

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 Dam PAC

ADDRESS (number and street) PO Box 751271 Las Vegas NV 89136

2. FEC IDENTIFICATION NUMBER C00410993 3. IS THIS REPORT NEW (N) OR AMENDED (A)

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

5. Covering Period 01 01 2009 through 06 30 2009

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

Type or Print Name of Treasurer Chrissie Hastie

Signature of Treasurer Electronically Filed by Chrissie Hastie Date 07 13 2009

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

Office Use Only table with 7 columns and 1 row

FEC FORM 3X (Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
Dam PAC

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		16991.17
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	16991.17									
(c) Total Receipts (from Line 19)	5000.00	5000.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	21991.17	21991.17								
7. Total Disbursements (from Line 31)	20315.35	20315.35								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1675.82	1675.82								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY 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
Dam PAC

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

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	0.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	5000.00	5000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	5000.00	5000.00
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 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))	5000.00	5000.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	5000.00	5000.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	20315.35	20315.35
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	20315.35	20315.35
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E)	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))..	20315.35	20315.35
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	20315.35	20315.35

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	5000.00	5000.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5000.00	5000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	20315.35	20315.35
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	20315.35	20315.35

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

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

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)
Dam PAC

A.	Full Name (Last, First, Middle Initial) Porter for Congress		Date of Receipt
	Mailing Address 7840 Red Leaf Drive		<input type="text" value="02"/> / <input type="text" value="26"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Las Vegas	NV	89131
	FEC ID number of contributing federal political committee.		Transaction ID: 90624.C164
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For:		Aggregate Year-to-Date ▼	<input type="text" value="5000.00"/>
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text" value="5000.00"/>	Receipt

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

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 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)
Dam PAC

<p>A. Full Name (Last, First, Middle Initial) IN Compliance Inc.</p> <p>Mailing Address PO Box 751271</p> <p>City Las Vegas State NV Zip Code 89136-</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 State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90624.E104 Date of Disbursement 06 / 01 / 2009</p> <p>Amount of Each Disbursement this Period 7.92</p> <p>POSTAGE</p>
<p>B. Full Name (Last, First, Middle Initial) IN Compliance Inc.</p> <p>Mailing Address PO Box 751271</p> <p>City Las Vegas State NV Zip Code 89136-</p> <p>Purpose of Disbursement Printing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90624.E93 Date of Disbursement 02 / 26 / 2009</p> <p>Amount of Each Disbursement this Period 5.30</p> <p>PRINTING</p>
<p>C. Full Name (Last, First, Middle Initial) IN Compliance Inc.</p> <p>Mailing Address PO Box 751271</p> <p>City Las Vegas State NV Zip Code 89136-</p> <p>Purpose of Disbursement Consulting Treasury</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90624.E101 Date of Disbursement 05 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 100.00</p> <p>CONSULTING TREASURY</p>

SUBTOTAL of Disbursements This Page (optional) ▶

113.22

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)
Dam PAC

A.	Full Name (Last, First, Middle Initial) IN Compliance Inc.	Transaction ID: 90624.E92 Date of Disbursement MM / DD / YYYY 02 / 26 / 2009
	Mailing Address PO Box 751271	Amount of Each Disbursement this Period 1300.00
	City Las Vegas State NV Zip Code 89136-	
	Purpose of Disbursement Consulting Treasury	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) ▼
		CONSULTING TREASURY

B.	Full Name (Last, First, Middle Initial) IN Compliance Inc.	Transaction ID: 90624.E97 Date of Disbursement MM / DD / YYYY 03 / 26 / 2009
	Mailing Address PO Box 751271	Amount of Each Disbursement this Period 5.50
	City Las Vegas State NV Zip Code 89136-	
	Purpose of Disbursement Printing	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) ▼
		PRINTING

C.	Full Name (Last, First, Middle Initial) IN Compliance Inc.	Transaction ID: 90624.E98 Date of Disbursement MM / DD / YYYY 05 / 01 / 2009
	Mailing Address PO Box 751271	Amount of Each Disbursement this Period 2000.00
	City Las Vegas State NV Zip Code 89136-	
	Purpose of Disbursement Consulting Fundraising	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) ▼
		CONSULTING FUNDRAISING

SUBTOTAL of Disbursements This Page (optional)	▶	3305.50
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER:
(check only one)

<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)
Dam PAC

A. Full Name (Last, First, Middle Initial) IN Compliance Inc. Mailing Address PO Box 751271 City Las Vegas State NV Zip Code 89136- Purpose of Disbursement Software & Support Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90127.E89 Date of Disbursement 01 / 13 / 2009
	Amount of Each Disbursement this Period 600.00 Category/Type SOFTWARE & SUPPORT

B. Full Name (Last, First, Middle Initial) IN Compliance Inc. Mailing Address PO Box 751271 City Las Vegas State NV Zip Code 89136- Purpose of Disbursement Consulting Fundraising Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90624.E102 Date of Disbursement 06 / 01 / 2009
	Amount of Each Disbursement this Period 2000.00 Category/Type CONSULTING FUNDRAISING

C. Full Name (Last, First, Middle Initial) IN Compliance Inc. Mailing Address PO Box 751271 City Las Vegas State NV Zip Code 89136- Purpose of Disbursement Software & Support Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90624.E96 Date of Disbursement 03 / 26 / 2009
	Amount of Each Disbursement this Period 450.00 Category/Type SOFTWARE & SUPPORT

SUBTOTAL of Disbursements This Page (optional) ▶	3050.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 10 / 15

<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)
Dam PAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) IN Compliance Inc.</p> <p>Mailing Address PO Box 751271</p> <p>City Las Vegas State NV Zip Code 89136-</p> <p>Purpose of Disbursement Consulting Fundraising</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90624.E90 Date of Disbursement 02 / 02 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>Category/Type CONSULTING FUNDRAISING</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) IN Compliance Inc.</p> <p>Mailing Address PO Box 751271</p> <p>City Las Vegas State NV Zip Code 89136-</p> <p>Purpose of Disbursement Consulting Treasury</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90624.E103 Date of Disbursement 06 / 01 / 2009</p> <p>Amount of Each Disbursement this Period 675.00</p> <p>Category/Type CONSULTING TREASURY</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) IN Compliance Inc.</p> <p>Mailing Address PO Box 751271</p> <p>City Las Vegas State NV Zip Code 89136-</p> <p>Purpose of Disbursement Consulting Fundraising</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90624.E91 Date of Disbursement 02 / 26 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>Category/Type CONSULTING FUNDRAISING</p>

SUBTOTAL of Disbursements This Page (optional) ▶

4675.00

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 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)
Dam PAC

A.	Full Name (Last, First, Middle Initial) IN Compliance Inc.	Transaction ID: 90624.E99 Date of Disbursement 05 / 01 / 2009
	Mailing Address PO Box 751271	Amount of Each Disbursement this Period 650.00
	City Las Vegas State NV Zip Code 89136-	
	Purpose of Disbursement Consulting Treasury 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) ▼
		CONSULTING TREASURY

B.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: 90624.E105 Date of Disbursement 02 / 26 / 2009
	Mailing Address PO Box 0001	Amount of Each Disbursement this Period 5691.63
	City Los Angeles State CA Zip Code 90096-	
	Purpose of Disbursement See Below/Travel & Exps. 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) ▼
		SEE BELOW/TRAVEL & EXPS.

C.	Full Name (Last, First, Middle Initial) Apple Computer Store	Transaction ID: 90624.E111 Date of Disbursement 02 / 26 / 2009
	Mailing Address 6605 Las Vegas Boulevard S.	Amount of Each Disbursement this Period 2303.42
	City Las Vegas State NV Zip Code 89119-	
	Purpose of Disbursement Office equipment Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM] MEMO: OFFICE EQUIPMENT

SUBTOTAL of Disbursements This Page (optional)	6341.63
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)
Dam PAC

A. Full Name (Last, First, Middle Initial) Best Buy Mailing Address 611 Marks Street City Henderson State NV Zip Code 89014- Purpose of Disbursement Office equipment Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90624.E116 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 6 / 2 0 0 9
	Amount of Each Disbursement this Period 306.67 [MEMO ITEM] MEMO: OFFICE EQUIPMENT

B. Full Name (Last, First, Middle Initial) Capital Hill Club Mailing Address 300 First Str SE City Washington State DC Zip Code 20003- Purpose of Disbursement MEALS/CATERING Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90624.E114 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 6 / 2 0 0 9
	Amount of Each Disbursement this Period 183.27 [MEMO ITEM] MEMO: MEALS/CATERING

C. Full Name (Last, First, Middle Initial) Charlie Palmer Restaurant Mailing Address 11 Constitution Avenue NE City Washington State DC Zip Code 20002- Purpose of Disbursement Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90624.E112 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 6 / 2 0 0 9
	Amount of Each Disbursement this Period 243.50 [MEMO ITEM] MEMO: MEALS

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

<input 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)
Dam PAC

A. Full Name (Last, First, Middle Initial)
Costco

Mailing Address 1080 Sunset Road

City Henderson State NV Zip Code 89014-

Purpose of Disbursement Office supplies

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 90624.E113
Date of Disbursement: 02 / 26 / 2009

Amount of Each Disbursement this Period: 306.33

[MEMO ITEM]
MEMO: OFFICE SUPPLIES

B. Full Name (Last, First, Middle Initial)
DAcqua Restaurant

Mailing Address 801 Pennsylvania Ave NW

City Washington State DC Zip Code 20004-

Purpose of Disbursement MEALS

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 90713.E120
Date of Disbursement: 02 / 26 / 2009

Amount of Each Disbursement this Period: 158.42

[MEMO ITEM]
MEMO: MEALS

C. Full Name (Last, First, Middle Initial)
Lady Luck Casino

Mailing Address 206 N 3rd Street

City Las Vegas State NV Zip Code 89101-

Purpose of Disbursement MEALS

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 90713.E121
Date of Disbursement: 02 / 26 / 2009

Amount of Each Disbursement this Period: 88.35

[MEMO ITEM]
MEMO: MEALS

SUBTOTAL of Disbursements This Page (optional) ► 0.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 14 / 15

<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)
Dam PAC

A. Full Name (Last, First, Middle Initial) Office Depot Mailing Address 520 Marks Street City Henderson State NV Zip Code 89014- Purpose of Disbursement Office supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90624.E108 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 6 / 2 0 0 9
		Amount of Each Disbursement this Period 880.12 [MEMO ITEM] MEMO: OFFICE SUPPLIES

B. Full Name (Last, First, Middle Initial) Ristorante Tosca Mailing Address 1112 F Street NW City Washington State DC Zip Code 20004- Purpose of Disbursement Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90624.E115 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 6 / 2 0 0 9
		Amount of Each Disbursement this Period 209.80 [MEMO ITEM] MEMO: MEALS

C. Full Name (Last, First, Middle Initial) US Airways Mailing Address 2345 Crystal Drive City Arlington State VA Zip Code 22227- Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90624.E109 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 6 / 2 0 0 9
		Amount of Each Disbursement this Period 862.40 [MEMO ITEM] MEMO: TRAVEL

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

<input 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)
Dam PAC

A. Full Name (Last, First, Middle Initial) IN Compliance Inc. Mailing Address PO Box 751271 City Las Vegas State NV Zip Code 89136- Purpose of Disbursement Consulting Fundraising Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90624.E94 Date of Disbursement 03 / 26 / 2009
	Amount of Each Disbursement this Period 2000.00 Category/Type CONSULTING FUNDRAISING

B. Full Name (Last, First, Middle Initial) IN Compliance Inc. Mailing Address PO Box 751271 City Las Vegas State NV Zip Code 89136- Purpose of Disbursement Consulting Treasury Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90624.E95 Date of Disbursement 03 / 26 / 2009
	Amount of Each Disbursement this Period 650.00 Category/Type CONSULTING TREASURY

C. Full Name (Last, First, Middle Initial) IN Compliance Inc. Mailing Address PO Box 751271 City Las Vegas State NV Zip Code 89136- Purpose of Disbursement Software & Support Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90624.E100 Date of Disbursement 05 / 13 / 2009
	Amount of Each Disbursement this Period 150.00 Category/Type SOFTWARE & SUPPORT

SUBTOTAL of Disbursements This Page (optional) ▶	2800.00
TOTAL This Period (last page this line number only) ▶	20285.35