

# 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  
NEXT CENTURY FUND

ADDRESS (number and street) 116 S ROYAL STREET  
 Check if different than previously reported. (ACC)  
ALEXANDRIA VA 22314

2. **FEC IDENTIFICATION NUMBER** C00343947  
**3. IS THIS REPORT**  NEW (N) **OR**  AMENDED (A)

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

5. Covering Period 07 01 2009 through 12 31 2009

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 Mary T. Fauth

Signature of Treasurer Electronically Filed by Mary T. Fauth Date 01 29 2010

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

|                 |  |  |  |  |  |  |  |
|-----------------|--|--|--|--|--|--|--|
| Office Use Only |  |  |  |  |  |  |  |
|-----------------|--|--|--|--|--|--|--|

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

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

Write or Type Committee Name  
NEXT CENTURY FUND

Report Covering the Period: From: 

|   |   |
|---|---|
| M | M |
| 0 | 7 |

|   |   |
|---|---|
| D | D |
| 0 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 9 |

 To: 

|   |   |
|---|---|
| M | M |
| 1 | 2 |

|   |   |
|---|---|
| D | D |
| 3 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 9 |

|   | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |   |   |   |   |   |   |  |           |
|---|-------------------------|-----------------------------------|---|---|---|---|---|---|--|-----------|
| 6. (a) Cash on Hand<br>January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> | Y                       | Y                                 | Y | Y | 2 | 0 | 0 | 9 |  | 126202.94 |
| Y   | Y                       | Y                                 | Y |   |   |   |   |   |  |           |
| 2   | 0                       | 0                                 | 9 |   |   |   |   |   |  |           |
| (b) Cash on Hand at<br>Beginning of Reporting Period .....  | 97618.44                |                                   |   |   |   |   |   |   |  |           |
| (c) Total Receipts (from Line 19) .....   | 177468.39               | 291468.39                         |   |   |   |   |   |   |  |           |
| (d) Subtotal (add lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B) .....  | 275086.83               | 417671.33                         |   |   |   |   |   |   |  |           |
| 7. Total Disbursements (from Line 31) .....   | 131791.09               | 274375.59                         |   |   |   |   |   |   |  |           |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)) .....   | 143295.74               | 143295.74                         |   |   |   |   |   |   |  |           |
| 9. Debts and Obligations owed <b>TO</b><br>the committee (Itemize all on<br>Schedule C and/or Schedule D) .....   | 0.00                    |                                   |   |   |   |   |   |   |  |           |
| 10. Debts and Obligations owed <b>BY</b><br>the committee (Itemize all on<br>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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name  
NEXT CENTURY FUND

Report Covering the Period: From: 

|   |   |
|---|---|
| M | M |
| 0 | 7 |

|   |   |
|---|---|
| D | D |
| 0 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 9 |

 To: 

|   |   |
|---|---|
| M | M |
| 1 | 2 |

|   |   |
|---|---|
| D | D |
| 3 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 9 |

| I. Receipts  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:   |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees  |                               |                                   |
| (i) Itemized (use Schedule A) .....  | 25000.00                      | 28000.00                          |
| (ii) Unitemized .....  | 0.00                          | 0.00                              |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) .....   | 25000.00                      | 28000.00                          |
| (b) Political Party Committees .....   | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs) .....  | 152468.39                     | 263468.39                         |
| (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....     | 177468.39                     | 291468.39                         |
| 12. Transfers From Affiliated/Other Party Committees .....   | 0.00                          | 0.00                              |
| 13. All Loans Received .....   | 0.00                          | 0.00                              |
| 14. Loan Repayments Received .....   | 0.00                          | 0.00                              |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) ..... | 0.00                          | 0.00                              |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....           | 0.00                          | 0.00                              |
| 17. Other Federal Receipts (Dividends, Interest, etc.) .....   | 0.00                          | 0.00                              |
| 18. Transfers from Non-Federal and Levin Funds   |                               |                                   |
| (a) Non-Federal Account (from Schedule H3) .....   | 0.00                          | 0.00                              |
| (b) Levin Funds (from Schedule H5) .....   | 0.00                          | 0.00                              |
| (c) Total Transfer (add 18(a) and 18(b)).  | 0.00                          | 0.00                              |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....                          | 177468.39                     | 291468.39                         |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....                                    | 177468.39                     | 291468.39                         |

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

| <b>II. DISBURSEMENTS</b>   | <b>COLUMN A<br/>Total This Period</b> | <b>COLUMN B<br/>Calendar Year-to-Date</b> |
|--|---------------------------------------|---|
| 21. Operating Expenditures:  |                                       |   |
| (a) Shared Federal/Non-Federal Activity (from Schedule H4)                                     |                                       |   |
| (i) Federal Share.....   | 0.00                                  | 0.00                                      |
| (ii) Non-Federal Share.....  | 0.00                                  | 0.00                                      |
| (b) Other Federal Operating Expenditures.....  | 50291.09                              | 79875.59                                  |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶                        | 50291.09                              | 79875.59                                  |
| 22. Transfers to Affiliated/Other Party Committees.....  | 0.00                                  | 0.00                                      |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 75500.00                              | 186500.00                                 |
| 24. Independent Expenditure (use Schedule E) .....   | 0.00                                  | 0.00                                      |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)..... | 0.00                                  | 0.00                                      |
| 26. Loan Repayments Made.....  | 0.00                                  | 0.00                                      |
| 27. Loans Made.....  | 0.00                                  | 0.00                                      |
| 28. Refunds of Contributions To:   |                                       |   |
| (a) Individuals/Persons Other Than Political Committees .....                                  | 0.00                                  | 0.00                                      |
| (b) Political Party Committees   | 0.00                                  | 0.00                                      |
| (c) Other Political Committees (such as PACs) .....  | 0.00                                  | 0.00                                      |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....                           | 0.00                                  | 0.00                                      |
| 29. Other Disbursements.....   | 6000.00                               | 8000.00                                   |
| 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))..       | 131791.09                             | 274375.59                                 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 131791.09                             | 274375.59                                 |

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

| III. Net Contributions/Operating Expenditures                                       | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>from Line 11(d), page 3) .....        | 177468.39                     | 291468.39                         |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                           | 0.00                          | 0.00                              |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....   | 177468.39                     | 291468.39                         |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b))..... | 50291.09                      | 79875.59                          |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3) .....               | 0.00                          | 0.00                              |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....             | 50291.09                      | 79875.59                          |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 44  
(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 |

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)  
NEXT CENTURY FUND

**A.** Full Name (Last, First, Middle Initial)  
Eric Robert Burgeson

Mailing Address 2403 N. Utah St.

City State Zip Code  
Arlington VA 22207

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

Name of Employer Occupation  
BGR Group Vice President, Government Affairs

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
07 / 01 / 2009

**Transaction ID:** SA11AI.6419

Amount of Each Receipt this Period  
1000.00

Individual Contribution

**B.** Full Name (Last, First, Middle Initial)  
J. Brad Edwards

Mailing Address 2422 Taylor Avenue

City State Zip Code  
Alexandria VA 22302

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

Name of Employer Occupation  
Jenkins Hill Consulting Principal

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
MM / DD / YYYY  
10 / 06 / 2009

**Transaction ID:** SA11AI.6427

Amount of Each Receipt this Period  
1500.00

Individual Contribution

**C.** Full Name (Last, First, Middle Initial)  
Mr. Fuad El-Hibri

Mailing Address 13340 Single Tree Lane

City State Zip Code  
Potomac MD 20854

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

Name of Employer Occupation  
Emergent BioSolutions, Inc. Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
12 / 26 / 2009

**Transaction ID:** SA11AI.6439

Amount of Each Receipt this Period  
5000.00

Individual Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **7500.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 44

(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)  
NEXT CENTURY FUND

**A.**

Full Name (Last, First, Middle Initial)  
D M Faircloth

Mailing Address PO Box 2145

City State Zip Code  
Clinton NC 28329

FEC ID number of contributing federal political committee. C

Name of Employer Self Occupation Farmer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 05 / 2009

**Transaction ID:** SA11AI.6424

Amount of Each Receipt this Period 1000.00

Individual Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Aleix Jarvis

Mailing Address 1306 Clayborne House Court

City State Zip Code  
McLean VA 22101

FEC ID number of contributing federal political committee. C

Name of Employer Fierce, Isakowitz & Blalock Occupation Director, Government Affairs

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 21 / 2009

**Transaction ID:** SA11AI.6422

Amount of Each Receipt this Period 1000.00

Individual Contribution

**C.**

Full Name (Last, First, Middle Initial)  
Aleix Jarvis

Mailing Address 1306 Clayborne House Court

City State Zip Code  
McLean VA 22101

FEC ID number of contributing federal political committee. C

Name of Employer Fierce, Isakowitz & Blalock Occupation Director, Government Affairs

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 10 / 06 / 2009

**Transaction ID:** SA11AI.6430

Amount of Each Receipt this Period 1000.00

Individual Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... 3000.00

**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 / 44  
(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)  
NEXT CENTURY FUND

**A.**

Full Name (Last, First, Middle Initial)  
Jeffrey M MacKinnon

Mailing Address 3753 Oliver St., NW

City Washington State DC Zip Code 20015

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

Name of Employer Ryan, MacKinnon, Vasapoli etal Occupation Lawyer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 09 / 18 / 2009

Transaction ID: SA11AI.6426

Amount of Each Receipt this Period 2000.00

Individual Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Daniel James Mattoon

Mailing Address 6344 Cavalier Corridor

City Falls Church State VA Zip Code 22044

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

Name of Employer Mattoon & Associates Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 17 / 2009

Transaction ID: SA11AI.6438

Amount of Each Receipt this Period 500.00

Individual Contribution

**C.**

Full Name (Last, First, Middle Initial)  
Nicholas Peters

Mailing Address 288 Spottis Woods

City Clearwater State FL Zip Code 33756

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

Name of Employer Prometheus Partners Occupation President & CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 11 / 09 / 2009

Transaction ID: SA11AI.6435

Amount of Each Receipt this Period 5000.00

Individual Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 7500.00

**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 / 44

(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)  
NEXT CENTURY FUND

**A.**

Full Name (Last, First, Middle Initial)  
TACALA LLC D/B/A TACO BELL

Mailing Address 4268 Cahaba Heights Court

City State Zip Code  
Birmingham AL 35243

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt

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

Transaction ID: SA11AI.6441

Amount of Each Receipt this Period

5000.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Joseph V Vasopoli

Mailing Address 4734 N. 34th Road

City State Zip Code  
Arlington VA 22207

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

Name of Employer Occupation  
Ryan, MacKinnon, Vasopoli et al Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.6436

Amount of Each Receipt this Period

500.00

Individual Contribution

**C.**

Full Name (Last, First, Middle Initial)  
Erik L Winborn

Mailing Address 9706 Rambling Ridge Road

City State Zip Code  
Fairfax Station VA 22039

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

Name of Employer Occupation  
Winborn Solutions LLC President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 6 / 2 0 0 9

Transaction ID: SA11AI.6432

Amount of Each Receipt this Period

1500.00

Individual Contribution

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

7000.00

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

25000.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 44  
(check only one)

|                              |                              |   |   |
|------------------------------|------------------------------|---|---|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" 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)  
NEXT CENTURY FUND

**A.** Full Name (Last, First, Middle Initial)  
AIRCRAFT OWNERS AND PILOTS ASSOCIATION (POLITICAL ACTION COMMITTEE)

Mailing Address 421 AVIATION WAY

City State Zip Code  
FREDERICK MD 21701

FEC ID number of contributing federal political committee. **C** C70004585

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
12 / 23 / 2009

**Transaction ID:** SA11C.6361

Amount of Each Receipt this Period  
1000.00

PAC Contribution

**B.** Full Name (Last, First, Middle Initial)  
ALLERGAN INC POLITICAL ACTION COMM FOR EMPLOYEES (APACE)

Mailing Address 2148 E ORANGEVIEW LN

City State Zip Code  
ORANGE CA 92867

FEC ID number of contributing federal political committee. **C** C00292102

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
MM / DD / YYYY  
09 / 14 / 2009

**Transaction ID:** SA11C.6323

Amount of Each Receipt this Period  
2000.00

PAC Contribution

**C.** Full Name (Last, First, Middle Initial)  
ALTRIA GROUP INC. POLITICAL ACTION COMMITTEE

Mailing Address 101 Constitution Ave NW  
Suite 400W

City State Zip Code  
Washington DC 20001

FEC ID number of contributing federal political committee. **C** C00089136

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt  
MM / DD / YYYY  
07 / 01 / 2009

**Transaction ID:** SA11C.6296

Amount of Each Receipt this Period  
3000.00

PAC Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 6000.00

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

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NAME OF COMMITTEE (In Full)  
NEXT CENTURY FUND

**A.** Full Name (Last, First, Middle Initial)  
ALTRIA GROUP INC. POLITICAL ACTION COMMITTEE

Mailing Address 101 Constitution Ave NW  
Suite 400W

City State Zip Code  
Washington DC 20001

FEC ID number of contributing federal political committee. **C** C00089136

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 05 / 2009

**Transaction ID:** SA11C.6317

Amount of Each Receipt this Period  
2000.00

PAC Contribution

**B.** Full Name (Last, First, Middle Initial)  
AMERICAN COLLEGE OF RADIOLOGY ASSOCIATION

Mailing Address 1891 Preston White Drive

City State Zip Code  
Reston VA 20191

FEC ID number of contributing federal political committee. **C** C00343459

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 06 / 2009

**Transaction ID:** SA11C.6335

Amount of Each Receipt this Period  
2500.00

PAC Contribution

**C.** Full Name (Last, First, Middle Initial)  
AMERICAN PHYSICAL THERAPY ASSOCIATION PHYSICAL THERAPY POLITICAL ACTION COMMITTEE

Mailing Address 1111 North Fairfax Street

City State Zip Code  
Alexandria VA 22314

FEC ID number of contributing federal political committee. **C** C00012880

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 25 / 2009

**Transaction ID:** SA11C.6325

Amount of Each Receipt this Period  
5000.00

PAC Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **9500.00**

**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

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

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NAME OF COMMITTEE (In Full)  
NEXT CENTURY FUND

**A.** Full Name (Last, First, Middle Initial)  
ANHEUSER-BUSCH COMPANIES INC. POLITICAL ACTION COMMITTEE  
 Mailing Address ONE BUSCH PLACE 202-5  
 City ST. LOUIS State MO Zip Code 63118  
 Date of Receipt 12 / 17 / 2009  
 Transaction ID: SA11C.6355  
 Amount of Each Receipt this Period 5000.00  
 PAC Contribution  
 FEC ID number of contributing federal political committee. C C00034488  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

**B.** Full Name (Last, First, Middle Initial)  
CME GROUP INC. PAC  
 Mailing Address 20 South Wacker Drive  
 City Chicago State IL Zip Code 60606  
 Date of Receipt 12 / 26 / 2009  
 Transaction ID: SA11C.6364  
 Amount of Each Receipt this Period 1000.00  
 PAC Contribution  
 FEC ID number of contributing federal political committee. C C00076299  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

**C.** Full Name (Last, First, Middle Initial)  
COMPUTER SCIENCES CORPORATION PAC  
 Mailing Address 3170 Fairview Park Dr.  
 City Falls Church State VA Zip Code 22042  
 Date of Receipt 09 / 10 / 2009  
 Transaction ID: SA11C.6320  
 Amount of Each Receipt this Period 2500.00  
 PAC Contribution  
 FEC ID number of contributing federal political committee. C C00101410  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 8500.00  
**TOTAL** This Period (last page this line number only) ..... ►

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

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

FOR LINE NUMBER: PAGE 13 / 44  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
NEXT CENTURY FUND

**A.** Full Name (Last, First, Middle Initial)  
DELOITTE FEDERAL POLITICAL ACTION COMMITTEE

Mailing Address P.O. Box 365

City State Zip Code  
Washington DC 20044

FEC ID number of contributing federal political committee. **C** C00211318

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 0 6 / 2 0 0 9

**Transaction ID:** SA11C.6328

Amount of Each Receipt this Period  
2500.00

PAC Contribution

**B.** Full Name (Last, First, Middle Initial)  
DICKSTEIN SHAPIRO LLP PAC

Mailing Address 1825 Eye Street NW

City State Zip Code  
Washington DC 20006

FEC ID number of contributing federal political committee. **C** C00110197

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 2 3 / 2 0 0 9

**Transaction ID:** SA11C.6362

Amount of Each Receipt this Period  
2500.00

PAC Contribution

**C.** Full Name (Last, First, Middle Initial)  
DUKE ENERGY CORPORATION PAC

Mailing Address 400 South Tryon Street  
ST06F

City State Zip Code  
Charlotte NC 28285

FEC ID number of contributing federal political committee. **C** C00083535

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 7 / 2 3 / 2 0 0 9

**Transaction ID:** SA11C.6309

Amount of Each Receipt this Period  
5000.00

PAC Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **10000.00**

**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 / 44  
(check only one)

|                              |                              |   |   |
|------------------------------|------------------------------|---|---|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" 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)  
NEXT CENTURY FUND

**A.** Full Name (Last, First, Middle Initial)  
EMD SERONO, INC. POLITICAL ACTION COMMITTEE

Mailing Address One Technology Place

City State Zip Code  
Rockland MA 02370

FEC ID number of contributing federal political committee. **C** C00258236

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 6 / 2 0 0 9

**Transaction ID:** SA11C.6337

Amount of Each Receipt this Period  
2500.00

PAC Contribution

**B.** Full Name (Last, First, Middle Initial)  
EMERGENT BIOSOLUTIONS INC EMPLOYEES PAC

Mailing Address 300 Professional Drive

City State Zip Code  
Gaithersbug MD 20879

FEC ID number of contributing federal political committee. **C** C00380303

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 6 / 2 0 0 9

**Transaction ID:** SA11C.6339

Amount of Each Receipt this Period  
2500.00

PAC Contribution

**C.** Full Name (Last, First, Middle Initial)  
EMPLOYEES OF NORTHROP GRUMMAN CORPORATION PAC

Mailing Address 520 S. GRAND AVE. STE. 700

City State Zip Code  
LOS ANGELES CA 90071

FEC ID number of contributing federal political committee. **C** C00088591

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 7 / 2 0 / 2 0 0 9

**Transaction ID:** SA11C.6303

Amount of Each Receipt this Period  
1000.00

PAC Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **6000.00**

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

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NAME OF COMMITTEE (In Full)  
NEXT CENTURY FUND

**A.** Full Name (Last, First, Middle Initial)  
FARMERS GROUP INC POLITICAL ACTION COMMITTEE

Mailing Address 591 REDWOOD HIGHWAY BUILDING 4000

City State Zip Code  
MILL VALLEY CA 94941

FEC ID number of contributing federal political committee. **C** C00135681

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 31 / 2009

**Transaction ID:** SA11C.6310

Amount of Each Receipt this Period  
2500.00

PAC Contribution

**B.** Full Name (Last, First, Middle Initial)  
FEDERATION OF AMERICAN HOSPITALS PAC

Mailing Address 801 PENNSYLVANIA AVENUE SUITE 245

City State Zip Code  
WASHINGTON DC 20004

FEC ID number of contributing federal political committee. **C** C00002261

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 01 / 2009

**Transaction ID:** SA11C.6293

Amount of Each Receipt this Period  
3000.00

PAC Contribution

**C.** Full Name (Last, First, Middle Initial)  
FMC CORPORATION GOOD GOVERNMENT PROGRAM

Mailing Address 1101 Pennsylvania Avenue NW Suite 325

City State Zip Code  
Washington DC 20004

FEC ID number of contributing federal political committee. **C** C00033704

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 13 / 2009

**Transaction ID:** SA11C.6340

Amount of Each Receipt this Period  
2500.00

PAC Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 8000.00

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

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NAME OF COMMITTEE (In Full)  
NEXT CENTURY FUND

**A.** Full Name (Last, First, Middle Initial)  
FMR CORP. POLITICAL ACTION COMMITTEE

Mailing Address 82 Devonshire Street

City State Zip Code  
Boston MA 02109

FEC ID number of contributing federal political committee. **C** C00215046

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 2 3 / 2 0 0 9

**Transaction ID:** SA11C.6341

Amount of Each Receipt this Period  
2500.00

PAC Contribution

**B.** Full Name (Last, First, Middle Initial)  
GENERAL ELECTRIC COMPANY POLITICAL ACTION COMMITTEE (GEPAC)

Mailing Address 1299 Pennsylvania Ave NW  
Suite 900W

City State Zip Code  
Washington DC 20004

FEC ID number of contributing federal political committee. **C** C00024869

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 7 / 2 2 / 2 0 0 9

**Transaction ID:** SA11C.6304

Amount of Each Receipt this Period  
2000.00

PAC Contribution

**C.** Full Name (Last, First, Middle Initial)  
GROCERY MANUFACTURERS OF AMERICA INC POLITICAL ACTION COMMITTEE ('GMA PAC')

Mailing Address 1010 WISCONSIN AVENUE NW SUITE 900  
SUITE 800

City State Zip Code  
WASHINGTON DC 20007

FEC ID number of contributing federal political committee. **C** C00250068

Name of Employer Occupation

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 2 / 1 7 / 2 0 0 9

**Transaction ID:** SA11C.6347

Amount of Each Receipt this Period  
1000.00

PAC Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 5500.00

**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 / 44  
(check only one)

|                              |                              |   |   |
|------------------------------|------------------------------|---|---|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" 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)  
NEXT CENTURY FUND

**A.**

Full Name (Last, First, Middle Initial)  
HOME DEPOT INC. POLITICAL ACTION COMMITTEE, THE

Mailing Address 101 Constitution Ave. NW  
Suite 800 West

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00284885

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt  
MM / DD / YYYY  
07 / 01 / 2009

**Transaction ID:** SA11C.6294

Amount of Each Receipt this Period  
3000.00

PAC Contribution

**B.**

Full Name (Last, First, Middle Initial)  
HOME DEPOT INC. POLITICAL ACTION COMMITTEE, THE

Mailing Address 101 Constitution Ave. NW  
Suite 800 West

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00284885

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
07 / 31 / 2009

**Transaction ID:** SA11C.6311

Amount of Each Receipt this Period  
2000.00

PAC Contribution

**C.**

Full Name (Last, First, Middle Initial)  
JACOBS GOOD GOVERNMENT FUND OF JACOBS ENGINEERING GROUP INC.

Mailing Address 1111 South Arroyo Parkway

City Pasadena State CA Zip Code 91105

FEC ID number of contributing federal political committee. **C** C00142299

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
MM / DD / YYYY  
10 / 06 / 2009

**Transaction ID:** SA11C.6331

Amount of Each Receipt this Period  
2500.00

PAC Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **7500.00**

**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 18 / 44  
(check only one)

|                              |                              |   |   |
|------------------------------|------------------------------|---|---|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" 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)  
NEXT CENTURY FUND

**A.** Full Name (Last, First, Middle Initial)  
JOHNSON & JOHNSON POLITICAL ACTION COMMITTEE

Mailing Address One Johnson & Johnson Plaza

City State Zip Code  
New Brunswick NJ 08933

FEC ID number of contributing federal political committee. **C** C00010983

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 2 3 / 2 0 0 9

**Transaction ID:** SA11C.6363

Amount of Each Receipt this Period  
2000.00

PAC Contribution

**B.** Full Name (Last, First, Middle Initial)  
JPMORGAN CHASE & CO. PAC

Mailing Address 10 S. Dearborn St  
IL 1-0520

City State Zip Code  
Chicago IL 60603

FEC ID number of contributing federal political committee. **C** C00128512

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 3 / 2 0 0 9

**Transaction ID:** SA11C.6343

Amount of Each Receipt this Period  
5000.00

PAC Contribution

**C.** Full Name (Last, First, Middle Initial)  
KOCH INDUSTRIES INC POLITICAL ACTION COMMITTEE (KOCHPAC)

Mailing Address 655 15th Street NW Suite 445

City State Zip Code  
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00236489

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 8 / 0 5 / 2 0 0 9

**Transaction ID:** SA11C.6312

Amount of Each Receipt this Period  
5000.00

PAC Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 12000.00

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

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

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

FOR LINE NUMBER: PAGE 19 / 44  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
NEXT CENTURY FUND

**A.** Full Name (Last, First, Middle Initial)  
MCAPITOL MANAGEMENT / MWH AMERICAS PAC

Mailing Address 380 Interlocken Crescent  
Suite 200

City State Zip Code  
Broomfield CO 80021

FEC ID number of contributing federal political committee. **C** C00242370

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 | / | 2 | 3 | / | 2 | 0 | 0 | 9 |

**Transaction ID:** SA11C.6306

Amount of Each Receipt this Period  
2500.00

PAC Contribution

**B.** Full Name (Last, First, Middle Initial)  
MERCK EMPLOYEES POLITICAL ACTION COMMITTEE (MERCK PAC)

Mailing Address 601 Pennsylvania Ave. NW  
North Building Suite 1200

City State Zip Code  
Washington DC 20004

FEC ID number of contributing federal political committee. **C** C00097485

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 | / | 0 | 5 | / | 2 | 0 | 0 | 9 |

**Transaction ID:** SA11C.6318

Amount of Each Receipt this Period  
2000.00

PAC Contribution

**C.** Full Name (Last, First, Middle Initial)  
MORTGAGE BANKERS ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 1331 L St NW  
8th Floor

City State Zip Code  
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00004812

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  

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

**Transaction ID:** SA11C.6321

Amount of Each Receipt this Period  
2500.00

PAC Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **7000.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 44  
(check only one)

|                              |                              |   |   |
|------------------------------|------------------------------|---|---|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" 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)  
NEXT CENTURY FUND

**A.** Full Name (Last, First, Middle Initial)  
NATIONAL ASSOCIATION OF REALTORS POLITICAL ACTION COMMITTEE

Mailing Address 430 North Michigan Avenue

City State Zip Code  
Chicago IL 60611

FEC ID number of contributing federal political committee. **C** C00030718

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
MM / DD / YYYY  
07 / 01 / 2009

**Transaction ID:** SA11C.6295

Amount of Each Receipt this Period  
2000.00

PAC Contribution

**B.** Full Name (Last, First, Middle Initial)  
NATIONAL CABLE AND TELECOMMUNICATIONS ASSOCIATION POLITICAL ACTION COMMITTEE (NOT PAC)

Mailing Address 25 Massachusetts Avenue, NW #100

City State Zip Code  
Washington DC 20001

FEC ID number of contributing federal political committee. **C** C00010082

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
12 / 17 / 2009

**Transaction ID:** SA11C.6353

Amount of Each Receipt this Period  
5000.00

PAC Contribution

**C.** Full Name (Last, First, Middle Initial)  
NORTH CAROLINA FARM BUREAU FEDERATION INC POL ACT CMTE INC (AKA) NC FARM BUREAU (NOT PAC)

Mailing Address 5301 GLENWOOD AVENUE

City State Zip Code  
RALEIGH NC 27612

FEC ID number of contributing federal political committee. **C** C00216754

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
MM / DD / YYYY  
10 / 06 / 2009

**Transaction ID:** SA11C.6338

Amount of Each Receipt this Period  
2500.00

PAC Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 9500.00

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

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NAME OF COMMITTEE (In Full)  
NEXT CENTURY FUND

**A.** Full Name (Last, First, Middle Initial)  
NOVARTIS CORPORATION POLITICAL ACTION COMMITTEE (A.K.A. NOVARTIS PAC)

Mailing Address 701 Pennsylvania Ave. NW  
Suite 725

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00033969

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 0 6 / 2 0 0 9

**Transaction ID:** SA11C.6329

Amount of Each Receipt this Period  
5000.00

PAC Contribution

**B.** Full Name (Last, First, Middle Initial)  
OSI SYSTEMS INC PAC OSI PAC

Mailing Address 1530 WILSON BLVD SUITE 170

City ARLINGTON State VA Zip Code 22209

FEC ID number of contributing federal political committee. **C** C00414896

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 2 3 / 2 0 0 9

**Transaction ID:** SA11C.6356

Amount of Each Receipt this Period  
1000.00

PAC Contribution

**C.** Full Name (Last, First, Middle Initial)  
PHARMACEUTICAL RESEARCH & MANUFACTURERS OF AMERICA BETTER GOVERNMENT COMM

Mailing Address 950 F Street, NW  
Suite 300

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00021972

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 1 7 / 2 0 0 9

**Transaction ID:** SA11C.6351

Amount of Each Receipt this Period  
2000.00

PAC Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **8000.00**

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

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NAME OF COMMITTEE (In Full)  
NEXT CENTURY FUND

**A.** Full Name (Last, First, Middle Initial)  
PROGRESS ENERGY EMPLOYEES' FEDERAL PAC

Mailing Address PO Box 1510

City Raleigh State NC Zip Code 27602

FEC ID number of contributing federal political committee. **C** C00091884

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 12 / 23 / 2009  
**Transaction ID:** SA11C.6359  
 Amount of Each Receipt this Period: 1000.00  
 PAC Contribution

**B.** Full Name (Last, First, Middle Initial)  
PRUDENTIAL FINANCIAL INC. POLITICAL ACTION COMMITTEE (AKA - PRUDENTIAL PAC)

Mailing Address 751 Broad Street  
14th Floor

City Newark State NJ Zip Code 07102

FEC ID number of contributing federal political committee. **C** C00127779

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt: 12 / 26 / 2009  
**Transaction ID:** SA11C.6365  
 Amount of Each Receipt this Period: 2500.00  
 PAC Contribution

**C.** Full Name (Last, First, Middle Initial)  
RMF-NCF 2009 Committee

Mailing Address 228 S. Washington St.

City Alexandria State VA Zip Code 22314

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 18968.39

Date of Receipt: 10 / 06 / 2009  
**Transaction ID:** SA11C.6332  
 Amount of Each Receipt this Period: 18968.39  
 Joint Fundraising Committ-  
 ee Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 22468.39

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

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NAME OF COMMITTEE (In Full)  
NEXT CENTURY FUND

**A.** Full Name (Last, First, Middle Initial)  
ROCHE INC. GOOD GOVERNMENT FUND  
Mailing Address 340 Kingsland Street  
City State Zip Code  
Nutley NJ 07110  
FEC ID number of contributing federal political committee. **C** C00072769  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2500.00  
Date of Receipt: 09 / 18 / 2009  
Transaction ID: SA11C.6324  
Amount of Each Receipt this Period: 2500.00  
PAC Contribution

**B.** Full Name (Last, First, Middle Initial)  
SALLIE MAE INC POLITICAL ACTION COMMITTEE (SALLIE MAE PAC)  
Mailing Address 12061 BLUEMONT WAY  
City State Zip Code  
RESTON VA 20190  
FEC ID number of contributing federal political committee. **C** C00331835  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 5000.00  
Date of Receipt: 12 / 17 / 2009  
Transaction ID: SA11C.6348  
Amount of Each Receipt this Period: 5000.00  
PAC Contribution

**C.** Full Name (Last, First, Middle Initial)  
SANOFI-AVENTIS U.S. INC. EMPLOYEES POLITICAL ACTION COMMITTEE  
Mailing Address 801 Pennsylvania Avenue NW Suite 725  
City State Zip Code  
Washington DC 20004  
FEC ID number of contributing federal political committee. **C** C00144345  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2500.00  
Date of Receipt: 12 / 23 / 2009  
Transaction ID: SA11C.6358  
Amount of Each Receipt this Period: 2500.00  
PAC Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 10000.00  
**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 / 44  
(check only one)

|                              |                              |   |   |
|------------------------------|------------------------------|---|---|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" 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)  
NEXT CENTURY FUND

**A.** Full Name (Last, First, Middle Initial)  
SENIOR HOUSING PAC

Mailing Address 5100 WISCONSIN AVE., NW

City State Zip Code  
WASHINGTON DC 20016

FEC ID number of contributing federal political committee. **C** C00325332

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
10 / 31 / 2009

**Transaction ID:** SA11C.6344

Amount of Each Receipt this Period  
5000.00

PAC Contribution

**B.** Full Name (Last, First, Middle Initial)  
SOUTHERN COMPANY - SOUTHERN NUCLEAR OPERATING COMPANY, INC. PAC

Mailing Address 42 Inverness Center

City State Zip Code  
Birmingham AL 35242

FEC ID number of contributing federal political committee. **C** C00250407

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
MM / DD / YYYY  
08 / 05 / 2009

**Transaction ID:** SA11C.6316

Amount of Each Receipt this Period  
2500.00

PAC Contribution

**C.** Full Name (Last, First, Middle Initial)  
SOUTHERN COMPANY EMPLOYEES PAC

Mailing Address 241 RALPH MCGILL BLVD NE  
BIN 10111

City State Zip Code  
ATLANTA GA 30308

FEC ID number of contributing federal political committee. **C** C00144774

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
MM / DD / YYYY  
08 / 05 / 2009

**Transaction ID:** SA11C.6315

Amount of Each Receipt this Period  
2500.00

PAC Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 10000.00

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

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

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

FOR LINE NUMBER: PAGE 25 / 44  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
NEXT CENTURY FUND

**A.** Full Name (Last, First, Middle Initial)  
TRUCKING POLITICAL ACTION COMMITTEE OF THE AMERICAN TRUCKING ASSOCIATIONS, INC.  
 Mailing Address 430 First St. SE  
 City State Zip Code  
 Washington DC 20003  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 0 6 / 2 0 0 9  
**Transaction ID:** SA11C.6334  
 Amount of Each Receipt this Period  
 2000.00  
 PAC Contribution  
 FEC ID number of contributing federal political committee. **C** C00002881  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

**B.** Full Name (Last, First, Middle Initial)  
UNION PACIFIC CORP. FUND FOR EFFECTIVE GOVERNMENT  
 Mailing Address 600 13th St. NW Suite 340  
 City State Zip Code  
 Washington DC 20005  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 1 / 0 9 / 2 0 0 9  
**Transaction ID:** SA11C.6345  
 Amount of Each Receipt this Period  
 2500.00  
 PAC Contribution  
 FEC ID number of contributing federal political committee. **C** C00010470  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

**C.** Full Name (Last, First, Middle Initial)  
WAL-MART STORES INC. PAC FOR RESPONSIBLE GOVERNMENT  
 Mailing Address 702 S.W. 8th Street  
 City State Zip Code  
 Bentonville AR 72716  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 1 7 / 2 0 0 9  
**Transaction ID:** SA11C.6354  
 Amount of Each Receipt this Period  
 3000.00  
 PAC Contribution  
 FEC ID number of contributing federal political committee. **C** C00093054  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 7500.00  
**TOTAL** This Period (last page this line number only) ..... ►

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

|   |                              |   |
|---|------------------------------|---|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             | PAGE 26 / 44                            |
|   | (check only one)             |   |
| <input type="checkbox"/> 11a  | <input type="checkbox"/> 11b | <input checked="" 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)  
NEXT CENTURY FUND

|   |   |  |   |
|---|---|--|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>ZENECA INC. POLITICAL ACTION COMMITTEE |  | Date of Receipt   |
|   | Mailing Address c/o Zeneca Inc.<br>1800 Concord Pike PO Box 15437                 |  | <input type="text" value="07"/> / <input type="text" value="09"/> / <input type="text" value="2009"/> |
|   | City<br>Wilmington  | State<br>DE  | Zip Code<br>19850   |
|   | FEC ID number of contributing federal political committee.<br><b>C</b> C00279455  |  | Transaction ID: SA11C.6299  |
|   | Name of Employer  |  | Occupation  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Amount of Each Receipt this Period<br><input type="text" value="5000.00"/><br><br>PAC Contribution<br>Aggregate Year-to-Date ▼<br><input type="text" value="5000.00"/> |   |

|  |  |
|--|--|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <input type="text" value="5000.00"/>   |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text" value="152468.39"/> |

**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 27 / 44

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)  
NEXT CENTURY FUND

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>116 S. Royal St. Partners   | Transaction ID: SB21B.6487<br>Date of Disbursement   |
|    | Mailing Address 116 S. ROYAL STREET  | <input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>                          |
|    | City ALEXANDRIA State VA Zip Code 22314  | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement Rent & Utilities   | <input type="text" value="1200.00"/>   |
|    | Candidate Name   | <input type="text" value="001"/><br>Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>116 S. Royal St. Partners   | Transaction ID: SB21B.6488<br>Date of Disbursement   |
|    | Mailing Address 116 S. ROYAL STREET  | <input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2009"/>                          |
|    | City ALEXANDRIA State VA Zip Code 22314  | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement Rent & Utilities   | <input type="text" value="1200.00"/>   |
|    | Candidate Name   | <input type="text" value="001"/><br>Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>AMERICANS FOR A CONSERVATIVE COURSE   | Transaction ID: SB21B.6460<br>Date of Disbursement   |
|    | Mailing Address 1251 DARTMOUTH COURT   | <input type="text" value="10"/> / <input type="text" value="16"/> / <input type="text" value="2009"/>                          |
|    | City ALEXANDRIA State VA Zip Code 22314  | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement Fundraising Expense For NC Fund  | <input type="text" value="11346.02"/>  |
|    | Candidate Name   | <input type="text" value="003"/><br>Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|  |                                       |
|--|---------------------------------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <input type="text" value="13746.02"/> |
| <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)  
NEXT CENTURY FUND

|    |  |   |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial)<br>Bellwether Consulting Group   | Transaction ID: SB21B.6453<br>Date of Disbursement  |
|    | Mailing Address PO Box 1253  | <input type="text" value="09"/> <input type="text" value="10"/> / <input type="text" value="20"/> <input type="text" value="09"/> |
|    | City Oakland State FL Zip Code 34760   | Amount of Each Disbursement this Period   |
|    | Purpose of Disbursement Fundraising Expense For NC Fund<br>Candidate Name  | <input type="text" value="5000.00"/>  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| B. | Full Name (Last, First, Middle Initial)<br>Bellwether Consulting Group   | Transaction ID: SB21B.6454<br>Date of Disbursement  |
|    | Mailing Address PO Box 1253  | <input type="text" value="09"/> <input type="text" value="18"/> / <input type="text" value="20"/> <input type="text" value="09"/> |
|    | City Oakland State FL Zip Code 34760   | Amount of Each Disbursement this Period   |
|    | Purpose of Disbursement Fundraising Expense For NC Fund<br>Candidate Name  | <input type="text" value="6000.00"/>  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| C. | Full Name (Last, First, Middle Initial)<br>Bellwether Consulting Group   | Transaction ID: SB21B.6455<br>Date of Disbursement  |
|    | Mailing Address PO Box 1253  | <input type="text" value="10"/> <input type="text" value="06"/> / <input type="text" value="20"/> <input type="text" value="09"/> |
|    | City Oakland State FL Zip Code 34760   | Amount of Each Disbursement this Period   |
|    | Purpose of Disbursement Fundraising Expense For NC Fund<br>Candidate Name  | <input type="text" value="1740.18"/>  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|  |                                       |
|--|---------------------------------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <input type="text" value="12740.18"/> |
| <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)  
NEXT CENTURY FUND

|    |   |  |  |
|----|---|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>Bellwether Consulting Group<br><br>Mailing Address PO Box 1253<br><br>City Oakland State FL Zip Code 34760<br><br>Purpose of Disbursement Fundraising Expense For NC Fund<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB21B.6456<br>Date of Disbursement<br>11 / 20 / 2009 | Amount of Each Disbursement this Period<br>8683.15 |
| B. | Full Name (Last, First, Middle Initial)<br>Bellwether Consulting Group<br><br>Mailing Address PO Box 1253<br><br>City Oakland State FL Zip Code 34760<br><br>Purpose of Disbursement Fundraising Expense For NC Fund<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB21B.6457<br>Date of Disbursement<br>12 / 17 / 2009 | Amount of Each Disbursement this Period<br>6000.00 |
| C. | Full Name (Last, First, Middle Initial)<br>Bellwether Consulting Group<br><br>Mailing Address PO Box 1253<br><br>City Oakland State FL Zip Code 34760<br><br>Purpose of Disbursement Fundraising Expense For NC Fund<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB21B.6458<br>Date of Disbursement<br>12 / 23 / 2009 | Amount of Each Disbursement this Period<br>379.35  |

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

15062.50

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 30 / 44

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)  
NEXT CENTURY FUND

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>Bellwether Consulting Group   | Transaction ID: SB21B.6459<br>Date of Disbursement<br>12 / 31 / 2009   |
|    | Mailing Address PO Box 1253  | Amount of Each Disbursement this Period<br>711.81  |
|    | City Oakland State FL Zip Code 34760   |  |
|    | Purpose of Disbursement Fundraising Expense For NC Fund<br>Candidate Name  | 003<br>Category/Type   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>Bistro Italiano   | Transaction ID: SB21B.6462<br>Date of Disbursement<br>12 / 09 / 2009   |
|    | Mailing Address 320 D Street NE  | Amount of Each Disbursement this Period<br>438.54  |
|    | City Washington State DC Zip Code 20002  |  |
|    | Purpose of Disbursement Fundraising Expense For NC Fund<br>Candidate Name  | 003<br>Category/Type   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>MARY T. FAUTH   | Transaction ID: SB21B.6480<br>Date of Disbursement<br>08 / 31 / 2009   |
|    | Mailing Address 409 LLOYDS LANE  | Amount of Each Disbursement this Period<br>1392.30   |
|    | City ALEXANDRIA State VA Zip Code 22302  |  |
|    | Purpose of Disbursement Employee Salary<br>Candidate Name  | 001<br>Category/Type   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>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) .....      | 2542.65 |
| <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)  
NEXT CENTURY FUND

|    |  |   |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial)<br>MARY T. FAUTH   | Transaction ID: SB21B.6481<br>Date of Disbursement<br>10 / 02 / 2009  |
|    | Mailing Address 409 LLOYDS LANE  | Amount of Each Disbursement this Period<br>1392.30  |
|    | City ALEXANDRIA State VA Zip Code 22302  |   |
|    | Purpose of Disbursement Employee Salary<br>Candidate Name  | 001<br>Category/<br>Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|    |  |   |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial)<br>MARY T. FAUTH   | Transaction ID: SB21B.6482<br>Date of Disbursement<br>12 / 01 / 2009  |
|    | Mailing Address 409 LLOYDS LANE  | Amount of Each Disbursement this Period<br>1392.30  |
|    | City ALEXANDRIA State VA Zip Code 22302  |   |
|    | Purpose of Disbursement Employee Salary<br>Candidate Name  | 001<br>Category/<br>Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|    |  |   |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial)<br>Matchbox Bistro   | Transaction ID: SB21B.6450<br>Date of Disbursement<br>07 / 13 / 2009  |
|    | Mailing Address 521 8th Street, SE   | Amount of Each Disbursement this Period<br>177.40   |
|    | City Washington State DC Zip Code 20001  |   |
|    | Purpose of Disbursement Fundraising Expense For NC Fund<br>Candidate Name  | 003<br>Category/<br>Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 2962.00 |
| <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)  
NEXT CENTURY FUND

|  |  |
|--|--|
| <p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Matchbox Bistro</p> <p>Mailing Address 521 8th Street, SE</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement<br/>Fundraising Expense For NC Fund</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>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> SB21B.6451</p> <p>Date of Disbursement<br/>08 / 06 / 2009</p> <p>Amount of Each Disbursement this Period<br/>214.20</p> <p>003<br/>Category/Type</p> |
| <p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Matchbox Bistro</p> <p>Mailing Address 521 8th Street, SE</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement<br/>Fundraising Expense For NC Fund</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>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> SB21B.6452</p> <p>Date of Disbursement<br/>09 / 18 / 2009</p> <p>Amount of Each Disbursement this Period<br/>287.80</p> <p>003<br/>Category/Type</p> |
| <p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Szechuan House Fusion Grill</p> <p>Mailing Address 515 8th Street, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement<br/>Fundraising Expense For NC Fund</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>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> SB21B.6463</p> <p>Date of Disbursement<br/>12 / 21 / 2009</p> <p>Amount of Each Disbursement this Period<br/>177.95</p> <p>003<br/>Category/Type</p> |

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

679.95

**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)  
NEXT CENTURY FUND

|    |  |   |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial)<br>Trattoria Alberto of Capitol Hill   | Transaction ID: SB21B.6477<br>Date of Disbursement  |
|    | Mailing Address 506 8th Street, SE   | <input type="text" value="10"/> / <input type="text" value="23"/> / <input type="text" value="2009"/> |
|    | City Washington State DC Zip Code 20003  | Amount of Each Disbursement this Period   |
|    | Purpose of Disbursement Fundraising Expense For NC Fund<br>Candidate Name  | <input type="text" value="443.60"/>   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Category/Type <input type="text" value="003"/>  |
|    | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼    |   |

|    |  |   |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial)<br>U. S. TREASURY  | Transaction ID: SB21B.6468<br>Date of Disbursement  |
|    | Mailing Address P.O. BOX 149058  | <input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2009"/> |
|    | City AUSTIN State TX Zip Code 78714  | Amount of Each Disbursement this Period   |
|    | Purpose of Disbursement Employee Federal Withholding<br>Candidate Name   | <input type="text" value="485.40"/>   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Category/Type <input type="text" value="001"/>  |
|    | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼    |   |

|    |  |   |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial)<br>VERIZON   | Transaction ID: SB21B.6470<br>Date of Disbursement  |
|    | Mailing Address P.O. BOX 17577   | <input type="text" value="07"/> / <input type="text" value="21"/> / <input type="text" value="2009"/> |
|    | City BALTIMORE State MD Zip Code 21297   | Amount of Each Disbursement this Period   |
|    | Purpose of Disbursement Telephone<br>Candidate Name  | <input type="text" value="80.34"/>  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Category/Type <input type="text" value="001"/>  |
|    | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼    |   |

|  |                                      |
|--|--------------------------------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <input type="text" value="1009.34"/> |
| <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)

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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)  
NEXT CENTURY FUND

|    |   |  |
|----|---|--|
| A. | Full Name (Last, First, Middle Initial)<br>VERIZON  | Transaction ID: SB21B.6471   |
|    | Mailing Address P.O. BOX 17577  | Date of Disbursement<br>08 / 01 / 2009   |
|    | City BALTIMORE State MD Zip Code 21297  | Amount of Each Disbursement this Period<br>78.04   |
|    | Purpose of Disbursement Telephone Candidate Name  | 001 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)<br>VERIZON  | Transaction ID: SB21B.6472   |
|    | Mailing Address P.O. BOX 17577  | Date of Disbursement<br>08 / 31 / 2009   |
|    | City BALTIMORE State MD Zip Code 21297  | Amount of Each Disbursement this Period<br>78.17   |
|    | Purpose of Disbursement Telephone Candidate Name  | 001 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)<br>VERIZON  | Transaction ID: SB21B.6473   |
|    | Mailing Address P.O. BOX 17577  | Date of Disbursement<br>10 / 02 / 2009   |
|    | City BALTIMORE State MD Zip Code 21297  | Amount of Each Disbursement this Period<br>78.39   |
|    | Purpose of Disbursement Telephone Candidate Name  | 001 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) .....      | <b>234.60</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)  
NEXT CENTURY FUND

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>VERIZON   | Transaction ID: SB21B.6474   |
|    | Mailing Address P.O. BOX 17577   | Date of Disbursement<br>11 / 09 / 2009   |
|    | City BALTIMORE State MD Zip Code 21297   | Amount of Each Disbursement this Period<br>80.19   |
|    | Purpose of Disbursement Telephone Candidate Name   | 001<br>Category/Type   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>VERIZON   | Transaction ID: SB21B.6475   |
|    | Mailing Address P.O. BOX 17577   | Date of Disbursement<br>12 / 10 / 2009   |
|    | City BALTIMORE State MD Zip Code 21297   | Amount of Each Disbursement this Period<br>83.50   |
|    | Purpose of Disbursement Telephone Candidate Name   | 001<br>Category/Type   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>VERIZON   | Transaction ID: SB21B.6476   |
|    | Mailing Address P.O. BOX 17577   | Date of Disbursement<br>12 / 31 / 2009   |
|    | City BALTIMORE State MD Zip Code 21297   | Amount of Each Disbursement this Period<br>84.91   |
|    | Purpose of Disbursement Telephone Candidate Name   | 001<br>Category/Type   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>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) .....      | ▶ | 248.60 |
| <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)  
NEXT CENTURY FUND

|    |  |   |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial)<br>Virginia Department of Taxation   | Transaction ID: SB21B.6483<br>Date of Disbursement  |
|    | Mailing Address P. O. BOX 1777   | <input type="text" value="08"/> <input type="text" value="17"/> / <input type="text" value="20"/> <input type="text" value="09"/> |
|    | City RICHMOND State VA Zip Code 23218  | Amount of Each Disbursement this Period   |
|    | Purpose of Disbursement Employee State Withholding Candidate Name  | <input type="text" value="140.00"/>   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼    |
|    |  | <input type="text" value="001"/> Category/Type  |

|    |  |   |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial)<br>Virginia Department of Taxation   | Transaction ID: SB21B.6484<br>Date of Disbursement  |
|    | Mailing Address P. O. BOX 1777   | <input type="text" value="08"/> <input type="text" value="17"/> / <input type="text" value="20"/> <input type="text" value="09"/> |
|    | City RICHMOND State VA Zip Code 23218  | Amount of Each Disbursement this Period   |
|    | Purpose of Disbursement Employee State Withholding Candidate Name  | <input type="text" value="70.00"/>  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼    |
|    |  | <input type="text" value="001"/> Category/Type  |

|    |  |   |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial)<br>Virginia Department of Taxation   | Transaction ID: SB21B.6485<br>Date of Disbursement  |
|    | Mailing Address P. O. BOX 1777   | <input type="text" value="09"/> <input type="text" value="22"/> / <input type="text" value="20"/> <input type="text" value="09"/> |
|    | City RICHMOND State VA Zip Code 23218  | Amount of Each Disbursement this Period   |
|    | Purpose of Disbursement Employee State Withholding Candidate Name  | <input type="text" value="20.00"/>  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼    |
|    |  | <input type="text" value="001"/> Category/Type  |

|  |                                     |
|--|-------------------------------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <input type="text" value="230.00"/> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>                |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input 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)  
NEXT CENTURY FUND

**A.** Full Name (Last, First, Middle Initial)  
Virginia Department of Taxation

Mailing Address P. O. BOX 1777

City RICHMOND State VA Zip Code 23218

Purpose of Disbursement  
Employee State Withholding

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B.6486  
Date of Disbursement

09 / 24 / 2009

Amount of Each Disbursement this Period

40.96

**B.** Full Name (Last, First, Middle Initial)  
Wachovia Bank

Mailing Address P. O. BOX 27886

City RALEIGH State NC Zip Code 27611

Purpose of Disbursement  
Employee Federal Withholding

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B.6469  
Date of Disbursement

10 / 06 / 2009

Amount of Each Disbursement this Period

485.40

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

526.36

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

49982.20

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
NEXT CENTURY FUND

|    |   |  |
|----|---|--|
| A. | Full Name (Last, First, Middle Initial)<br>BASS VICTORY COMMITTEE   | Transaction ID: SB23.6396<br>Date of Disbursement<br>12 / 10 / 2009  |
|    | Mailing Address PO Box 3451<br>PO Box 3451  | Amount of Each Disbursement this Period<br>1000.00   |
|    | City Concord State NH Zip Code 03302  |  |
|    | Purpose of Disbursement<br>Contribution to Federal Candidate  | 011<br>Category/<br>Type   |
|    | Candidate Name<br>CHARLES F. BASS   |  |
|    | Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: NH District: 02 | Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|    |   |  |
|----|---|--|
| B. | Full Name (Last, First, Middle Initial)<br>CARLY FOR CALIFORNIA INC   | Transaction ID: SB23.6402<br>Date of Disbursement<br>12 / 10 / 2009  |
|    | Mailing Address 455 CAPITOL MALL SUITE 801  | Amount of Each Disbursement this Period<br>5000.00   |
|    | City SACRAMENTO State CA Zip Code 95814   |  |
|    | Purpose of Disbursement<br>Contribution to Federal Candidate  | 011<br>Category/<br>Type   |
|    | Candidate Name<br>CARLY FIORINA   |  |
|    | Office Sought: <input type="checkbox"/> House<br><input checked="" type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: CA District: 00 | Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|    |   |  |
|----|---|--|
| C. | Full Name (Last, First, Middle Initial)<br>CASTLE CAMPAIGN FUND   | Transaction ID: SB23.6393<br>Date of Disbursement<br>10 / 19 / 2009  |
|    | Mailing Address PO Box 133  | Amount of Each Disbursement this Period<br>5000.00   |
|    | City Wilmington State DE Zip Code 19899   |  |
|    | Purpose of Disbursement<br>Contribution to Federal Candidate  | 011<br>Category/<br>Type   |
|    | Candidate Name<br>MICHAEL N CASTLE  |  |
|    | Office Sought: <input type="checkbox"/> House<br><input checked="" type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: DE District: 00 | Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|  |   |          |
|--|---|----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | ▶ | 11000.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |          |

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
NEXT CENTURY FUND

|   |   |
|---|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>CITIZENS FOR BUNNING</p> <p>Mailing Address PO BOX 75167</p> <p>City FORT THOMAS State KY Zip Code 41075</p> <p>Purpose of Disbursement<br/>Contribution to Federal Candidate</p> <p>Candidate Name<br/>JIM BUNNING</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: KY District: 00</p> <p>Disbursement For: 2010<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>                  | <p><b>Transaction ID:</b> SB23.6371</p> <p>Date of Disbursement<br/>07 / 22 / 2009</p> <p>Amount of Each Disbursement this Period<br/>5000.00</p> <p>011<br/>Category/<br/>Type</p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>ETHAN HASTERT FOR CONGRESS COMMITTEE</p> <p>Mailing Address PO Box 576</p> <p>City Geneva State IL Zip Code 60134</p> <p>Purpose of Disbursement<br/>Contribution to Federal Candidate</p> <p>Candidate Name<br/>ETHAN ALLEN HASTERT</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: IL District: 14</p> <p>Disbursement For: 2010<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB23.6382</p> <p>Date of Disbursement<br/>08 / 18 / 2009</p> <p>Amount of Each Disbursement this Period<br/>1000.00</p> <p>011<br/>Category/<br/>Type</p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>FRIENDS OF KELLY AYOTTE</p> <p>Mailing Address PO BOX 233</p> <p>City NASHUA State NH Zip Code 03061</p> <p>Purpose of Disbursement<br/>Contribution to Federal Candidate</p> <p>Candidate Name<br/>KELLY A AYOTTE</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: NH District: 00</p> <p>Disbursement For: 2010<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>                   | <p><b>Transaction ID:</b> SB23.6368</p> <p>Date of Disbursement<br/>07 / 22 / 2009</p> <p>Amount of Each Disbursement this Period<br/>5000.00</p> <p>011<br/>Category/<br/>Type</p> |

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

11000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 40 / 44

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

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NAME OF COMMITTEE (In Full)  
NEXT CENTURY FUND

|         |   |  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|---------|---|--|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| A.      | Full Name (Last, First, Middle Initial)<br>FRIENDS OF ROY BLUNT   | Transaction ID: SB23.6378<br>Date of Disbursement  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Mailing Address PO Box 50100<br>PO Box 50100  | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>8</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> | M       | M | / | D | D | / | Y | Y | Y | Y | 0 | 8 |  | 0 | 3 |  | 2 | 0 | 0 |
| M       | M   | /  | D       | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |
| 0       | 8   |  | 0       | 3 |   | 2 | 0 | 0 | 9 |   |   |   |   |   |  |   |   |  |   |   |   |
|         | City Springfield State MO Zip Code 65805  | Amount of Each Disbursement this Period  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Purpose of Disbursement<br>Contribution to Federal Candidate  | <table border="1"><tr><td>5000.00</td></tr></table>  | 5000.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 5000.00 |   |  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Candidate Name<br>ROY BLUNT   | <table border="1"><tr><td>011</td></tr></table><br>Category/<br>Type   | 011     |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 011     |   |  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>State: MO District: 00 | Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |

|         |   |  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|---------|---|--|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| B.      | Full Name (Last, First, Middle Initial)<br>FRIENDS OF ROY BLUNT   | Transaction ID: SB23.6379<br>Date of Disbursement  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Mailing Address PO Box 50100<br>PO Box 50100  | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>8</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> | M       | M | / | D | D | / | Y | Y | Y | Y | 0 | 8 |  | 0 | 3 |  | 2 | 0 | 0 |
| M       | M   | /  | D       | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |
| 0       | 8   |  | 0       | 3 |   | 2 | 0 | 0 | 9 |   |   |   |   |   |  |   |   |  |   |   |   |
|         | City Springfield State MO Zip Code 65805  | Amount of Each Disbursement this Period  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Purpose of Disbursement<br>Contribution to Federal Candidate  | <table border="1"><tr><td>5000.00</td></tr></table>  | 5000.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 5000.00 |   |  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Candidate Name<br>ROY BLUNT   | <table border="1"><tr><td>011</td></tr></table><br>Category/<br>Type   | 011     |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 011     |   |  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>State: MO District: 00 | Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |

|         |   |  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|---------|---|--|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| C.      | Full Name (Last, First, Middle Initial)<br>FRIENDS OF TREY GRAYSON  | Transaction ID: SB23.6385<br>Date of Disbursement  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Mailing Address PO BOX 175726   | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>9</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> | M       | M | / | D | D | / | Y | Y | Y | Y | 0 | 9 |  | 1 | 0 |  | 2 | 0 | 0 |
| M       | M   | /  | D       | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |
| 0       | 9   |  | 1       | 0 |   | 2 | 0 | 0 | 9 |   |   |   |   |   |  |   |   |  |   |   |   |
|         | City FT MITCHELL State KY Zip Code 41017  | Amount of Each Disbursement this Period  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Purpose of Disbursement<br>Contribution to Federal Candidate  | <table border="1"><tr><td>5000.00</td></tr></table>  | 5000.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 5000.00 |   |  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Candidate Name<br>C M 'TREY' GRAYSON  | <table border="1"><tr><td>011</td></tr></table><br>Category/<br>Type   | 011     |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 011     |   |  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>State: KY District: 00 | Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |

|  |  |          |
|--|--|----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <table border="1"><tr><td>15000.00</td></tr></table> | 15000.00 |
| 15000.00   |  |          |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <table border="1"><tr><td> </td></tr></table>        |          |
|  |  |          |

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
NEXT CENTURY FUND

A.

Full Name (Last, First, Middle Initial)  
GEORGIANS FOR ISAKSON

Transaction ID: SB23.6403  
Date of Disbursement

Mailing Address POST OFFICE BOX 250116

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

City ATLANTA State GA Zip Code 30325

Amount of Each Disbursement this Period

|         |
|---------|
| 5000.00 |
|---------|

Purpose of Disbursement  
Contribution to Federal Candidate

|     |
|-----|
| 011 |
|-----|

Category/  
Type

Candidate Name  
JOHN HARDY ISAKSON

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

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

B.

Full Name (Last, First, Middle Initial)  
GRASSLEY COMMITTEE INC

Transaction ID: SB23.6406  
Date of Disbursement

Mailing Address PO BOX 1000

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 |   | 2 | 4 |   | 2 | 0 | 0 | 9 |

City DES MOINES State IA Zip Code 50304

Amount of Each Disbursement this Period

|         |
|---------|
| 5000.00 |
|---------|

Purpose of Disbursement  
Contribution to Federal Candidate

|     |
|-----|
| 011 |
|-----|

Category/  
Type

Candidate Name  
CHARLES E SENATOR GRASSLEY

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

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

C.

Full Name (Last, First, Middle Initial)  
GRASSLEY COMMITTEE INC

Transaction ID: SB23.6407  
Date of Disbursement

Mailing Address PO BOX 1000

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 |   | 2 | 4 |   | 2 | 0 | 0 | 9 |

City DES MOINES State IA Zip Code 50304

Amount of Each Disbursement this Period

|         |
|---------|
| 5000.00 |
|---------|

Purpose of Disbursement  
Contribution to Federal Candidate

|     |
|-----|
| 011 |
|-----|

Category/  
Type

Candidate Name  
CHARLES E SENATOR GRASSLEY

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

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

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

|          |
|----------|
| 15000.00 |
|----------|

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
NEXT CENTURY FUND

**A.** Full Name (Last, First, Middle Initial)  
JANE NORTON FOR COLORADO INC

Mailing Address 8006 EAST ARAPAHOE ROAD SUITE 150  
ROOM 925

City State Zip Code  
CENTENNIAL CO 80112

Purpose of Disbursement  
Contribution to Federal Candidate

Candidate Name  
JANE BERGMAN NORTON

011  
Category/  
Type

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

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.6388  
Date of Disbursement

09 / 25 / 2009

Amount of Each Disbursement this Period

5000.00

**B.** Full Name (Last, First, Middle Initial)  
KIRK FOR SENATE

Mailing Address P.O. Box 8

City State Zip Code  
Winnetka IL 60093

Purpose of Disbursement  
Contribution to Federal Candidate

Candidate Name  
MARK STEVEN KIRK

011  
Category/  
Type

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

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.6374  
Date of Disbursement

07 / 23 / 2009

Amount of Each Disbursement this Period

5000.00

**C.** Full Name (Last, First, Middle Initial)  
MARY BONO MACK COMMITTEE

Mailing Address PO Box 3370

City State Zip Code  
Palm Springs CA 92263

Purpose of Disbursement  
Contribution to Federal Candidate

Candidate Name  
MARY BONO MACK

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: CA District: 45

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.6410  
Date of Disbursement

12 / 29 / 2009

Amount of Each Disbursement this Period

1000.00

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

11000.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
NEXT CENTURY FUND

A.

Full Name (Last, First, Middle Initial)  
MORAN FOR KANSAS

Mailing Address PO BOX 1151

City HAYS State KS Zip Code 67601

Purpose of Disbursement  
Contribution to Federal Candidate

Candidate Name  
JERRY MORAN

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: KS District: 01

Transaction ID: SB23.6375  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

Category/  
Type

B.

Full Name (Last, First, Middle Initial)  
SCOTT BROWN FOR US SENATE COMMITTEE

Mailing Address PO BOX 395

City WRENTHAM State MA Zip Code 02093

Purpose of Disbursement  
Contribution to Federal Candidate

Candidate Name  
SCOTT P BROWN

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: MA District: 00

Transaction ID: SB23.6413  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

Category/  
Type

C.

Full Name (Last, First, Middle Initial)  
TOOMEY FOR SENATE COMMITTEE

Mailing Address 2720 JORDAN ROAD

City OREFIELD State PA Zip Code 18069

Purpose of Disbursement  
Contribution to Federal Candidate

Candidate Name  
PATRICK JOSEPH TOOMEY

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: PA District: 00

Transaction ID: SB23.6399  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

Category/  
Type

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

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 44 / 44

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

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NAME OF COMMITTEE (In Full)  
NEXT CENTURY FUND

A.

Full Name (Last, First, Middle Initial)  
Alabamians For Luther Strange

Transaction ID: SB29.6445

Date of Disbursement

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

Mailing Address PO Box 3196

Amount of Each Disbursement this Period

|         |
|---------|
| 2500.00 |
|---------|

City State Zip Code  
Montgomery AL 36109

Purpose of Disbursement  
Contribution to Statre Candidate

|                   |
|-------------------|
| 011               |
| Category/<br>Type |

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
Martha Jenkins

Transaction ID: SB29.6415

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 |   | 1 | 8 |   | 2 | 0 | 0 | 9 |

Mailing Address 3615 Moonlight Drive

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

City State Zip Code  
Chapel Hill NC 27516

Purpose of Disbursement  
Candidate for NFRW Leadership Post

|                   |
|-------------------|
| 011               |
| Category/<br>Type |

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
Zach Wamp For Governor

Transaction ID: SB29.6417

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 |   | 1 | 8 |   | 2 | 0 | 0 | 9 |

Mailing Address PO Box 23748

Amount of Each Disbursement this Period

|         |
|---------|
| 2500.00 |
|---------|

City State Zip Code  
Chattanooga TN 37422

Purpose of Disbursement  
Contribution to State Candidate

|                   |
|-------------------|
| 011               |
| Category/<br>Type |

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

6000.00

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

6000.00