Code DURHAM NC 27704-3958	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) GREGORY AND ELIZABET VLADIMIR SOLOVIEFF	Date of Receipt MM / DD / YYYY 10 / 31 / 2010
	Mailing Address 154 THREE CHOPT RD.	Transaction ID: SA11.21581
	City State Zip Code LITTLETON NC 27850-8071	Amount of Each Receipt this Period 75.00
	FEC ID number of contributing federal political committee. <b>C</b>	CONTRIBUTION
Name of Employer SELF	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	275.00
<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 40 / 96

(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)  
Americans for New Leadership

**A.**

Full Name (Last, First, Middle Initial)  
PETER ALLAN SPIEGL

Mailing Address W7106 PULS FARM PL

City State Zip Code  
GREENVILLE WI 54942-9501

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

Name of Employer Occupation  
RETIRED NONE

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00

Date of Receipt

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

Transaction ID: SA11.21691

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
AVIS SPIES

Mailing Address 60 HEYBURN RD

City State Zip Code  
CHADDS FORD PA 19317-9707

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

Name of Employer Occupation  
RETIRED AGE 80 RETIRED AGE 80

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 625.00

Date of Receipt

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

Transaction ID: SA11.23020

Amount of Each Receipt this Period

25.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
EVELYN SPRAGUE

Mailing Address 1970 NORTH LESLIE ST  
PBM # 3423

City State Zip Code  
PAHRUMP NV 89060-3678

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

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

Transaction ID: SA11.22911

Amount of Each Receipt this Period

50.00

CONTRIBUTION

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

175.00

**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 / 96  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Americans for New Leadership

**A.** Full Name (Last, First, Middle Initial)  
ELIZA STEDMAN  
Mailing Address P.O.BOX 7  
City HOUSTON State TX Zip Code 77001-0007  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NONE Occupation MOTHER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 650.00  
Date of Receipt 10 / 22 / 2010  
Transaction ID: SA11.22136  
Amount of Each Receipt this Period 100.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
RICHARD N. STEWART  
Mailing Address 416 ELEANOR ST.  
City GRAND RAPIDS State MI Zip Code 49505-4184  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NONE Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00  
Date of Receipt 10 / 27 / 2010  
Transaction ID: SA11.21793  
Amount of Each Receipt this Period 100.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
CHERYL STUTZMAN  
Mailing Address 9 SUMMER HILL DRIVE  
City SINKING SPRING State PA Zip Code 19608-9671  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 350.00  
Date of Receipt 11 / 02 / 2010  
Transaction ID: SA11.22226  
Amount of Each Receipt this Period 50.00  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 250.00  
**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 / 96

(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)  
Americans for New Leadership

**A.**

Full Name (Last, First, Middle Initial)  
BRADLEY JOHN TANGEN

Mailing Address 606 GREG DRIVE

City State Zip Code  
PARAGOULD AR 72450-2368

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

Name of Employer Occupation  
PEAK TECHNIQUES SHOPPER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 302.00

Date of Receipt

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

Transaction ID: SA11.21659

Amount of Each Receipt this Period

99.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
JENNIFER THEOHARIS

Mailing Address 849 JENNIFERS DR

City State Zip Code  
GUILFORD CT 06437-1376

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

Name of Employer Occupation  
VIRTUAL RADIOLOGIC PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 850.00

Date of Receipt

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

Transaction ID: SA11.21932

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
DR. MICHAEL TIVNON, M.D.

Mailing Address 300 OLD RIVER RD STE 150  
STE 150

City State Zip Code  
BAKERSFIELD CA 93311-9512

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

Name of Employer Occupation  
SELF DOCTOR

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

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

Transaction ID: SA11.22477

Amount of Each Receipt this Period

250.00

CONTRIBUTION

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

449.00

**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 / 96  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Americans for New Leadership

**A.** Full Name (Last, First, Middle Initial)  
ROD TRUMAN

Mailing Address 2124 WATERBURY LANE

City State Zip Code  
LAS VEGAS NV 89134-0387

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

Name of Employer Occupation  
TRULINE CORPORATION H.R. MANAGER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

**Transaction ID:** SA11.22527

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
MILTON L. VANDERPOOL

Mailing Address 3215 TEAKWOOD DR

City State Zip Code  
TYLER TX 75701-7648

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

Name of Employer Occupation  
AMERICAN PLUMBING CO PLUMBING CONTRACTOR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

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

**Transaction ID:** SA11.22560

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
THOMAS VILLAMANA

Mailing Address 151 DEVON ROAD

City State Zip Code  
BRONXVILLE NY 10708-5700

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 1 0

**Transaction ID:** SA11.22903

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► 250.00

**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 / 96  
(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)  
Americans for New Leadership

**A.** Full Name (Last, First, Middle Initial)  
QUINTEN WARD

Mailing Address P.O. BOX 8000

City State Zip Code  
MESQUITE NV 89024-8000

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1750.00

Date of Receipt  
MM / DD / YYYY  
10 / 14 / 2010

**Transaction ID:** SA11.22480

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
RACHEL WELCH

Mailing Address 4948 BEN JARED ROAD

City State Zip Code  
BAXTER TN 38544-4527

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

Name of Employer Occupation  
SELF BUSINESS OWNER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
MM / DD / YYYY  
10 / 27 / 2010

**Transaction ID:** SA11.21740

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
JACK WELLS

Mailing Address 5890 N. ECHO CANYON LN

City State Zip Code  
PHOENIX AZ 85018-1286

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

Name of Employer Occupation  
FRY'S FOOD N DRUG PHARMACIST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

**Transaction ID:** SA11.22857

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► **700.00**

**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 / 96

(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)  
Americans for New Leadership

**A.**

Full Name (Last, First, Middle Initial)  
NICHOLAS WHITE

Mailing Address 215 CENTRAL CAMPUS DRIVE  
402 CTIHB

City State Zip Code  
SALT LAKE CITY UT 84112-0400

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

Name of Employer Occupation  
UNIVERSITY OF UTAH TEACHER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

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

Transaction ID: SA11.22463

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
CAROLYN WILLITS

Mailing Address 8460 N LEE TREVINO DRIVE

City State Zip Code  
TUCSON AZ 85742-9789

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

Name of Employer Occupation  
NORTHWEST RETIRED

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

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

Transaction ID: SA11.22220

Amount of Each Receipt this Period

10.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
RONALD M. WILLIAMS

Mailing Address 83 FIELD BROOK RD

City State Zip Code  
MADISON CT 06443-2468

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00

Date of Receipt

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

Transaction ID: SA11.22524

Amount of Each Receipt this Period

100.00

CONTRIBUTION

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

160.00

**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 46 / 96	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Americans for New Leadership

<b>A.</b>	Full Name (Last, First, Middle Initial) LALIBERTE PROPERTIES, LLC		Date of Receipt																					
	Mailing Address 195 E RENO AVE		<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>1</td><td>/</td><td>0</td><td>2</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	2	/	2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	1	/	0	2	/	2	0	1	0														
	City	State	Zip Code	<b>Transaction ID:</b> SA11.21366																				
	LAS VEGAS	NV	89119-1123	Amount of Each Receipt this Period																				
FEC ID number of contributing federal political committee.		<b>C</b>	1481.00																					
Name of Employer		Occupation	<b>CONTRIBUTION</b>																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	2960.00																					

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1481.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	19788.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 47 / 96  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
Americans for New Leadership

**A.** Full Name (Last, First, Middle Initial)  
CAMPAIGN SOLUTIONS

Mailing Address 117 N SAINT ASAPH ST

City State Zip Code  
ALEXANDRIA VA 22314

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 1 4 / 2 0 1 0

**Transaction ID:** SA15.001

Amount of Each Receipt this Period  
1134.75

VENDOR REBATE

**B.** Full Name (Last, First, Middle Initial)  
HOTELS.COM

Mailing Address 10440 N CENTRAL EXPWY  
SUITE 400

City State Zip Code  
DALLAS TX 75231

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

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

**Transaction ID:** SA15.002

Amount of Each Receipt this Period  
223.77

VENDOR REBATE

**C.** Full Name (Last, First, Middle Initial)  
WELLS FARGO

Mailing Address 4075 S FORT APACHE

City State Zip Code  
LAS VEGAS NV 89147

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

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

**Transaction ID:** SA15.003

Amount of Each Receipt this Period  
680.38

REIMBURSEMENT FOR FRAUDULENT CHARGES

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2038.90**

**TOTAL** This Period (last page this line number only) ..... ► **2038.90**

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Americans for New Leadership

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>KELSEY CARLSON</b>	<b>Transaction ID:</b> SB.102 Date of Disbursement 11 / 01 / 2010	
	Mailing Address 7627 RISING PORT AVENUE		
	City LAS VEGAS State NV Zip Code 89113	Amount of Each Disbursement this Period	1500.00
	Purpose of Disbursement SALARY		
	Candidate Name	Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:		
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>KELSEY CARLSON</b>	<b>Transaction ID:</b> SB.115 Date of Disbursement 11 / 09 / 2010	
	Mailing Address 7627 RISING PORT AVENUE		
	City LAS VEGAS State NV Zip Code 89113	Amount of Each Disbursement this Period	37.81
	Purpose of Disbursement OFFICE SUPPLIES		
	Candidate Name	Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:		
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>KELSEY CARLSON</b>	<b>Transaction ID:</b> SB.134 Date of Disbursement 11 / 15 / 2010	
	Mailing Address 7627 RISING PORT AVENUE		
	City LAS VEGAS State NV Zip Code 89113	Amount of Each Disbursement this Period	1500.00
	Purpose of Disbursement SALARY		
	Candidate Name	Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3037.81</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)

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

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NAME OF COMMITTEE (In Full)  
Americans for New Leadership

A.	Full Name (Last, First, Middle Initial) KELSEY CARLSON	Transaction ID: SB.19 Date of Disbursement 10 / 15 / 2010
	Mailing Address 7627 RISING PORT AVENUE	Amount of Each Disbursement this Period 1500.00
	City LAS VEGAS State NV Zip Code 89113	
	Purpose of Disbursement SALARY 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) JESSICA CYBULSKI	Transaction ID: SB.103 Date of Disbursement 11 / 01 / 2010
	Mailing Address 3311 S RAINBOW BLVD STE 139	Amount of Each Disbursement this Period 600.00
	City LAS VEGAS State NV Zip Code 89146	
	Purpose of Disbursement SALARY Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) JESSICA CYBULSKI	Transaction ID: SB.135 Date of Disbursement 11 / 15 / 2010
	Mailing Address 3311 S RAINBOW BLVD STE 139	Amount of Each Disbursement this Period 1200.00
	City LAS VEGAS State NV Zip Code 89146	
	Purpose of Disbursement SALARY 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) .....	3300.00
<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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Americans for New Leadership

A.

Full Name (Last, First, Middle Initial)  
JESSICA CYBULSKI

Transaction ID: SB.20  
Date of Disbursement

Mailing Address 3311 S RAINBOW BLVD STE 139

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

City LAS VEGAS State NV Zip Code 89146

Amount of Each Disbursement this Period

Purpose of Disbursement  
SALARY

--

600.00
--------

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
RON FURTRELL

Transaction ID: SB.104  
Date of Disbursement

Mailing Address 11417 PERUGINO DR

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

City LAS VEGAS State NV Zip Code 89138

Amount of Each Disbursement this Period

Purpose of Disbursement  
SALARY

--

875.00
--------

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
RON FURTRELL

Transaction ID: SB.124  
Date of Disbursement

Mailing Address 11417 PERUGINO DR

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

City LAS VEGAS State NV Zip Code 89138

Amount of Each Disbursement this Period

Purpose of Disbursement  
TRAVEL EXPENSE REMBURSEMENT

--

290.20
--------

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

1765.20
---------

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

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NAME OF COMMITTEE (In Full)  
Americans for New Leadership

A.	Full Name (Last, First, Middle Initial) RON FURTRELL	Transaction ID: SB.136 Date of Disbursement 11 / 15 / 2010
	Mailing Address 11417 PERUGINO DR	Amount of Each Disbursement this Period 1750.00
	City LAS VEGAS State NV Zip Code 89138	
	Purpose of Disbursement SALARY 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) RON FURTRELL	Transaction ID: SB.142 Date of Disbursement 11 / 17 / 2010
	Mailing Address 11417 PERUGINO DR	Amount of Each Disbursement this Period 221.83
	City LAS VEGAS State NV Zip Code 89138	
	Purpose of Disbursement TRAVEL EXPENSE REIMBURSEMENT Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) RON FURTRELL	Transaction ID: SB.21 Date of Disbursement 10 / 15 / 2010
	Mailing Address 11417 PERUGINO DR	Amount of Each Disbursement this Period 875.00
	City LAS VEGAS State NV Zip Code 89138	
	Purpose of Disbursement SALARY 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) .....	2846.83
<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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Americans for New Leadership

A.	Full Name (Last, First, Middle Initial) JENNIFER HARRINGTON	Transaction ID: SB.105 Date of Disbursement 11 / 01 / 2010
	Mailing Address 9465 W. POST ROAD #2048	Amount of Each Disbursement this Period 3500.00
	City LAS VEGAS State NV Zip Code 89148	
	Purpose of Disbursement SALARY 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) JENNIFER HARRINGTON	Transaction ID: SB.22 Date of Disbursement 10 / 15 / 2010
	Mailing Address 9465 W. POST ROAD #2048	Amount of Each Disbursement this Period 3500.00
	City LAS VEGAS State NV Zip Code 89148	
	Purpose of Disbursement SALARY Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) BRENT HUSSON	Transaction ID: SB.46 Date of Disbursement 10 / 21 / 2010
	Mailing Address 3159 TONYRAM CIRCLE	Amount of Each Disbursement this Period 5000.00
	City LAS VEGAS State NV Zip Code 89146	
	Purpose of Disbursement COMMUNICATIONS CONSULTING 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) .....	▶	12000.00
<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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Americans for New Leadership

A.	Full Name (Last, First, Middle Initial) DAVID JOSEPH MCGOWAN	Transaction ID: SB.49 Date of Disbursement 10 / 21 / 2010
	Mailing Address 374 TEIRRA STREET	Amount of Each Disbursement this Period 2400.00
	City HENDERSON State NV Zip Code 89014	
	Purpose of Disbursement VOLUNTEER AND EVENT CONSULTING	
	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) DAVID JOSEPH MCGOWAN	Transaction ID: SB.57 Date of Disbursement 10 / 22 / 2010
	Mailing Address 374 TEIRRA STREET	Amount of Each Disbursement this Period 209.00
	City HENDERSON State NV Zip Code 89014	
	Purpose of Disbursement OFFICE EXPENSE REIMBURSEMENT	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) 7-ELEVEN	Transaction ID: SB.133 Date of Disbursement 11 / 15 / 2010
	Mailing Address 1722 ROUTH ST STE 1000	Amount of Each Disbursement this Period 9.98
	City DALLAS State TX Zip Code 75201	
	Purpose of Disbursement OFFICE SUPPLIES	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

2618.98

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Americans for New Leadership

A.	Full Name (Last, First, Middle Initial) ACE TAXI SERVICE, INC.	Transaction ID: SB.43 Date of Disbursement 10 / 20 / 2010
	Mailing Address 1798 E 55TH ST	Amount of Each Disbursement this Period 23.00
	City CLEVELAND State OH Zip Code 44103	
	Purpose of Disbursement TRAVEL LOCAL TRANSPORTATION	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) ALBERTSONS - E. FLAMINGO	Transaction ID: SB.3 Date of Disbursement 10 / 14 / 2010
	Mailing Address 1300 E. FLAMINGO ROAD	Amount of Each Disbursement this Period 44.29
	City LAS VEGAS State NV Zip Code 89109	
	Purpose of Disbursement FOOD & BEVERAGE COSTS FOR RALLY	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) AMAZON.COM	Transaction ID: SB.150 Date of Disbursement 11 / 22 / 2010
	Mailing Address 1200 12TH AVE	Amount of Each Disbursement this Period 48.95
	City SEATTLE State WA Zip Code 98144	
	Purpose of Disbursement BOOKS FOR OFFICE	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	116.24
<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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Americans for New Leadership

A.

Full Name (Last, First, Middle Initial)  
AMERICAB

Mailing Address 6200 ROLAND AVE

City CLEVELAND State OH Zip Code 44127

Purpose of Disbursement  
TRAVEL LOCAL TRANSPORTATION

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB.62

Date of Disbursement

10 / 25 / 2010

Amount of Each Disbursement this Period

60.00

B.

Full Name (Last, First, Middle Initial)  
AMERICAN AIRLINES

Mailing Address PO BOX 619612; MD 2400

City DFW AIRPORT State TX Zip Code 75261

Purpose of Disbursement  
TRAVEL AIRFARE

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB.34

Date of Disbursement

10 / 18 / 2010

Amount of Each Disbursement this Period

468.40

C.

Full Name (Last, First, Middle Initial)  
AMERICAN VISION

Mailing Address 645 ALWICK AVE

City W ISLIP State NY Zip Code 11795

Purpose of Disbursement  
E-MAIL LIST RENTAL

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB.39

Date of Disbursement

10 / 19 / 2010

Amount of Each Disbursement this Period

811.36

SUBTOTAL of Disbursements This Page (optional) ▶

1339.76

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Americans for New Leadership

A.	Full Name (Last, First, Middle Initial) AMERICAN VISION	Transaction ID: SB.69 Date of Disbursement
	Mailing Address 645 ALWICK AVE	<input type="text" value="10"/> <input type="text" value="26"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City W ISLIP State NY Zip Code 11795	Amount of Each Disbursement this Period
	Purpose of Disbursement E-MAIL LIST RENTAL	<input type="text" value="23.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) AMERICAN VISION	Transaction ID: SB.8 Date of Disbursement
	Mailing Address 645 ALWICK AVE	<input type="text" value="10"/> <input type="text" value="14"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City W ISLIP State NY Zip Code 11795	Amount of Each Disbursement this Period
	Purpose of Disbursement E-MAIL LIST RENTAL	<input type="text" value="2028.40"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) APPLE INC.	Transaction ID: SB.73 Date of Disbursement
	Mailing Address 1 INFINITE LOOP	<input type="text" value="10"/> <input type="text" value="27"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City CUPERTINO State CA Zip Code 95014	Amount of Each Disbursement this Period
	Purpose of Disbursement COMPUTER EQUIPMENT	<input type="text" value="1448.09"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="3499.49"/>
<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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Americans for New Leadership

A.	Full Name (Last, First, Middle Initial) APPLEBEES	Transaction ID: SB.44
	Mailing Address 205 S HOOVER BLVD	Date of Disbursement 10 / 21 / 2010
	City TAMPA State FL Zip Code 33609	Amount of Each Disbursement this Period 34.00
	Purpose of Disbursement TRAVEL MEAL EXPENSE	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) BED BATH & BEYOND #1193	Transaction ID: SB.96
	Mailing Address 7175 ARROYO CROSSING PARKWAY	Date of Disbursement 11 / 01 / 2010
	City LAS VEGAS State NV Zip Code 89113	Amount of Each Disbursement this Period 61.60
	Purpose of Disbursement FRAUDULENT CHARGE	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) BIZ-GOODS	Transaction ID: SB.85
	Mailing Address 6655 S. TENAYA WAY, STE 150	Date of Disbursement 10 / 29 / 2010
	City LAS VEGAS State NV Zip Code 89113	Amount of Each Disbursement this Period 531.00
	Purpose of Disbursement OFFICE SUPPLIES	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>626.60</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)

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

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NAME OF COMMITTEE (In Full)  
Americans for New Leadership

<p><b>A.</b> Full Name (Last, First, Middle Initial) <b>BURGER KING</b></p> <p>Mailing Address 5505 BLUE LAGOON DR</p> <p>City MIAMI State FL Zip Code 33126</p> <p>Purpose of Disbursement FRAUDULENT CHARGE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB.95</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="8.20"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) <b>CAMPAIGN SOLUTIONS</b></p> <p>Mailing Address 117 N SAINT ASAPH ST</p> <p>City ALEXANDRIA State VA Zip Code 22314</p> <p>Purpose of Disbursement ONLINE FUNDRAISING EXPENSE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB.111</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="423.05"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) <b>CAMPAIGN SOLUTIONS</b></p> <p>Mailing Address 117 N SAINT ASAPH ST</p> <p>City ALEXANDRIA State VA Zip Code 22314</p> <p>Purpose of Disbursement ONLINE FUNDRAISING CONSULTING</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB.112</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1133.84"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="1565.09"/>
<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)

PAGE 59 / 96

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

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NAME OF COMMITTEE (In Full)  
Americans for New Leadership

<b>A.</b> Full Name (Last, First, Middle Initial) <b>CAMPAIGN SOLUTIONS</b> <hr/> Mailing Address 117 N SAINT ASAPH ST <hr/> City ALEXANDRIA State VA Zip Code 22314 <hr/> Purpose of Disbursement ONLINE FUNDRAISING EXPENSE Candidate Name <hr/> 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>Transaction ID:</b> SB.38 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 1 0
	Amount of Each Disbursement this Period 1968.93

<b>B.</b> Full Name (Last, First, Middle Initial) <b>CAMPAIGN SOLUTIONS</b> <hr/> Mailing Address 117 N SAINT ASAPH ST <hr/> City ALEXANDRIA State VA Zip Code 22314 <hr/> Purpose of Disbursement ONLINE FUNDRAISING EXPENSE Candidate Name <hr/> 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>Transaction ID:</b> SB.6 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 1 0
	Amount of Each Disbursement this Period 1860.61

<b>C.</b> Full Name (Last, First, Middle Initial) <b>CAMPAIGN SOLUTIONS</b> <hr/> Mailing Address 117 N SAINT ASAPH ST <hr/> City ALEXANDRIA State VA Zip Code 22314 <hr/> Purpose of Disbursement ONLINE FUNDRAISING EXPENSES Candidate Name <hr/> 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>Transaction ID:</b> SB.66 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 1 0
	Amount of Each Disbursement this Period 419.81

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4249.35
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Americans for New Leadership

<p><b>A.</b> Full Name (Last, First, Middle Initial) <b>CAMPAIGN SOLUTIONS</b></p> <p>Mailing Address 117 N SAINT ASAPH ST</p> <p>City ALEXANDRIA State VA Zip Code 22314</p> <p>Purpose of Disbursement ONLINE FUNDRAISING CONSULTING</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB.67 <b>Date of Disbursement</b> 10 / 26 / 2010</p> <p>Amount of Each Disbursement this Period 248.91</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) <b>CAMPAIGN SOLUTIONS</b></p> <p>Mailing Address 117 N SAINT ASAPH ST</p> <p>City ALEXANDRIA State VA Zip Code 22314</p> <p>Purpose of Disbursement REFUND PROCESSING--GEORGE SAVANI X2</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB.7 <b>Date of Disbursement</b> 10 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 100.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) <b>CAMPAIGN SOLUTIONS</b></p> <p>Mailing Address 117 N SAINT ASAPH ST</p> <p>City ALEXANDRIA State VA Zip Code 22314</p> <p>Purpose of Disbursement ONLINE FUNDRAISING EXPENSE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB.88 <b>Date of Disbursement</b> 10 / 31 / 2010</p> <p>Amount of Each Disbursement this Period 65.48</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>414.39</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)

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

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NAME OF COMMITTEE (In Full)  
Americans for New Leadership

A.	Full Name (Last, First, Middle Initial) <b>CAMPAIGN SOLUTIONS</b>	<b>Transaction ID:</b> SB.92
	Mailing Address 117 N SAINT ASAPH ST	Date of Disbursement 10 / 31 / 2010
	City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period 69.17
	Purpose of Disbursement ONLINE FUNDRAISING EXPENSE	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) <b>CLARK COUNTY ELECTION DEPARTMENT</b>	<b>Transaction ID:</b> SB.121
	Mailing Address 500 S GRAND CENTRAL PKWY STE 1113	Date of Disbursement 11 / 10 / 2010
	City LAS VEGAS State NV Zip Code 89106	Amount of Each Disbursement this Period 30.00
	Purpose of Disbursement ELECTION MAP	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) <b>CMDI</b>	<b>Transaction ID:</b> SB.109
	Mailing Address 7704 LEESBURG PIKE	Date of Disbursement 11 / 02 / 2010
	City FALLS CHURCH State VA Zip Code 22043	Amount of Each Disbursement this Period 800.00
	Purpose of Disbursement CAMPAIGN SOFTWARE SUBSCRIPTION	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>899.17</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)

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

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NAME OF COMMITTEE (In Full)  
Americans for New Leadership

<b>A.</b>	Full Name (Last, First, Middle Initial) CONTINENTAL AIRLINES  Mailing Address PO BOX 4607  City HOUSTON State TX Zip Code 77210  Purpose of Disbursement TRAVEL AIRFARE Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.146 Date of Disbursement 11 / 19 / 2010  Amount of Each Disbursement this Period 8.75
<b>B.</b>	Full Name (Last, First, Middle Initial) CONTINENTAL AIRLINES  Mailing Address PO BOX 4607  City HOUSTON State TX Zip Code 77210  Purpose of Disbursement TRAVEL AIRFARE Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.33 Date of Disbursement 10 / 18 / 2010  Amount of Each Disbursement this Period 459.70
<b>C.</b>	Full Name (Last, First, Middle Initial) CONTINENTAL AIRLINES  Mailing Address PO BOX 4607  City HOUSTON State TX Zip Code 77210  Purpose of Disbursement TRAVEL AIRFARE Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.53 Date of Disbursement 10 / 22 / 2010  Amount of Each Disbursement this Period 6.00

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

474.45

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Americans for New Leadership

A.	Full Name (Last, First, Middle Initial) COX COMMUNICATIONS	Transaction ID: SB.131 Date of Disbursement
	Mailing Address 750 N RANCHO DRIVE	<input type="text" value="11"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City LAS VEGAS State NV Zip Code 89106	Amount of Each Disbursement this Period
	Purpose of Disbursement UTILITY BILL	<input type="text" value="490.38"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) DELTA AIR LINES	Transaction ID: SB.30 Date of Disbursement
	Mailing Address PO BOX 20760	<input type="text" value="10"/> <input type="text" value="18"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City ATLANTA State GA Zip Code 30320	Amount of Each Disbursement this Period
	Purpose of Disbursement TRAVEL ACCOMODATIONS	<input type="text" value="546.40"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) ELECTION CFO, LLC	Transaction ID: SB.140 Date of Disbursement
	Mailing Address PO BOX 26141	<input type="text" value="11"/> <input type="text" value="16"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City ALEXANDRIA State VA Zip Code 22313	Amount of Each Disbursement this Period
	Purpose of Disbursement COMPLIANCE CONSULTING	<input type="text" value="1000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="2036.78"/>
<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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Americans for New Leadership

<p><b>A.</b> Full Name (Last, First, Middle Initial) FACEBOOK.COM ADVERTISING</p> <p>Mailing Address 1601 S CALIFORNIA AVE</p> <p>City PALO ALTO State CA Zip Code 94304</p> <p>Purpose of Disbursement ONLINE ADVERTISING</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB.026</p> <p>Date of Disbursement 10 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 30.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) FACEBOOK.COM ADVERTISING</p> <p>Mailing Address 1601 S CALIFORNIA AVE</p> <p>City PALO ALTO State CA Zip Code 94304</p> <p>Purpose of Disbursement ONLINE ADVERTISING</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB.108</p> <p>Date of Disbursement 11 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 30.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) FACEBOOK.COM ADVERTISING</p> <p>Mailing Address 1601 S CALIFORNIA AVE</p> <p>City PALO ALTO State CA Zip Code 94304</p> <p>Purpose of Disbursement ONLINE ADVERTISING</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB.114</p> <p>Date of Disbursement 11 / 05 / 2010</p> <p>Amount of Each Disbursement this Period 30.00</p>

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

90.00

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

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NAME OF COMMITTEE (In Full)  
Americans for New Leadership

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) FACEBOOK.COM ADVERTISING</p> <p>Mailing Address 1601 S CALIFORNIA AVE</p> <p>City PALO ALTO State CA Zip Code 94304</p> <p>Purpose of Disbursement ONLINE ADVERTISING</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB.129</p> <p>Date of Disbursement 11 / 12 / 2010</p> <p>Amount of Each Disbursement this Period 4.74</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) FACEBOOK.COM ADVERTISING</p> <p>Mailing Address 1601 S CALIFORNIA AVE</p> <p>City PALO ALTO State CA Zip Code 94304</p> <p>Purpose of Disbursement ONLINE ADVERTISING</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB.26</p> <p>Date of Disbursement 10 / 18 / 2010</p> <p>Amount of Each Disbursement this Period 30.00</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) FACEBOOK.COM ADVERTISING</p> <p>Mailing Address 1601 S CALIFORNIA AVE</p> <p>City PALO ALTO State CA Zip Code 94304</p> <p>Purpose of Disbursement ONLINE ADVERTISING</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB.47</p> <p>Date of Disbursement 10 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 30.00</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	64.74
<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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Americans for New Leadership

A.	Full Name (Last, First, Middle Initial) FACEBOOK.COM ADVERTISING	Transaction ID: SB.63
	Mailing Address 1601 S CALIFORNIA AVE	Date of Disbursement 10 / 25 / 2010
	City PALO ALTO State CA Zip Code 94304	Amount of Each Disbursement this Period 30.00
	Purpose of Disbursement ONLINE ADVERTISING	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) FACEBOOK.COM ADVERTISING	Transaction ID: SB.74
	Mailing Address 1601 S CALIFORNIA AVE	Date of Disbursement 10 / 27 / 2010
	City PALO ALTO State CA Zip Code 94304	Amount of Each Disbursement this Period 30.00
	Purpose of Disbursement ONLINE ADVERTISING	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) FACEBOOK.COM ADVERTISING	Transaction ID: SB.94
	Mailing Address 1601 S CALIFORNIA AVE	Date of Disbursement 11 / 01 / 2010
	City PALO ALTO State CA Zip Code 94304	Amount of Each Disbursement this Period 30.00
	Purpose of Disbursement ONLINE ADVERTISING	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	90.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 67 / 96

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

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NAME OF COMMITTEE (In Full)  
Americans for New Leadership

A.	Full Name (Last, First, Middle Initial) FEDEX	Transaction ID: SB.118 Date of Disbursement 11 / 09 / 2010
	Mailing Address 3875 AIRWAYS, MODULE H3; DEPARTMEN	Amount of Each Disbursement this Period 2.48
	City MEMPHIS State TN Zip Code 38116	
	Purpose of Disbursement PHOTOCOPIES	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) FEDEX	Transaction ID: SB.82 Date of Disbursement 10 / 29 / 2010
	Mailing Address 3875 AIRWAYS, MODULE H3; DEPARTMEN	Amount of Each Disbursement this Period 58.37
	City MEMPHIS State TN Zip Code 38116	
	Purpose of Disbursement COLLATERAL SHIPPING EXPENSES - ROCKFORD	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) GOPUSA	Transaction ID: SB.40 Date of Disbursement 10 / 19 / 2010
	Mailing Address 18 SANCTUARY TRAIL	Amount of Each Disbursement this Period 610.20
	City MISSOURI CITY State TX Zip Code 77459	
	Purpose of Disbursement E-MAIL LIST RENTAL	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>671.05</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)

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

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NAME OF COMMITTEE (In Full)  
Americans for New Leadership

A.	Full Name (Last, First, Middle Initial) GOPUSA	Transaction ID: SB.68 Date of Disbursement 10 / 26 / 2010
	Mailing Address 18 SANCTUARY TRAIL	Amount of Each Disbursement this Period 640.87
	City MISSOURI CITY State TX Zip Code 77459	
	Purpose of Disbursement E-MAIL LIST RENTAL	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) GOPUSA	Transaction ID: SB.89 Date of Disbursement 10 / 31 / 2010
	Mailing Address 18 SANCTUARY TRAIL	Amount of Each Disbursement this Period 130.32
	City MISSOURI CITY State TX Zip Code 77459	
	Purpose of Disbursement E-MAIL LIST RENTAL	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) GOPUSA	Transaction ID: SB.9 Date of Disbursement 10 / 14 / 2010
	Mailing Address 18 SANCTUARY TRAIL	Amount of Each Disbursement this Period 1325.28
	City MISSOURI CITY State TX Zip Code 77459	
	Purpose of Disbursement E-MAIL LIST RENTAL	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2096.47
<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 69 / 96

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

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NAME OF COMMITTEE (In Full)  
Americans for New Leadership

A.	Full Name (Last, First, Middle Initial) HAT WORLD, INC.	Transaction ID: SB.60 Date of Disbursement 10 / 25 / 2010
	Mailing Address 7555 WOODLAND DR	Amount of Each Disbursement this Period 21.30
	City INDIANAPOLIS State IN Zip Code 46278	
	Purpose of Disbursement CLOTHING	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) HOTELS.COM	Transaction ID: SB.122 Date of Disbursement 11 / 10 / 2010
	Mailing Address 10440 N. CENTRAL EXPWY; SUITE 400	Amount of Each Disbursement this Period 94.76
	City DALLAS State TX Zip Code 75231	
	Purpose of Disbursement TRAVEL ACCOMODATIONS	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) HOTELS.COM	Transaction ID: SB.123 Date of Disbursement 11 / 10 / 2010
	Mailing Address 10440 N. CENTRAL EXPWY; SUITE 400	Amount of Each Disbursement this Period 94.76
	City DALLAS State TX Zip Code 75231	
	Purpose of Disbursement TRAVEL ACCOMODATIONS	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	210.82
<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 70 / 96

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

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NAME OF COMMITTEE (In Full)  
Americans for New Leadership

A.	Full Name (Last, First, Middle Initial) HOTELS.COM	Transaction ID: SB.13 Date of Disbursement 10 / 15 / 2010
	Mailing Address 10440 N. CENTRAL EXPWY; SUITE 400	Amount of Each Disbursement this Period 214.50
	City DALLAS State TX Zip Code 75231	
	Purpose of Disbursement TRAVEL ACCOMODATIONS	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) HOTELS.COM	Transaction ID: SB.14 Date of Disbursement 10 / 15 / 2010
	Mailing Address 10440 N. CENTRAL EXPWY; SUITE 400	Amount of Each Disbursement this Period 223.77
	City DALLAS State TX Zip Code 75231	
	Purpose of Disbursement TRAVEL ACCOMODATIONS	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) HOTELS.COM	Transaction ID: SB.143 Date of Disbursement 11 / 19 / 2010
	Mailing Address 10440 N. CENTRAL EXPWY; SUITE 400	Amount of Each Disbursement this Period 288.33
	City DALLAS State TX Zip Code 75231	
	Purpose of Disbursement TRAVEL ACCOMODATIONS	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	726.60
<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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Americans for New Leadership

A.

Full Name (Last, First, Middle Initial)  
HOTELS.COM

Transaction ID: SB.15  
Date of Disbursement

Mailing Address 10440 N. CENTRAL EXPWY; SUITE 400

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

City State Zip Code  
DALLAS TX 75231

Amount of Each Disbursement this Period

326.22
--------

Purpose of Disbursement  
TRAVEL ACCOMODATIONS

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
HOTELS.COM

Transaction ID: SB.16  
Date of Disbursement

Mailing Address 10440 N. CENTRAL EXPWY; SUITE 400

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

City State Zip Code  
DALLAS TX 75231

Amount of Each Disbursement this Period

223.77
--------

Purpose of Disbursement  
TRAVEL ACCOMODATIONS

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
HOTELS.COM

Transaction ID: SB.17  
Date of Disbursement

Mailing Address 10440 N. CENTRAL EXPWY; SUITE 400

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

City State Zip Code  
DALLAS TX 75231

Amount of Each Disbursement this Period

255.51
--------

Purpose of Disbursement  
TRAVEL ACCOMODATIONS

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

805.50
--------

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Americans for New Leadership

A.	Full Name (Last, First, Middle Initial) HOTELS.COM	Transaction ID: SB.18 Date of Disbursement 10 / 15 / 2010
	Mailing Address 10440 N. CENTRAL EXPWY; SUITE 400	Amount of Each Disbursement this Period 284.13
	City DALLAS State TX Zip Code 75231	
	Purpose of Disbursement TRAVEL ACCOMODATIONS	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) HOTELS.COM	Transaction ID: SB.25 Date of Disbursement 10 / 18 / 2010
	Mailing Address 10440 N. CENTRAL EXPWY; SUITE 400	Amount of Each Disbursement this Period 90.34
	City DALLAS State TX Zip Code 75231	
	Purpose of Disbursement TRAVEL ACCOMODATIONS	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) HOTELS.COM	Transaction ID: SB.29 Date of Disbursement 10 / 18 / 2010
	Mailing Address 10440 N. CENTRAL EXPWY; SUITE 400	Amount of Each Disbursement this Period 504.30
	City DALLAS State TX Zip Code 75231	
	Purpose of Disbursement TRAVEL ACCOMODATIONS	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>878.77</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)

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

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NAME OF COMMITTEE (In Full)  
Americans for New Leadership

A.	Full Name (Last, First, Middle Initial) LEE'S DISCOUNT LIQUOR	Transaction ID: SB.99 Date of Disbursement 11 / 01 / 2010
	Mailing Address 7411 W LAKE MEAD BLVD	Amount of Each Disbursement this Period 71.17
	City LAS VEGAS State NV Zip Code 89128	
	Purpose of Disbursement FRAUDULENT CHARGE	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) MARRIOTT	Transaction ID: SB.58 Date of Disbursement 10 / 25 / 2010
	Mailing Address 10400 FERNWOOD ROAD	Amount of Each Disbursement this Period 60.00
	City BETHESDA State MD Zip Code 20817	
	Purpose of Disbursement TRAVEL ACCOMODATIONS	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) MCCARRAN INT'L AIRPORT	Transaction ID: SB.28 Date of Disbursement 10 / 18 / 2010
	Mailing Address CLARK COUNTY DEPT. OF AVIATION; PO	Amount of Each Disbursement this Period 5.00
	City LAS VEGAS State NV Zip Code 89111	
	Purpose of Disbursement TRAVEL PARKING EXPENSE	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	136.17
<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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Americans for New Leadership

A.	Full Name (Last, First, Middle Initial) MCCARRAN INT'L AIRPORT	Transaction ID: SB.54
	Mailing Address CLARK COUNTY DEPT. OF AVIATION; PO	Date of Disbursement 10 / 22 / 2010
	City LAS VEGAS State NV Zip Code 89111	Amount of Each Disbursement this Period 18.00
	Purpose of Disbursement TRAVEL PARKING EXPENSE	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) MCCARRAN INT'L AIRPORT	Transaction ID: SB.64
	Mailing Address CLARK COUNTY DEPT. OF AVIATION; PO	Date of Disbursement 10 / 26 / 2010
	City LAS VEGAS State NV Zip Code 89111	Amount of Each Disbursement this Period 34.00
	Purpose of Disbursement PARKING EXPENSE	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) MIMI'S CAFE	Transaction ID: SB.147
	Mailing Address 1121 S FORT APACHE RD	Date of Disbursement 11 / 22 / 2010
	City LAS VEGAS State NV Zip Code 89117	Amount of Each Disbursement this Period 30.00
	Purpose of Disbursement MEETING MEAL	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>82.00</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)

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

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NAME OF COMMITTEE (In Full)  
Americans for New Leadership

A.	Full Name (Last, First, Middle Initial) <b>MONDO CODE LLC</b>	<b>Transaction ID: SB.27</b>
	Mailing Address <b>PO BOX 1288</b>	Date of Disbursement 10 / 18 / 2010
	City <b>BOULDER</b> State <b>CO</b> Zip Code <b>80306</b>	Amount of Each Disbursement this Period 249.00
	Purpose of Disbursement <b>MEDIA LIST EXPENSE</b>	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) <b>NEVADA REPUBLICAN PARTY</b>	<b>Transaction ID: SB.86</b>
	Mailing Address <b>6655 S TENAYA WAY STE 120</b>	Date of Disbursement 10 / 29 / 2010
	City <b>LAS VEGAS</b> State <b>NV</b> Zip Code <b>89113</b>	Amount of Each Disbursement this Period 300.00
	Purpose of Disbursement <b>BANNER PRINTING</b>	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) <b>NEVER LATE PRINTING, LLC</b>	<b>Transaction ID: SB.31</b>
	Mailing Address <b>3880 SCHIFF DRIVE</b>	Date of Disbursement 10 / 18 / 2010
	City <b>LAS VEGAS</b> State <b>NV</b> Zip Code <b>89103</b>	Amount of Each Disbursement this Period 551.59
	Purpose of Disbursement <b>PRINTING</b>	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1100.59</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 77 / 96

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

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NAME OF COMMITTEE (In Full)  
Americans for New Leadership

A.	Full Name (Last, First, Middle Initial) NEWSMAX MEDIA, INC	Transaction ID: SB.50 Date of Disbursement 10 / 21 / 2010
	Mailing Address 560 VILLAGE BLVD, STE 120	Amount of Each Disbursement this Period 3269.70
	City WEST PALM BEACH State FL Zip Code 33409	
	Purpose of Disbursement E-MAIL LIST RENTAL	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) NEWSMAX MEDIA, INC	Transaction ID: SB.51 Date of Disbursement 10 / 21 / 2010
	Mailing Address 560 VILLAGE BLVD, STE 120	Amount of Each Disbursement this Period 22161.94
	City WEST PALM BEACH State FL Zip Code 33409	
	Purpose of Disbursement E-MAIL LIST RENTAL	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) NOTHING BUNDT CAKES	Transaction ID: SB.12 Date of Disbursement 10 / 15 / 2010
	Mailing Address 9711 S EASTERN AVE #H10	Amount of Each Disbursement this Period 48.14
	City LAS VEGAS State NV Zip Code 89183	
	Purpose of Disbursement CATERING EXPENSE	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	25479.78
<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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Americans for New Leadership

<p><b>A.</b> Full Name (Last, First, Middle Initial) OFFICE MAX #1294</p> <p>Mailing Address POPLAR CREEK CROSSING</p> <p>City HOFFMAN ESTATES State IL Zip Code 60195</p> <p>Purpose of Disbursement OFFICE SUPPLIES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB.37 <b>Date of Disbursement</b> 10 / 19 / 2010</p> <p>Amount of Each Disbursement this Period 32.48</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) OFFICE MAX #1294</p> <p>Mailing Address POPLAR CREEK CROSSING</p> <p>City HOFFMAN ESTATES State IL Zip Code 60195</p> <p>Purpose of Disbursement OFFICE SUPPLIES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB.65 <b>Date of Disbursement</b> 10 / 26 / 2010</p> <p>Amount of Each Disbursement this Period 7.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) OFFICE MAX #1294</p> <p>Mailing Address POPLAR CREEK CROSSING</p> <p>City HOFFMAN ESTATES State IL Zip Code 60195</p> <p>Purpose of Disbursement OFFICE SUPPLIES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB.77 <b>Date of Disbursement</b> 10 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 49.11</p>

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

88.59

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Americans for New Leadership

<p><b>A.</b> Full Name (Last, First, Middle Initial) OFFICE MAX #1294</p> <p>Mailing Address POPLAR CREEK CROSSING</p> <p>City HOFFMAN ESTATES State IL Zip Code 60195</p> <p>Purpose of Disbursement OFFICE SUPPLIES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB.83</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="27.73"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) PATTON BOGGS, LLP</p> <p>Mailing Address 2550 M ST NW</p> <p>City WASHINGTON State DC Zip Code 20037</p> <p>Purpose of Disbursement LEGAL SERVICES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB.87</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="7529.12"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) PAYPAL</p> <p>Mailing Address 2211 N FIRST ST</p> <p>City SAN JOSE State CA Zip Code 95131</p> <p>Purpose of Disbursement CREDIT CARD PROCESSING</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB.35</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="42.52"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="7599.37"/>
<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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Americans for New Leadership

A.

Full Name (Last, First, Middle Initial)  
PAYPAL

Transaction ID: SB.5  
Date of Disbursement

Mailing Address 2211 N FIRST ST

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

City SAN JOSE State CA Zip Code 95131

Amount of Each Disbursement this Period

Purpose of Disbursement  
CREDIT CARD PROCESSING

Category/  
Type

57.03
-------

Candidate Name

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

B.

Full Name (Last, First, Middle Initial)  
PIRYX

Transaction ID: SB.141  
Date of Disbursement

Mailing Address 401 W 15TH STREET SUITE 520

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

City AUSTIN State TX Zip Code 78701

Amount of Each Disbursement this Period

Purpose of Disbursement  
CHARGEBACK FEE

Category/  
Type

25.00
-------

Candidate Name

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

C.

Full Name (Last, First, Middle Initial)  
PIRYX

Transaction ID: SB.151  
Date of Disbursement

Mailing Address 401 W 15TH STREET SUITE 520

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

City AUSTIN State TX Zip Code 78701

Amount of Each Disbursement this Period

Purpose of Disbursement  
ONLINE CREDIT CARD PROCESSING

Category/  
Type

151.59
--------

Candidate Name

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

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

233.62
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TOTAL This Period (last page this line number only) .....

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# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Americans for New Leadership

A.

Full Name (Last, First, Middle Initial)  
PIRYX

Mailing Address 401 W 15TH STREET SUITE 520

City State Zip Code  
AUSTIN TX 78701

Purpose of Disbursement  
ONLINE CREDIT CARD PROCESSING

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB.91

Date of Disbursement

10 / 31 / 2010

Amount of Each Disbursement this Period

1603.38

B.

Full Name (Last, First, Middle Initial)  
PITNEY BOWES, INC.

Mailing Address 1 ELMCROFT RD

City State Zip Code  
STAMFORD CT 06926

Purpose of Disbursement  
POSTAGE METER RENTAL

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB.139

Date of Disbursement

11 / 16 / 2010

Amount of Each Disbursement this Period

200.00

C.

Full Name (Last, First, Middle Initial)  
PITNEY BOWES, INC.

Mailing Address 1 ELMCROFT RD

City State Zip Code  
STAMFORD CT 06926

Purpose of Disbursement  
POSTAGE METER

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB.148

Date of Disbursement

11 / 22 / 2010

Amount of Each Disbursement this Period

19.41

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

1822.79

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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)  
Americans for New Leadership

<p><b>A.</b> Full Name (Last, First, Middle Initial) <b>POLITICAL INSIDER</b></p> <p>Mailing Address PO BOX 25574</p> <p>City ALEXANDRIA State VA Zip Code 22313</p> <p>Purpose of Disbursement E-MAIL LIST RENTAL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB.10 <b>Date of Disbursement</b> 10 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 827.92</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) <b>POLITICAL INSIDER</b></p> <p>Mailing Address PO BOX 25574</p> <p>City ALEXANDRIA State VA Zip Code 22313</p> <p>Purpose of Disbursement E-MAIL LIST RENTAL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB.41 <b>Date of Disbursement</b> 10 / 19 / 2010</p> <p>Amount of Each Disbursement this Period 1456.52</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) <b>POLITICAL INSIDER</b></p> <p>Mailing Address PO BOX 25574</p> <p>City ALEXANDRIA State VA Zip Code 22313</p> <p>Purpose of Disbursement E-MAIL LIST RENTAL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB.70 <b>Date of Disbursement</b> 10 / 26 / 2010</p> <p>Amount of Each Disbursement this Period 23.00</p>

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

2307.44

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



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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Americans for New Leadership

A.	Full Name (Last, First, Middle Initial) SOUTHWEST AIRLINES	Transaction ID: SB.145
	Mailing Address P.O. BOX 36647-1CR	Date of Disbursement MM / DD / YYYY 11 / 19 / 2010
	City DALLAS State TX Zip Code 75235	Amount of Each Disbursement this Period 339.40
	Purpose of Disbursement TRAVEL AIRFARE	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) SOUTHWEST AIRLINES	Transaction ID: SB.32
	Mailing Address P.O. BOX 36647-1CR	Date of Disbursement MM / DD / YYYY 10 / 18 / 2010
	City DALLAS State TX Zip Code 75235	Amount of Each Disbursement this Period 380.40
	Purpose of Disbursement TRAVEL AIRFARE	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) SOUTHWEST AIRLINES	Transaction ID: SB.55
	Mailing Address P.O. BOX 36647-1CR	Date of Disbursement MM / DD / YYYY 10 / 22 / 2010
	City DALLAS State TX Zip Code 75235	Amount of Each Disbursement this Period 25.00
	Purpose of Disbursement TRAVEL AIRFARE	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>744.80</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 85 / 96

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

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NAME OF COMMITTEE (In Full)  
Americans for New Leadership

A.	Full Name (Last, First, Middle Initial) SOUTHWEST AIRLINES	Transaction ID: SB.59 Date of Disbursement 10 / 25 / 2010
	Mailing Address P.O. BOX 36647-1CR	Amount of Each Disbursement this Period 459.70
	City DALLAS State TX Zip Code 75235	
	Purpose of Disbursement TRAVEL AIRFARE	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) SYMANTEC	Transaction ID: SB.45 Date of Disbursement 10 / 21 / 2010
	Mailing Address 350 ELLIS ST	Amount of Each Disbursement this Period 48.98
	City MOUNTAIN VIEW State CA Zip Code 94043	
	Purpose of Disbursement SOFTWARE EXPENSE	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) TARGET	Transaction ID: SB.98 Date of Disbursement 11 / 01 / 2010
	Mailing Address 3550 S. RAINBOW BLVD	Amount of Each Disbursement this Period 216.19
	City LAS VEGAS State NV Zip Code 89103	
	Purpose of Disbursement FRAUDULENT CHARGE	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>724.87</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)

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

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NAME OF COMMITTEE (In Full)  
Americans for New Leadership

A.	Full Name (Last, First, Middle Initial) TEA PARTY HD	Transaction ID: SB.110 Date of Disbursement 11 / 03 / 2010
	Mailing Address 5256 S. MISSION ROAD, SUITE 703, B	Amount of Each Disbursement this Period 5000.00
	City BONSALL State CA Zip Code 92003	
	Purpose of Disbursement WEBCAST PRODUCTION SERVICES	
	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) TEMPLETON PLAZA, LLC	Transaction ID: SB.100 Date of Disbursement 11 / 01 / 2010
	Mailing Address 3311 SOUTH RAINBOW BLVD, SUITE 225	Amount of Each Disbursement this Period 1050.00
	City LAS VEGAS State NV Zip Code 89146	
	Purpose of Disbursement RENT	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) TENAYA QUAIL, LLC	Transaction ID: SB.101 Date of Disbursement 11 / 01 / 2010
	Mailing Address 6325 MCLEOD DRIVE, SUITE 9	Amount of Each Disbursement this Period 3704.00
	City LAS VEGAS State NV Zip Code 89120	
	Purpose of Disbursement RENT	
	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) .....	9754.00
<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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Americans for New Leadership

A.

Full Name (Last, First, Middle Initial)  
US AIRWAYS

Transaction ID: SB.117  
Date of Disbursement

Mailing Address 4000 E. SKY HARBOR BLVD

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

City PHOENIX State AZ Zip Code 85034

Amount of Each Disbursement this Period

Purpose of Disbursement  
TRAVEL AIRFARE

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5.00
------

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
US AIRWAYS

Transaction ID: SB.119  
Date of Disbursement

Mailing Address 4000 E. SKY HARBOR BLVD

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

City PHOENIX State AZ Zip Code 85034

Amount of Each Disbursement this Period

Purpose of Disbursement  
TRAVEL AIRFARE

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243.40
--------

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
VECTOR SOLUTIONS, INC.

Transaction ID: SB.1  
Date of Disbursement

Mailing Address 4132 S. RAINBOW BLVD

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

City LAS VEGAS State NV Zip Code 89103

Amount of Each Disbursement this Period

Purpose of Disbursement  
WEB SITE DEVELOPMENT

--

20200.00
----------

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

20448.40

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

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NAME OF COMMITTEE (In Full)  
Americans for New Leadership

A.	Full Name (Last, First, Middle Initial) VECTOR SOLUTIONS, INC.	Transaction ID: SB.125
	Mailing Address 4132 S. RAINBOW BLVD	Date of Disbursement MM / DD / YYYY 11 / 12 / 2010
	City LAS VEGAS State NV Zip Code 89103	Amount of Each Disbursement this Period 9100.00
	Purpose of Disbursement WEB SITE DEVELOPMENT	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) VECTOR SOLUTIONS, INC.	Transaction ID: SB.132
	Mailing Address 4132 S. RAINBOW BLVD	Date of Disbursement MM / DD / YYYY 11 / 15 / 2010
	City LAS VEGAS State NV Zip Code 89103	Amount of Each Disbursement this Period 10000.00
	Purpose of Disbursement WEB SITE DEVELOPMENT	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) VISION TO AMERICA	Transaction ID: SB.11
	Mailing Address 457 NATHAN DEAL BLVD	Date of Disbursement MM / DD / YYYY 10 / 14 / 2010
	City DALLAS State GA Zip Code 30132	Amount of Each Disbursement this Period 1134.75
	Purpose of Disbursement E-MAIL LIST RENTAL	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	20234.75
<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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Americans for New Leadership

<p><b>A.</b> Full Name (Last, First, Middle Initial) VISION TO AMERICA</p> <p>Mailing Address 457 NATHAN DEAL BLVD</p> <p>City DALLAS State GA Zip Code 30132</p> <p>Purpose of Disbursement E-MAIL LIST RENTAL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB.42 <b>Date of Disbursement</b> 10 / 19 / 2010</p> <p>Amount of Each Disbursement this Period 1596.82</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) VISION TO AMERICA</p> <p>Mailing Address 457 NATHAN DEAL BLVD</p> <p>City DALLAS State GA Zip Code 30132</p> <p>Purpose of Disbursement E-MAIL LIST RENTAL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB.71 <b>Date of Disbursement</b> 10 / 26 / 2010</p> <p>Amount of Each Disbursement this Period 41.40</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) VISION TO AMERICA</p> <p>Mailing Address 457 NATHAN DEAL BLVD</p> <p>City DALLAS State GA Zip Code 30132</p> <p>Purpose of Disbursement E-MAIL LIST RENTAL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB.90 <b>Date of Disbursement</b> 10 / 31 / 2010</p> <p>Amount of Each Disbursement this Period 36.80</p>

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

1675.02

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Americans for New Leadership

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) WALMART</p> <p>Mailing Address 7200 ARROYO CROSSING PKWY</p> <p>City LAS VEGAS State NV Zip Code 89113</p> <p>Purpose of Disbursement OFFICE SUPPLIES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB.36</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="37.33"/></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) WALMART</p> <p>Mailing Address 7200 ARROYO CROSSING PKWY</p> <p>City LAS VEGAS State NV Zip Code 89113</p> <p>Purpose of Disbursement OFFICE SUPPLIES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB.75</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="19.34"/></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) WALMART</p> <p>Mailing Address 7200 ARROYO CROSSING PKWY</p> <p>City LAS VEGAS State NV Zip Code 89113</p> <p>Purpose of Disbursement FRAUDULENT CHARGE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB.97</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="323.22"/></p>

**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)

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

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NAME OF COMMITTEE (In Full)  
Americans for New Leadership

A.	Full Name (Last, First, Middle Initial) WELLS FARGO	Transaction ID: SB.106 Date of Disbursement 11 / 01 / 2010
	Mailing Address 4075 S. FORT APACHE	Amount of Each Disbursement this Period 44.75
	City LAS VEGAS State NV Zip Code 89147	
	Purpose of Disbursement PAYROLL PROCESSING FEE	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) WELLS FARGO	Transaction ID: SB.107 Date of Disbursement 11 / 01 / 2010
	Mailing Address 4075 S. FORT APACHE	Amount of Each Disbursement this Period 713.39
	City LAS VEGAS State NV Zip Code 89147	
	Purpose of Disbursement EMPLOYER PAYROLL TAXES	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) WELLS FARGO	Transaction ID: SB.113 Date of Disbursement 11 / 04 / 2010
	Mailing Address 4075 S. FORT APACHE	Amount of Each Disbursement this Period 10.00
	City LAS VEGAS State NV Zip Code 89147	
	Purpose of Disbursement WIRE FEE	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>768.14</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)

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

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NAME OF COMMITTEE (In Full)  
Americans for New Leadership

A.	Full Name (Last, First, Middle Initial) WELLS FARGO	Transaction ID: SB.137
	Mailing Address 4075 S. FORT APACHE	Date of Disbursement MM / DD / YYYY 11 / 15 / 2010
	City LAS VEGAS State NV Zip Code 89147	Amount of Each Disbursement this Period 42.50
	Purpose of Disbursement PAYROLL PROCESSING FEE	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) WELLS FARGO	Transaction ID: SB.138
	Mailing Address 4075 S. FORT APACHE	Date of Disbursement MM / DD / YYYY 11 / 15 / 2010
	City LAS VEGAS State NV Zip Code 89147	Amount of Each Disbursement this Period 509.54
	Purpose of Disbursement EMPLOYER PAYROLL TAXES	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) WELLS FARGO	Transaction ID: SB.2
	Mailing Address 4075 S. FORT APACHE	Date of Disbursement MM / DD / YYYY 10 / 14 / 2010
	City LAS VEGAS State NV Zip Code 89147	Amount of Each Disbursement this Period 20.00
	Purpose of Disbursement WIRE TRANSFER FEE FOR WEB SITE DEVELOPME	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>572.04</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)

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

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NAME OF COMMITTEE (In Full)  
Americans for New Leadership

A.	Full Name (Last, First, Middle Initial) WELLS FARGO	Transaction ID: SB.23 Date of Disbursement 10 / 15 / 2010
	Mailing Address 4075 S. FORT APACHE	Amount of Each Disbursement this Period 44.75
	City LAS VEGAS State NV Zip Code 89147	
	Purpose of Disbursement PAYROLL PROCESSING FEE	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) WELLS FARGO	Transaction ID: SB.24 Date of Disbursement 10 / 15 / 2010
	Mailing Address 4075 S. FORT APACHE	Amount of Each Disbursement this Period 741.37
	City LAS VEGAS State NV Zip Code 89147	
	Purpose of Disbursement EMPLOYER PAYROLL TAXES	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) WELLS FARGO	Transaction ID: SB.4 Date of Disbursement 10 / 14 / 2010
	Mailing Address 4075 S. FORT APACHE	Amount of Each Disbursement this Period 10.00
	City LAS VEGAS State NV Zip Code 89147	
	Purpose of Disbursement WIRE TRANSFER FEE FOR WEB SITE DEVELOPME	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	796.12
<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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Americans for New Leadership

<b>A.</b> Full Name (Last, First, Middle Initial) WELLS FARGO <hr/> Mailing Address 4075 S. FORT APACHE <hr/> City LAS VEGAS State NV Zip Code 89147 <hr/> Purpose of Disbursement WIRE FEE Candidate Name <hr/> 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>Transaction ID:</b> SB.48 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 1 0
	Amount of Each Disbursement this Period 10.00
<b>B.</b> Full Name (Last, First, Middle Initial) WELLS FARGO <hr/> Mailing Address 4075 S. FORT APACHE <hr/> City LAS VEGAS State NV Zip Code 89147 <hr/> Purpose of Disbursement WIRE FEE Candidate Name <hr/> 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>Transaction ID:</b> SB.78 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 1 0
	Amount of Each Disbursement this Period 10.00

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

20.00

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

146057.72

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

NAME OF COMMITTEE (In Full) Americans for New Leadership	FEC IDENTIFICATION NUMBER <b>C</b> C00485821
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
FFE/ADVENTAS

---

Mailing Address  
8945 W RUSSELL STE 310

---

City LAS VEGAS	State NV	Zip Code 89148
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---

Purpose of Expenditure RADIO ADVERTISING	Category/ Type
---	-------------------

---

Name of Federal Candidate supported or Opposed by expenditure:  
HARRY REID

---

Calendar Year-To-Date Per Election for Office Sought	243025.53
---	-----------

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

Amount  
4025.00

Transaction ID: SE24.001

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

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2010

Full Name (Last, First, Middle, Initial) of Payee  
FFE/ADVENTAS

---

Mailing Address  
8945 W RUSSELL STE 310

---

City LAS VEGAS	State NV	Zip Code 89148
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---

Purpose of Expenditure RADIO ADVERTISING	Category/ Type
---	-------------------

---

Name of Federal Candidate supported or Opposed by expenditure:  
JOE HECK

---

Calendar Year-To-Date Per Election for Office Sought	2925.00
---	---------

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

Amount  
2925.00

Transaction ID: SE24.002

Office Sought:  House State: NV  
 Senate District: 03  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2010

(a) SUBTOTAL of Itemized Independent Expenditures .....	6950.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....	_____
(c) TOTAL Independent Expenditures .....	6950.00

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

CHRIS MARSTON  
Signature

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