



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**National Organization to Regain the Majority**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>	<input type="text" value="52109.35"/>	<input type="text" value="52109.35"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="49903.21"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="2000.00"/>	<input type="text" value="64000.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="51903.21"/>	<input type="text" value="116109.35"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="40000.00"/>	<input type="text" value="104206.14"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="11903.21"/>	<input type="text" value="11903.21"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

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

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

## DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**National Organization to Regain the Majority**

Report Covering the Period: From: M M / D D / Y Y Y Y 09 / 01 / 2012 To: M M / D D / Y Y Y Y 09 / 30 / 2012

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	7500.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	0.00	7500.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	2000.00	56500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	2000.00	64000.00
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 Transfers (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))..... ▶	2000.00	64000.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	2000.00	64000.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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 .....	0.00	12306.14
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	12306.14
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	40000.00	91000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (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 .....	0.00	900.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated 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)) ..	40000.00	104206.14
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	40000.00	104206.14

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	2000.00	64000.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	2000.00	64000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	12306.14
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	12306.14

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

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

FOR LINE NUMBER: PAGE 6 OF 15  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

NAME OF COMMITTEE (In Full)  
**National Organization to Regain the Majority**

**A.** Full Name (Last, First, Middle Initial)  
**Suquamish Indian Tribe**

Mailing Address PO Box 767

City State Zip Code  
 Suquamish WA 98392

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

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 Y  
 09 / 27 / 2012

**Transaction ID : SA11C.5148**

Amount of Each Receipt this Period  
 2000.00

Contribution

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	2000.00

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

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

FOR LINE NUMBER:  
(check only one)

<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)

**National Organization to Regain the Majority**

Full Name (Last, First, Middle Initial)

**A. BEN CHANDLER FOR CONGRESS**

Mailing Address P. O. BOX 12678

City LEXINGTON State KY Zip Code 40508

Purpose of Disbursement  
Contribution

Candidate Name

**A.B. III CHANDLER**

Office Sought:  House  
 Senate  
 President  
State: KY District: 06

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 24 / 2012

**Transaction ID : SB23.5106**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Betty Sutton For Congress**

Mailing Address 1700 W Market St #155

City Akron State OH Zip Code 44313

Purpose of Disbursement  
Contribution

Candidate Name

**BETTY S. MS. SUTTON**

Office Sought:  House  
 Senate  
 President  
State: OH District: 13

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 24 / 2012

**Transaction ID : SB23.5103**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. BILL OWENS FOR CONGRESS**

Mailing Address PO Box 1575

City Plattsburgh State NY Zip Code 12901

Purpose of Disbursement  
Contribution

Candidate Name

**WILLIAM OWENS**

Office Sought:  House  
 Senate  
 President  
State: NY District: 23

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 24 / 2012

**Transaction ID : SB23.5146**

Amount of Each Disbursement this Period

2000.00

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

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

4000.00

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

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

FOR LINE NUMBER:  
(check only one)

<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)

**National Organization to Regain the Majority**

Full Name (Last, First, Middle Initial)

**A. BOSWELL FOR CONGRESS**

Mailing Address PO Box 6220

City Des Moines State IA Zip Code 50309

Purpose of Disbursement  
Contribution

Candidate Name

**LEONARD L. BOSWELL**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: IA District: 03

Date of Disbursement

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

**Transaction ID : SB23.5144**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

**B. CICILLINE COMMITTEE**

Mailing Address 102 WATERMAN ST, SUITE 2

City PROVIDENCE State RI Zip Code 02906

Purpose of Disbursement  
Contribution

Candidate Name

**DAVID N CICILLINE**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: RI District: 01

Date of Disbursement

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

**Transaction ID : SB23.5109**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

**C. Dave Loeb sack for Congress**

Mailing Address 228 2nd St SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Contribution

Candidate Name

**DAVID WAYNE LOEBSACK**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: IA District: 02

Date of Disbursement

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

**Transaction ID : SB23.5110**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

3	0	0	0	0	0	0	0	0	0
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3	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---



**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)

**National Organization to Regain the Majority**

Full Name (Last, First, Middle Initial)

**A. DEFAZIO FOR CONGRESS**

Mailing Address PO Box 1316

City Springfield State OR Zip Code 97477

Purpose of Disbursement  
Contribution

Candidate Name

**PETER A. DEFAZIO**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: OR District: 04

Date of Disbursement

MM / DD / YYYY  
09 / 24 / 2012

**Transaction ID : SB23.5136**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**B. DELBENE FOR CONGRESS**

Mailing Address PO Box 1406

City Bellevue State WA Zip Code 98009

Purpose of Disbursement  
Contribution

Candidate Name

**SUZAN K DELBENE**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: WA District: 08

Date of Disbursement

MM / DD / YYYY  
09 / 24 / 2012

**Transaction ID : SB23.5120**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. DENNY HECK FOR CONGRESS**

Mailing Address 2921 Cloverfield Drive SE

City Olympia State WA Zip Code 98501

Purpose of Disbursement  
Contribution

Candidate Name

**DENNIS HECK**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: WA District: 03

Date of Disbursement

MM / DD / YYYY  
09 / 24 / 2012

**Transaction ID : SB23.5112**

Amount of Each Disbursement this Period

2500.00

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

9500.00

**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)

**National Organization to Regain the Majority**

Full Name (Last, First, Middle Initial)

### A. FRIENDS OF JOE BACA

Mailing Address 555 CAPITOL MALL, SUITE 1425

City State Zip Code  
SACRAMENTO CA 95814

Purpose of Disbursement  
Contribution

Candidate Name  
**JOE BACA**

Office Sought:  House  
 Senate  
 President  
State: CA District: 35

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	24	/	2012

Transaction ID : SB23.5114

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

### B. FRIENDS OF JOHN BARROW

Mailing Address PO BOX 1001

City State Zip Code  
AUGUSTA GA 30903

Purpose of Disbursement  
Contribution

Candidate Name  
**JOHN J. BARROW**

Office Sought:  House  
 Senate  
 President  
State: GA District: 12

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	24	/	2012

Transaction ID : SB23.5117

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

### C. FRIENDS OF LOIS CAPPS

Mailing Address PO BOX 23940

City State Zip Code  
SANTA BARBARA CA 93121

Purpose of Disbursement  
Contribution

Candidate Name  
**LOIS G CAPPS**

Office Sought:  House  
 Senate  
 President  
State: CA District: 23

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	24	/	2012

Transaction ID : SB23.5121

Amount of Each Disbursement this Period

1000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

4000.00
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**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER:  
(check only one)

<input 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)

**National Organization to Regain the Majority**

Full Name (Last, First, Middle Initial)

**A. GARAMENDI FOR CONGRESS**

Mailing Address C/O CALIFORNIA POLITICAL LAW, INC.  
3605 LONG BEACH BLVD., STE. 426

City LONG BEACH State CA Zip Code 90807

Purpose of Disbursement  
Contribution

Candidate Name

**JOHN GARAMENDI**

Office Sought:  House  
 Senate  
 President  
State: CA District: 03

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	24	/	2012

**Transaction ID : SB23.5126**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. JOHN DOUGLASS FOR CONGRESS**

Mailing Address 14249 HUME ROAD

City HUME State VA Zip Code 22639

Purpose of Disbursement  
Contribution

Candidate Name

**JOHN WADE DOUGLASS**

Office Sought:  House  
 Senate  
 President  
State: VA District: 10

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	24	/	2012

**Transaction ID : SB23.5127**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. KATHY HOCHUL FOR CONGRESS**

Mailing Address PO BOX 64

City BUFFALO State NY Zip Code 14231

Purpose of Disbursement  
Contribution

Candidate Name

**KATHLEEN COURTNEY HOCHUL**

Office Sought:  House  
 Senate  
 President  
State: NY District: 27

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	24	/	2012

**Transaction ID : SB23.5128**

Amount of Each Disbursement this Period

2000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

4000.00
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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)

**National Organization to Regain the Majority**

Full Name (Last, First, Middle Initial)

**A. KISSELL FOR CONGRESS**

Mailing Address P.O. BOX 1530

City BISCOE State NC Zip Code 27209

Purpose of Disbursement  
Contribution

Candidate Name

**LARRY W KISSELL**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: NC District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	24	/	2012

**Transaction ID : SB23.5131**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. KURT SCHRADER FOR CONGRESS**

Mailing Address 2236 SE 10th Ave  
Suite 240

City Portland State OR Zip Code 97214

Purpose of Disbursement  
Contribution

Candidate Name

**KURT SCHRADER**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: OR District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	24	/	2012

**Transaction ID : SB23.5132**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. LOUISE SLAUGHTER RE-ELECTION COMMITTEE**

Mailing Address P.O. BOX 730

City HONEOYE State NY Zip Code 14471

Purpose of Disbursement  
Contribution

Candidate Name

**LOUISE M SLAUGHTER**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: NY District: 25

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	24	/	2012

**Transaction ID : SB23.5122**

Amount of Each Disbursement this Period

2000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

4000.00
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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)  
**National Organization to Regain the Majority**

Full Name (Last, First, Middle Initial)

**A. MARK CRITZ FOR CONGRESS COMMITTEE**

Mailing Address 551 MAIN STREET SUITE 120

City JOHNSTOWN State PA Zip Code 15901

Purpose of Disbursement  
Contribution

Candidate Name  
**MARK CRITZ**

Office Sought:  House  
 Senate  
 President  
State: PA District: 12

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	24	/	2012

**Transaction ID : SB23.5133**

Amount of Each Disbursement this Period

1000.00
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Full Name (Last, First, Middle Initial)

**B. MATHESON FOR CONGRESS**

Mailing Address P O BOX 521048

City SALT LAKE CITY State UT Zip Code 84152

Purpose of Disbursement  
Contribution

Candidate Name  
**JAMES D MATHESON**

Office Sought:  House  
 Senate  
 President  
State: UT District: 04

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	24	/	2012

**Transaction ID : SB23.5134**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. MCNERNEY FOR CONGRESS**

Mailing Address 6520 Village Parkway  
Second Floor

City Dublin State CA Zip Code 94568

Purpose of Disbursement  
Contribution

Candidate Name  
**JERRY MCNERNEY**

Office Sought:  House  
 Senate  
 President  
State: CA District: 11

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	24	/	2012

**Transaction ID : SB23.5113**

Amount of Each Disbursement this Period

1000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

3000.00
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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)  
**National Organization to Regain the Majority**

Full Name (Last, First, Middle Initial)

**A. MIKE MCINTYRE FOR CONGRESS**

Mailing Address P.O. Box 1

City Lumberton State NC Zip Code 28359

Purpose of Disbursement  
Contribution

Candidate Name  
**MIKE MCINTYRE**

Office Sought:  House  
 Senate  
 President  
State: NC District: 07

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

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

**Transaction ID : SB23.5135**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**B. NOLAN FOR CONGRESS VOLUNTEER COMMITTEE**

Mailing Address PO BOX 1041

City BRAINERD State MN Zip Code 56401

Purpose of Disbursement  
Contribution

Candidate Name  
**ANNE C NOLAN**

Office Sought:  House  
 Senate  
 President  
State: MN District: 06

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

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

**Transaction ID : SB23.5137**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**C. PEOPLE FOR DEREK KILMER**

Mailing Address PO BOX 1574

City GIG HARBOR State WA Zip Code 98335

Purpose of Disbursement  
Contribution

Candidate Name  
**DEREK KILMER**

Office Sought:  House  
 Senate  
 President  
State: WA District: 06

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

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

**Transaction ID : SB23.5111**

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0

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

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

4	5	0	0	0	0	0	0	0	0


