

# 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  
American Victory Fund 2010

ADDRESS (number and street) 22780 Indian Creek Drive  
Ste. 100  
 Check if different than previously reported. (ACC)  
Dulles VA 20166

2. **FEC IDENTIFICATION NUMBER** C00466466  
**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 (12S)  
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 04 01 2010 through 06 30 2010

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

Type or Print Name of Treasurer Joseph R. Gruters

Signature of Treasurer Electronically Filed by Joseph R. Gruters Date 07 15 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									
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**FEC FORM 3X**  
(Rev. 12/2004)

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

Write or Type Committee Name  
American Victory Fund 2010

Report Covering the Period: From: 

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

 To: 

M M	D D	Y Y Y Y
0 6	3 0	2 0 1 0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date		
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y Y Y Y</td></tr><tr><td>2 0 1 0</td></tr></table>	Y Y Y Y	2 0 1 0		0.00
Y Y Y Y				
2 0 1 0				
(b) Cash on Hand at Beginning of Reporting Period .....	3437.50			
(c) Total Receipts (from Line 19) .....	156762.84	256562.84		
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	160200.34	256562.84		
7. Total Disbursements (from Line 31) .....	158795.34	255157.84		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	1405.00	1405.00		
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00			
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00			

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

**For further information contact:**

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

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name  
American Victory Fund 2010

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	147950.00	247450.00
(ii) Unitemized .....	1300.00	1350.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	149250.00	248800.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	7512.84	7762.84
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	156762.84	256562.84
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)) .....	156762.84	256562.84
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	156762.84	256562.84

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	22333.65	25197.53
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	22333.65	25197.53
22. Transfers to Affiliated/Other Party Committees.....	136461.69	229960.31
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
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.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	158795.34	255157.84
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	158795.34	255157.84

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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) .....	156762.84	256562.84
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	156762.84	256562.84
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	22333.65	25197.53
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	22333.65	25197.53

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 32  
(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)  
American Victory Fund 2010

**A.**

Full Name (Last, First, Middle Initial) Gina Arabitg		Date of Receipt MM / DD / YYYY 06 / 30 / 2010
Mailing Address 217 Bayside Drive		<b>Transaction ID:</b> SA11AI.4416
City Venice	State FL	Zip Code 34285
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer self employed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

**B.**

Full Name (Last, First, Middle Initial) Robert M. Beall, II		Date of Receipt MM / DD / YYYY 05 / 04 / 2010
Mailing Address PO Box 9285		<b>Transaction ID:</b> SA11AI.4347
City Bradenton	State FL	Zip Code 34206
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25000.00
Name of Employer Bealls Inc	Occupation Retailer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 25000.00	

**C.**

Full Name (Last, First, Middle Initial) D. Christian Berg		Date of Receipt MM / DD / YYYY 04 / 30 / 2010
Mailing Address 3334 Capital Medical Blvd. Ste 400		<b>Transaction ID:</b> SA11AI.4301
City Tallahassee	State FL	Zip Code 32308
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer self employed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>25750.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
American Victory Fund 2010

**A.** Full Name (Last, First, Middle Initial)  
Carlos Beruff

Mailing Address 2212 58th Ave East

City Bradenton State FL Zip Code 34203

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

Name of Employer Medallion Homes Occupation developer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 30400.00

Date of Receipt 06 / 30 / 2010

Transaction ID: SA11AI.4424

Amount of Each Receipt this Period 30400.00

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

Mailing Address 3334 Capital Medical Blvd Ste 400

City Tallahassee State FL Zip Code 32308

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

Name of Employer self employed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 30 / 2010

Transaction ID: SA11AI.4306

Amount of Each Receipt this Period 500.00

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

Mailing Address 2880 Cypress Ridge Drive

City Palm Harbor State FL Zip Code 34684

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

Name of Employer self employed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 14 / 2010

Transaction ID: SA11AI.4381

Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 31400.00

**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 / 32  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
American Victory Fund 2010

**A.** Full Name (Last, First, Middle Initial)  
Jerry D. Clark

Mailing Address 1495 Futura St.

City State Zip Code  
Beaumont TX 77706

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

Name of Employer  
Beaumont Bone & Joint Ins-  
titut      Occupation  
orthopaedic surgeon

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	3	0	/	2	0	1	0

**Transaction ID:** SA11AI.4323

Amount of Each Receipt this Period  
250.00

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

Mailing Address 17503 Mallard Court

City State Zip Code  
Lutz FL 33559

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

Name of Employer  
Cobbe Consulting & Manage-  
ment      Occupation  
association management

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	3	0	/	2	0	1	0

**Transaction ID:** SA11AI.4286

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Joseph F. Curtis, Jr.

Mailing Address 6120 Tiffany Lane

City State Zip Code  
Montgomery AL 36117

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

Name of Employer  
Southern Orthopaedic Surg-  
eons      Occupation  
orthopaedic surgeon

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

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

**Transaction ID:** SA11AI.4275

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1250.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
American Victory Fund 2010

<b>A.</b>	Full Name (Last, First, Middle Initial) Charles Domingues		Date of Receipt MM / DD / YYYY 04 / 30 / 2010		
	Mailing Address 4390 Thomas Court		<b>Transaction ID:</b> SA11AI.4329		
	City Beaumont	State TX	Zip Code 77706-7714	Amount of Each Receipt this Period 300.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Beaumont Bone & Joint Ins- titut	Occupation orthopaedic surgeon	Aggregate Year-to-Date 300.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Raymond S. Duffett		Date of Receipt MM / DD / YYYY 04 / 30 / 2010		
	Mailing Address 1335 Belmont Ave		<b>Transaction ID:</b> SA11AI.4341		
	City Youngstown	State OH	Zip Code 44504	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer University Orthopaedics	Occupation orthopaedic surgeon	Aggregate Year-to-Date 250.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Mark E. Fahey		Date of Receipt MM / DD / YYYY 04 / 30 / 2010		
	Mailing Address 3334 Capital Medical Blvd Ste 400		<b>Transaction ID:</b> SA11AI.4304		
	City Tallahassee	State FL	Zip Code 32308	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer self employed	Occupation physician	Aggregate Year-to-Date 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1050.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 32  
(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)  
American Victory Fund 2010

**A.**

Full Name (Last, First, Middle Initial)  
John T. Gill

Mailing Address 3424 Wentwood Drive

City State Zip Code  
Dallas TX 75225

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

Name of Employer Occupation  
Dallas sports Medicine orthopaedic surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 1 0

**Transaction ID:** SA11AI.4339

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Steven Goldberg

Mailing Address 5867 Whisperwood Court

City State Zip Code  
Naples FL 34110-2301

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

Name of Employer Occupation  
self employed physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 1 0

**Transaction ID:** SA11AI.4314

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Julio Gonzalez

Mailing Address 217 Bayside Drive

City State Zip Code  
Venice FL 34285-1414

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

Name of Employer Occupation  
Orthopaedic Center of Venice P Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 4000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 1 0

**Transaction ID:** SA11AI.4318

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1500.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
American Victory Fund 2010

**A.** Full Name (Last, First, Middle Initial)  
Daniel K. Guy

Mailing Address 1805 Vernon Rd. Ste B

City State Zip Code  
La Grange GA 30240

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

Name of Employer Southern Orthopaedics Occupation orthopaedic surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 04 / 30 / 2010  
Transaction ID: SA11AI.4282  
Amount of Each Receipt this Period: 250.00

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

Mailing Address 408 Spring Valley Lane

City State Zip Code  
Altamonte Springs FL 32714

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

Name of Employer Orlando Orthopaedic Center Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 04 / 30 / 2010  
Transaction ID: SA11AI.4321  
Amount of Each Receipt this Period: 500.00

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

Mailing Address 100 Minnersa Drive

City State Zip Code  
Thomasville GA 31792

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

Name of Employer TOC Occupation orthopaedic surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 04 / 30 / 2010  
Transaction ID: SA11AI.4295  
Amount of Each Receipt this Period: 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1250.00

**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 12 / 32  
(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)  
American Victory Fund 2010

**A.**

Full Name (Last, First, Middle Initial)  
Edward S. Homan, Jr.

Mailing Address 329 St. Augustine Ave

City Tampa State FL Zip Code 33617

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

Name of Employer self employed Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 30 / 2010

Transaction ID: SA11AI.4316

Amount of Each Receipt this Period 500.00

**B.**

Full Name (Last, First, Middle Initial)  
Charles N. Hubbard

Mailing Address 210 Habersham Place

City Carrollton State GA Zip Code 30117-4152

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

Name of Employer Carrollton Orthopaedic Clinic Occupation orthopaedic surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 30 / 2010

Transaction ID: SA11AI.4312

Amount of Each Receipt this Period 500.00

**C.**

Full Name (Last, First, Middle Initial)  
Patrick M. J. Hutton

Mailing Address 2610 Holly Point Rd West

City Orange Park State FL Zip Code 32073

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

Name of Employer Jacksonville Orthopaedic Insti Occupation surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 30 / 2010

Transaction ID: SA11AI.4310

Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1500.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
American Victory Fund 2010

<b>A.</b>	Full Name (Last, First, Middle Initial) Gene P. Isabell	Date of Receipt MM / DD / YYYY 04 / 30 / 2010
	Mailing Address 4365 Brownstone Drive	<b>Transaction ID:</b> SA11AI.4325
	City State Zip Code Beaumont TX 77706-7468	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Beaumont Bone & Joint Ins- titut Occupation orthopaedic surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Jeffrey W. Jones	Date of Receipt MM / DD / YYYY 05 / 27 / 2010
	Mailing Address PO Box 3799	<b>Transaction ID:</b> SA11AI.4385
	City State Zip Code Sarasota FL 34230	Amount of Each Receipt this Period 25000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Jones Chemical Inc Occupation owner Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 25000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Susan M Jones	Date of Receipt MM / DD / YYYY 05 / 27 / 2010
	Mailing Address PO Box 3799	<b>Transaction ID:</b> SA11AI.4391
	City State Zip Code Sarasota FL 34230	Amount of Each Receipt this Period 25000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Jones Chemical Occupation owner Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 25000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	50250.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 32  
(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)  
American Victory Fund 2010

**A.**

Full Name (Last, First, Middle Initial)  
Carlos Lavernia

Mailing Address 320 Dolinas Ct.

City Miami State FL Zip Code 33143

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

Name of Employer self employed Occupation surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 04 / 30 / 2010

Transaction ID: SA11AI.4288

Amount of Each Receipt this Period: 1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Douglas W. Lundy

Mailing Address 1368 Wunbrook Terrace

City Mableton State GA Zip Code 30126

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

Name of Employer Resurgens Orthopaedics Occupation orthopaedic surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 04 / 30 / 2010

Transaction ID: SA11AI.4284

Amount of Each Receipt this Period: 500.00

**C.**

Full Name (Last, First, Middle Initial)  
Peter J. Mandell

Mailing Address 55 Bates Road

City Burlingame State CA Zip Code 94010

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

Name of Employer Peter J. Mandell MD PC Occupation orthopedic surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 04 / 22 / 2010

Transaction ID: SA11AI.4269

Amount of Each Receipt this Period: 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 32
	<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)  
American Victory Fund 2010

<b>A.</b>	Full Name (Last, First, Middle Initial) Stefjem McCollam		Date of Receipt MM / DD / YYYY 04 / 22 / 2010
	Mailing Address 4563 Powers Ferry Road		Transaction ID: SA11AI.4271
	City Atlanta	State GA	Zip Code 30327
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	Name of Employer self employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Louis G. Merucci		Date of Receipt MM / DD / YYYY 06 / 30 / 2010
	Mailing Address 7610 De Soto Mem. Hwy.		Transaction ID: SA11AI.4412
	City Bradenton	State FL	Zip Code 34209
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	Name of Employer LGM Contracting Inc. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Owner Aggregate Year-to-Date ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mary I. O'Connor		Date of Receipt MM / DD / YYYY 04 / 30 / 2010
	Mailing Address 3205 Ocean Drive, South		Transaction ID: SA11AI.4297
	City Jacksonville	State FL	Zip Code 32250-5956
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	Name of Employer self employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 32  
(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)  
American Victory Fund 2010

**A.**

Full Name (Last, First, Middle Initial)  
William J. Robb, III

Mailing Address 223 Indian Hill Road

City State Zip Code  
Winnetka IL 60093

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

Name of Employer Occupation  
Illinois Bone & Joint Ins- physician  
titut

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

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

**Transaction ID:** SA11AI.4267

Amount of Each Receipt this Period  
1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Robert Ross, Jr.

Mailing Address 450 Anorage Drive

City State Zip Code  
Nokomis FL 34275

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

Name of Employer Occupation  
RTR Uroology urologist

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 1 0

**Transaction ID:** SA11AI.4414

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Kenneth Sanborn

Mailing Address 65 Lighthouse Point Drive

City State Zip Code  
Longboat Key FL 34228

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

Name of Employer Occupation  
retired retired

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 10000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 2 8 / 2 0 1 0

**Transaction ID:** SA11AI.4389

Amount of Each Receipt this Period  
10000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 11250.00

**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 / 32  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
American Victory Fund 2010

**A.**

Full Name (Last, First, Middle Initial)  
Patricia Sanborn

Mailing Address 65 Lighthouse Point Drive

City State Zip Code  
Longboat Key FL 34228

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

Name of Employer Occupation  
homemaker homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 10000.00

Date of Receipt  
MM / DD / YYYY  
05 / 28 / 2010

**Transaction ID:** SA11AI.4387

Amount of Each Receipt this Period  
10000.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. David W. Shoemaker

Mailing Address 4121 Roberts Point Road

City State Zip Code  
Sarasota FL 34242-1163

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

Name of Employer Occupation  
Center for Sight physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 10500.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2010

**Transaction ID:** SA11AI.4411

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. David W. Shoemaker

Mailing Address 4121 Roberts Point Road

City State Zip Code  
Sarasota FL 34242-1163

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

Name of Employer Occupation  
Center for Sight physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 15500.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2010

**Transaction ID:** SA11AI.4427

Amount of Each Receipt this Period  
5000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **15500.00**

**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 / 32  
(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)  
American Victory Fund 2010

**A.**

Full Name (Last, First, Middle Initial)  
Jack R. Steel

Mailing Address 630 Fern Street

City State Zip Code  
Huntington WV 25701

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

Name of Employer self employed Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 1 0

**Transaction ID:** SA11AI.4308

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Theodore L. Stringer

Mailing Address 588 Concerto Drive

City State Zip Code  
Colorado Springs CO 80906

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

Name of Employer Colorado Springs Ortho Group Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

**Transaction ID:** SA11AI.4273

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Raenella B. Talbert

Mailing Address 1605 Manchester Court

City State Zip Code  
Baumont TX 77706

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

Name of Employer Beaumont Boné & Joint Ins-titut Occupation orthopaedic surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 1 0

**Transaction ID:** SA11AI.4327

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1000.00**

**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 / 32  
(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)  
American Victory Fund 2010

**A.**

Full Name (Last, First, Middle Initial)  
Curtis Thorpe

Mailing Address 4820 Christina Lane

City State Zip Code  
Beaumont TX 77706

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

Name of Employer self employed Occupation orthopaedic surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
05 / 03 / 2010

**Transaction ID:** SA11AI.4343

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Robert E. Van Demark, Jr.

Mailing Address 332 Aspen Circle

City State Zip Code  
Sioux Falls SD 57105

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

Name of Employer Sanford Health Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2010

**Transaction ID:** SA11AI.4294

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Andrew Wong

Mailing Address 564 Frank Shaw Road

City State Zip Code  
Tallahassee FL 32312

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

Name of Employer Tallahassee Orthopaedic Clinic Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2010

**Transaction ID:** SA11AI.4290

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1250.00**

**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 / 32
	(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)  
American Victory Fund 2010

**A.**

Full Name (Last, First, Middle Initial) James J. York		Date of Receipt MM / DD / YYYY 04 / 30 / 2010
Mailing Address 105 Sandgate Ct.		<b>Transaction ID:</b> SA11AI.4331
City Millersville	State MD	Zip Code 21108
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Chesapeake Orthopaedic & Sport	Occupation surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

**B.**

Full Name (Last, First, Middle Initial) Brian S/ Ziegler		Date of Receipt MM / DD / YYYY 04 / 30 / 2010
Mailing Address 1020 Meadowlark Lane		<b>Transaction ID:</b> SA11AI.4299
City Merritt Island	State FL	Zip Code 32953
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Orthopaedics of Brevard	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	147950.00

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

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

FOR LINE NUMBER: PAGE 21 / 32  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
American Victory Fund 2010

**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**

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
0	5	/	1	3	/	2	0	1	0

**Transaction ID:** SA11C.4379

Amount of Each Receipt this Period  
2000.00

**B.** Full Name (Last, First, Middle Initial)  
POLITICAL ACTION COMMITTEE OF THE AMERICAN ASSOCIATION OF ORTHOPAEDIC SURGEONS

Mailing Address 317 Massachusetts Avenue, NE  
1st Floor

City State Zip Code  
Washington DC 20002

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

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
0	4	/	2	7	/	2	0	1	0

**Transaction ID:** SA11C.4280

Amount of Each Receipt this Period  
4000.00

**C.** Full Name (Last, First, Middle Initial)  
VERN BUCHANAN FOR CONGRESS

Mailing Address P. O. Box 48928

City State Zip Code  
Sarasota FL 34230

FEC ID number of contributing federal political committee. **C** C00412759

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
756.42

Date of Receipt  

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

**Transaction ID:** SA11C.4264

Amount of Each Receipt this Period  
756.42

**SUBTOTAL** of Receipts This Page (optional) ..... ► **6756.42**

**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 / 32	
	(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"/> 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)  
American Victory Fund 2010

<b>A.</b>	Full Name (Last, First, Middle Initial) VOTE TO ELECT REPUBLICANS NOW PAC (VERN PAC)		Date of Receipt
	Mailing Address 2875 Towerview Road, Suite 1000		<input type="text" value="04"/> / <input type="text" value="19"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Herndon	VA	20171
	FEC ID number of contributing federal political committee.		Transaction ID: SA11C.4263
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For:		Aggregate Year-to-Date ▼	<input type="text" value="756.42"/>
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="756.42"/>	
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="756.42"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="7512.84"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 23 / 32

<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)  
American Victory Fund 2010

<b>A.</b> Full Name (Last, First, Middle Initial) American Express Mailing Address P.O. Box 360001	Transaction ID: SB21B.4396 Date of Disbursement 06 / 02 / 2010	
	City Fort Lauderdale State FL Zip Code 33336-0001	Amount of Each Disbursement this Period 533.25
Purpose of Disbursement merchant service charge Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>B.</b> Full Name (Last, First, Middle Initial) American Express Mailing Address P.O. Box 360001	Transaction ID: SB21B.4428 Date of Disbursement 06 / 30 / 2010	
	City Fort Lauderdale State FL Zip Code 33336-0001	Amount of Each Disbursement this Period 878.71
Purpose of Disbursement merchant service charge Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>C.</b> Full Name (Last, First, Middle Initial) AmeriCopy Mailing Address 856 E. Main Street	Transaction ID: SB21B.4265 Date of Disbursement 04 / 16 / 2010	
	City Mesa State AZ Zip Code 85203	Amount of Each Disbursement this Period 1512.84
Purpose of Disbursement printing for PAC event Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

**SUBTOTAL** of Disbursements This Page (optional) ..... ► 2924.80

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

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

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

FOR LINE NUMBER: (check only one)

<input 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)  
American Victory Fund 2010

A.	Full Name (Last, First, Middle Initial) Capitol Hill Club	Transaction ID: SB21B.4363 Date of Disbursement 05 / 06 / 2010
	Mailing Address 300 First St. SE	Amount of Each Disbursement this Period 1797.84
	City Washington State DC Zip Code 20003	
	Purpose of Disbursement PAC event - room & catering	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) CT Jensen & Associates	Transaction ID: SB21B.4404 Date of Disbursement 06 / 09 / 2010
	Mailing Address 1961 Brookhaven Drive	Amount of Each Disbursement this Period 5000.00
	City Sarasota State FL Zip Code 34239	
	Purpose of Disbursement fundraising commission	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) CT Jensen & Associates	Transaction ID: SB21B.4436 Date of Disbursement 06 / 30 / 2010
	Mailing Address 1961 Brookhaven Drive	Amount of Each Disbursement this Period 3742.50
	City Sarasota State FL Zip Code 34239	
	Purpose of Disbursement fundraising consulting	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>10540.34</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 25 / 32

<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)  
American Victory Fund 2010

<p><b>A.</b> Full Name (Last, First, Middle Initial) Jamatt Properties</p> <p>Mailing Address 500 Central Ave, Ste 900</p> <p>City Sarasota State FL Zip Code 34236</p> <p>Purpose of Disbursement postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.4369</p> <p>Date of Disbursement 05 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 487.52</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Minuteman Press</p> <p>Mailing Address 110 N. Lime Ave</p> <p>City Sarasota State FL Zip Code 34237</p> <p>Purpose of Disbursement PAC event - printing of invitations</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.4371</p> <p>Date of Disbursement 05 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 572.44</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Morgan, Meredith &amp; Associates</p> <p>Mailing Address 22780 Indian Creek Drive, Ste 100</p> <p>City Dulles State VA Zip Code 20166</p> <p>Purpose of Disbursement reporting &amp; admin services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.4261</p> <p>Date of Disbursement 04 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 625.00</p>

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

1684.96

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
American Victory Fund 2010

A.	Full Name (Last, First, Middle Initial) Morgan, Meredith & Associates	Transaction ID: SB21B.4353 Date of Disbursement
	Mailing Address 22780 Indian Creek Drive, Ste 100	<input type="text" value="05"/> <input type="text" value="04"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Dulles State VA Zip Code 20166	Amount of Each Disbursement this Period
	Purpose of Disbursement reporting services Candidate Name	<input type="text" value="700.00"/>
	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) Morgan, Meredith & Associates	Transaction ID: SB21B.4393 Date of Disbursement
	Mailing Address 22780 Indian Creek Drive, Ste 100	<input type="text" value="06"/> <input type="text" value="02"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Dulles State VA Zip Code 20166	Amount of Each Disbursement this Period
	Purpose of Disbursement reporting services Candidate Name	<input type="text" value="512.50"/>
	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) Morgan, Meredith & Associates	Transaction ID: SB21B.4437 Date of Disbursement
	Mailing Address 22780 Indian Creek Drive, Ste 100	<input type="text" value="06"/> <input type="text" value="30"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Dulles State VA Zip Code 20166	Amount of Each Disbursement this Period
	Purpose of Disbursement fundraising consulting Candidate Name	<input type="text" value="2045.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="3257.50"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 27 / 32

<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)  
American Victory Fund 2010

A.

Full Name (Last, First, Middle Initial)  
Morgan, Meredith & Associates

Transaction ID: SB21B.4438

Date of Disbursement

Mailing Address 22780 Indian Creek Drive, Ste 100

06 / 30 / 2010

City Dulles State VA Zip Code 20166

Amount of Each Disbursement this Period

637.50

Purpose of Disbursement reporting & admin services

Category/Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
Morton's Gourmet Market

Transaction ID: SB21B.4373

Date of Disbursement

Mailing Address 1924 S. Osprey Ave

05 / 07 / 2010

City Sarasota State FL Zip Code 34239

Amount of Each Disbursement this Period

1084.60

Purpose of Disbursement PAC event - catering

Category/Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
Morton's Gourmet Market

Transaction ID: SB21B.4433

Date of Disbursement

Mailing Address 1924 S. Osprey Ave

06 / 30 / 2010

City Sarasota State FL Zip Code 34239

Amount of Each Disbursement this Period

1060.20

Purpose of Disbursement catering for PAC event

Category/Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

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

2782.30

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
American Victory Fund 2010

<p><b>A.</b> Full Name (Last, First, Middle Initial) Sage Payment Solutions</p> <p>Mailing Address 1750 Old Meadow Rd #300</p> <p>City McLean State VA Zip Code 22102</p> <p>Purpose of Disbursement merchant service charge</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.4277</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="374.15"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Sage Payment Solutions</p> <p>Mailing Address 1750 Old Meadow Rd #300</p> <p>City McLean State VA Zip Code 22102</p> <p>Purpose of Disbursement merchant service charge</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.4375</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="111.58"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Sage Payment Solutions</p> <p>Mailing Address 1750 Old Meadow Rd #300</p> <p>City McLean State VA Zip Code 22102</p> <p>Purpose of Disbursement merchant service charge</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.4429</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="40.00"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="525.73"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 29 / 32

<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)  
American Victory Fund 2010

A.	Full Name (Last, First, Middle Initial) Southwest Parking Company	Transaction ID: SB21B.4368 Date of Disbursement
	Mailing Address 4043 Redbird Circle	<input type="text" value="05"/> <input type="text" value="07"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Sarasota State FL Zip Code 34231	Amount of Each Disbursement this Period
	Purpose of Disbursement PAC event - parking	<input type="text" value="200.00"/>
	Candidate Name	<input type="text"/>
	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) Southwest Parking Company	Transaction ID: SB21B.4434 Date of Disbursement
	Mailing Address 4043 Redbird Circle	<input type="text" value="06"/> <input type="text" value="30"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Sarasota State FL Zip Code 34231	Amount of Each Disbursement this Period
	Purpose of Disbursement Parking for PAC event	<input type="text" value="200.00"/>
	Candidate Name	<input type="text"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="400.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="22115.63"/>

**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 / 32

<input type="checkbox"/> 21b	<input checked="" 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)  
American Victory Fund 2010

A.	Full Name (Last, First, Middle Initial) <b>NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE</b>	<b>Transaction ID:</b> SB22.4367
	Mailing Address 320 FIRST STREET	Date of Disbursement MM / DD / YYYY 05 / 07 / 2010
	City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period 21997.11
	Purpose of Disbursement transfer to affiliated committee	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) <b>NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE</b>	<b>Transaction ID:</b> SB22.4401
	Mailing Address 320 FIRST STREET	Date of Disbursement MM / DD / YYYY 06 / 09 / 2010
	City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period 44328.65
	Purpose of Disbursement transfer to affiliated committee	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) <b>NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE</b>	<b>Transaction ID:</b> SB22.4439
	Mailing Address 320 FIRST STREET	Date of Disbursement MM / DD / YYYY 06 / 30 / 2010
	City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period 25474.72
	Purpose of Disbursement transfer to affiliated committee	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>91800.48</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input checked="" 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)  
American Victory Fund 2010

A.	Full Name (Last, First, Middle Initial) VERN BUCHANAN FOR CONGRESS	Transaction ID: SB22.4395 Date of Disbursement																			
	Mailing Address P. O. Box 48928	<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>5</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	4		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	4		2	0	1	0												
	City Sarasota State FL Zip Code 34230	Amount of Each Disbursement this Period																			
	Purpose of Disbursement transfer to affiliated committee	<table border="1"><tr><td>14712.77</td></tr></table>	14712.77																		
14712.77																					
	Candidate Name	Category/Type																			
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 13	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) VERN BUCHANAN FOR CONGRESS	Transaction ID: SB22.4403 Date of Disbursement																			
	Mailing Address P. O. Box 48928	<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>6</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	9		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		0	9		2	0	1	0												
	City Sarasota State FL Zip Code 34230	Amount of Each Disbursement this Period																			
	Purpose of Disbursement transfer to affiliated committee	<table border="1"><tr><td>1042.00</td></tr></table>	1042.00																		
1042.00																					
	Candidate Name	Category/Type																			
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 13	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) VERN BUCHANAN FOR CONGRESS	Transaction ID: SB22.4432 Date of Disbursement																			
	Mailing Address P. O. Box 48928	<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>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		3	0		2	0	1	0												
	City Sarasota State FL Zip Code 34230	Amount of Each Disbursement this Period																			
	Purpose of Disbursement distribute to affiliated committee	<table border="1"><tr><td>1208.66</td></tr></table>	1208.66																		
1208.66																					
	Candidate Name	Category/Type																			
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 13	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"><tr><td>16963.43</td></tr></table>	16963.43
16963.43		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"><tr><td></td></tr></table>	

