

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
Battle Born PAC

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	7

D	D
3	1

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		113874.55
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	65752.87									
(c) Total Receipts (from Line 19)	7738.00	189658.43								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	73490.87	303532.98								
7. Total Disbursements (from Line 31)	31660.00	261702.21								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	41830.87	41830.77								
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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name
Battle Born PAC

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	7

D	D
3	1

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)	4400.00	28700.00
(ii) Unitemized	838.00	23458.43
(iii) TOTAL (add Lines 11(a)(i) and (ii)	5238.00	52158.43
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	2500.00	137500.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	7738.00	189658.43
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))	7738.00	189658.43
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	7738.00	189658.43

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.....	31260.00	236302.21
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	31260.00	236302.21
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	5000.00
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.....	400.00	20400.00
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))..	31660.00	261702.21
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	31660.00	261702.21

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 19

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)	7738.00	189658.43
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	7738.00	189658.43
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	31260.00	236302.21
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	31260.00	236302.21

**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 6 / 19
	<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	

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)
Battle Born PAC

A.	Full Name (Last, First, Middle Initial) MR. RONALD J. KUERBITZ	Date of Receipt MM / DD / YYYY 07 / 07 / 2009
	Mailing Address 920 WINTER ST FRESENIUS MEDICAL CARE	Transaction ID: SA11.3166472
	City WALTHAM State MA Zip Code 02451-1521	Amount of Each Receipt this Period 2400.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer FRESENIUS MEDICAL CARE Occupation EXECUTIVE VICE PRESIDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2400.00	

B.	Full Name (Last, First, Middle Initial) BGR GOVERNMENT AFFAIRS, L.L.C.	Date of Receipt MM / DD / YYYY 07 / 02 / 2009
	Mailing Address 601 13TH ST NW ELEVENTH FLOOR SOUTH	Transaction ID: SA11.3166463
	City WASHINGTON State DC Zip Code 20005-3807	Amount of Each Receipt this Period 2000.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	SEE ATTRIBUTION BELOW

C.	Full Name (Last, First, Middle Initial) MR. TODD EARDENSOHN	Date of Receipt MM / DD / YYYY 07 / 08 / 2009
	Mailing Address 613 CONSTITUTION AVE NE	Transaction ID: SA11.3166475
	City WASHINGTON State DC Zip Code 20002-6035	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer BARBOUR GRIFFITH & ROGERS, LLC Occupation CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)	4400.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 19
(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)
Battle Born PAC

A.

Full Name (Last, First, Middle Initial)
LANNY GRIFFITH

Mailing Address 625 OAKLAND TERRACE

City State Zip Code
ALEXANDRIA VA 22302

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

Name of Employer BARBOUR GRIFFITH & ROGERS, LLC
Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
07 / 08 / 2009

Transaction ID: SA11.3166476

Amount of Each Receipt this Period
500.00

CONTRIBUTION

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
BILL VINEY

Mailing Address 601 13TH STREET, NW
11 FLOOR SOUTH

City State Zip Code
WASHINGTON DC 20005

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

Name of Employer BARBOUR, GRIFFITH AND ROGERS, LLC
Occupation PRINCIPAL

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
07 / 08 / 2009

Transaction ID: SA11.3166474

Amount of Each Receipt this Period
500.00

CONTRIBUTION

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
MR. ROBERT D. WOOD

Mailing Address 813 VICAR LN

City State Zip Code
ALEXANDRIA VA 22302-3420

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

Name of Employer BARBOUR GRIFFITH & ROGERS LLC
Occupation PRINCIPAL

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
07 / 08 / 2009

Transaction ID: SA11.3166473

Amount of Each Receipt this Period
500.00

CONTRIBUTION

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)	0.00
TOTAL This Period (last page this line number only)	4400.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 8 / 19	
	(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)
Battle Born PAC

A.

Full Name (Last, First, Middle Initial)
MUTUAL OF OMAHA COMPANIES PAC

Mailing Address MUTUAL OF OMAHA PLZ

City	State	Zip Code
OMAHA	NE	68175-0001

FEC ID number of contributing federal political committee. **C** C00094581

Name of Employer	Occupation

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

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

Transaction ID: SA11.3166471

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)	▶	2500.00
TOTAL This Period (last page this line number only)	▶	2500.00

**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)
Battle Born PAC

A. Full Name (Last, First, Middle Initial) AMERICAN EXPRESS-MERCHANT Mailing Address PO BOX 53852 City PHOENIX State AZ Zip Code 85072 Purpose of Disbursement PAC MERCHANT FEES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.1 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 6 / 2 0 0 9
	Amount of Each Disbursement this Period 76.33

B. Full Name (Last, First, Middle Initial) AT & T MOBILITY Mailing Address PO BOX 6463 City CAROL STREAM State IL Zip Code 60197 Purpose of Disbursement PAC CELL PHONE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.2 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 7 / 2 0 0 9
	Amount of Each Disbursement this Period 148.29

C. Full Name (Last, First, Middle Initial) AUTUMN E-MEDIA Mailing Address PO BOX 371553 City LAS VEGAS State NV Zip Code 89137 Purpose of Disbursement PAC WEB SERVICES/CONSULTING Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.3 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 3 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶	1224.62
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Battle Born PAC

A. Full Name (Last, First, Middle Initial) AUTUMN PRODUCTIONS <hr/> Mailing Address PO BOX 371553 <hr/> City LAS VEGAS State NV Zip Code 89137 Purpose of Disbursement PAC STRATEGIC CONSULTING Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.4 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 3 / 2 0 0 9
	Amount of Each Disbursement this Period 1510.00

B. Full Name (Last, First, Middle Initial) CHASE CARD SERVICE <hr/> Mailing Address PO BOX 94014 <hr/> City PALATINE State IL Zip Code 60094 Purpose of Disbursement SEE MEMO ENTRIES Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.5 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 3 / 2 0 0 9
	Amount of Each Disbursement this Period 2569.82

C. Full Name (Last, First, Middle Initial) HILTON HOTELS-OMAHA <hr/> Mailing Address 1001 Cass St. <hr/> City Omaha State NE Zip Code 68102 Purpose of Disbursement PAC TRAVEL Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.502 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 3 / 2 0 0 9
	Amount of Each Disbursement this Period 655.78 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶	4079.82
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)
Battle Born PAC

A. Full Name (Last, First, Middle Initial) LAURIOL PLAZA <hr/> Mailing Address 1835 18th St., NW <hr/> City WASHINGTON State DC Zip Code 20009 Purpose of Disbursement PAC EVENT 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: SB.504 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 3 / 2 0 0 9
	Amount of Each Disbursement this Period 392.78 [MEMO ITEM]

B. Full Name (Last, First, Middle Initial) MIDWEST EXPRESS <hr/> Mailing Address 6744 S. Howell Dr. <hr/> City Oak Creek State WI Zip Code 53154 Purpose of Disbursement PAC 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: SB.501 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 3 / 2 0 0 9
	Amount of Each Disbursement this Period 551.10 [MEMO ITEM]

C. Full Name (Last, First, Middle Initial) UNITED AIR <hr/> Mailing Address 2 N. LASALLE ST. <hr/> City CHICAGO State IL Zip Code 60602 Purpose of Disbursement PAC 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: SB.503 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 3 / 2 0 0 9
	Amount of Each Disbursement this Period 923.60 [MEMO ITEM]

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)
Battle Born PAC

A.	Full Name (Last, First, Middle Initial) CMDI	Transaction ID: SB.6 Date of Disbursement 07 / 03 / 2009
	Mailing Address 7704 LEESBURG PIKE	Amount of Each Disbursement this Period 629.66
	City FALLS CHURCH State VA Zip Code 22043	
	Purpose of Disbursement PAC RECEIPTS PROCESSING/LIST SERVICES	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) CMDI	Transaction ID: SB.7 Date of Disbursement 07 / 17 / 2009
	Mailing Address 7704 LEESBURG PIKE	Amount of Each Disbursement this Period 672.31
	City FALLS CHURCH State VA Zip Code 22043	
	Purpose of Disbursement PAC RECEIPTS PROCESSING/LIST SERVICES	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) COMCAST	Transaction ID: SB.8 Date of Disbursement 07 / 08 / 2009
	Mailing Address 900 MICHIGAN AVE., NE	Amount of Each Disbursement this Period 41.90
	City WASHINGTON State DC Zip Code 20017	
	Purpose of Disbursement PAC UTILITIES	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) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	1343.87
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)
Battle Born PAC

A.	Full Name (Last, First, Middle Initial) DOT THE I DESIGN & GRAPHICS <hr/> Mailing Address 2814 GLENDALE RD. <hr/> City CHARLOTTE State NC Zip Code 28209 <hr/> Purpose of Disbursement PAC PRINTING Candidate Name Category/ Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB.9 Date of Disbursement 07 / 03 / 2009 <hr/> Amount of Each Disbursement this Period 850.00
B.	Full Name (Last, First, Middle Initial) ELAVON <hr/> Mailing Address 7300 CHAPMAN HWY. <hr/> City KNOXVILLE State TN Zip Code 37920 <hr/> Purpose of Disbursement PAC MERCHANT FEES Candidate Name Category/ Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB.10 Date of Disbursement 07 / 02 / 2009 <hr/> Amount of Each Disbursement this Period 51.05
C.	Full Name (Last, First, Middle Initial) ELAVON <hr/> Mailing Address 7300 CHAPMAN HWY. <hr/> City KNOXVILLE State TN Zip Code 37920 <hr/> Purpose of Disbursement PAC MERCHANT FEES Candidate Name Category/ Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB.11 Date of Disbursement 07 / 13 / 2009 <hr/> Amount of Each Disbursement this Period 25.00

SUBTOTAL of Disbursements This Page (optional) ▶

926.05

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)
Battle Born PAC

A.	Full Name (Last, First, Middle Initial) FISH & RICHARDSON PC	Transaction ID: SB.12
	Mailing Address PO BOX 3295	Date of Disbursement 07 / 03 / 2009
	City BOSTON State MA Zip Code 02241	Amount of Each Disbursement this Period 500.00
	Purpose of Disbursement PAC LEGAL FEES	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) HUCKABY DAVIS LISKER INC.	Transaction ID: SB.13
	Mailing Address 228 S. WASHINGTON ST., STE. 115	Date of Disbursement 07 / 31 / 2009
	City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period 1748.73
	Purpose of Disbursement PAC ACCOUNTING/COMPLIANCE SERVICES	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) INTEGRAM EXPEDITED COMMUNICATIONS	Transaction ID: SB.14
	Mailing Address 8421 HILLTOP ROAD	Date of Disbursement 07 / 03 / 2009
	City FAIRFAX State VA Zip Code 22031	Amount of Each Disbursement this Period 4665.73
	Purpose of Disbursement PAC DIRECT MAIL	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) ▼

SUBTOTAL of Disbursements This Page (optional)	6914.46
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)
Battle Born PAC

A. Full Name (Last, First, Middle Initial) JACK FINN COMMUNICATIONS <hr/> Mailing Address 11117 GATEVIEW LANE <hr/> City LAS VEGAS State NV Zip Code 89144 <hr/> Purpose of Disbursement PAC STRATEGIC CONSULTING Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.15 Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2009
	Amount of Each Disbursement this Period 1000.00

B. Full Name (Last, First, Middle Initial) MAJORITY STRATEGIES <hr/> Mailing Address 135 PROFESSIONAL DRIVE SUITE 104 <hr/> City PONTE VEDRA BEACH State FL Zip Code 32082 <hr/> Purpose of Disbursement PAC PRINTING Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.16 Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2009
	Amount of Each Disbursement this Period 297.00

C. Full Name (Last, First, Middle Initial) OCTOBER INC. <hr/> Mailing Address 1445 DIVELEY AVE. <hr/> City LAS VEGAS State NV Zip Code 89138 <hr/> Purpose of Disbursement PAC FUNDRAISING CONSULTING/TRAVEL/OFFICE Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.17 Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2009
	Amount of Each Disbursement this Period 7852.52

SUBTOTAL of Disbursements This Page (optional) ▶	9149.52
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)
Battle Born PAC

A.	Full Name (Last, First, Middle Initial) ROOTSHQ, LLC	Transaction ID: SB.18 Date of Disbursement 07 / 03 / 2009
	Mailing Address 211 7TH AVE., NORTH, STE. LL-15	Amount of Each Disbursement this Period 216.56
	City NASHVILLE State TN Zip Code 37219	
	Purpose of Disbursement PAC WEB SERVICES	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) ROOTSHQ, LLC	Transaction ID: SB.19 Date of Disbursement 07 / 31 / 2009
	Mailing Address 211 7TH AVE., NORTH, STE. LL-15	Amount of Each Disbursement this Period 99.00
	City NASHVILLE State TN Zip Code 37219	
	Purpose of Disbursement PAC WEB SERVICES	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) SIMPLICITY CATERING	Transaction ID: SB.20 Date of Disbursement 07 / 03 / 2009
	Mailing Address 6402 ALRINGTON BLVD., STE. 150B	Amount of Each Disbursement this Period 2738.90
	City FALLS CHURCH State VA Zip Code 22042	
	Purpose of Disbursement PAC EVENT CATERING	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) ▼

SUBTOTAL of Disbursements This Page (optional)	3054.46
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)
Battle Born PAC

A. Full Name (Last, First, Middle Initial) SOUTHWEST PUBLISHING & MAILING CORPORATION <hr/> Mailing Address 2600 NW TOPEKA BLVD. <hr/> City TOPEKA State KS Zip Code 66617 <hr/> Purpose of Disbursement PAC DIRECT MAIL Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.22 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 3 / 2 0 0 9
	Amount of Each Disbursement this Period 3108.77

B. Full Name (Last, First, Middle Initial) US POSTMASTER <hr/> Mailing Address GENERAL DELIVERY <hr/> City FALLS CHURCH State VA Zip Code 22043 <hr/> Purpose of Disbursement PAC POSTAGE Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.23 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 3 / 2 0 0 9
	Amount of Each Disbursement this Period 500.00

C. Full Name (Last, First, Middle Initial) US POSTMASTER <hr/> Mailing Address GENERAL DELIVERY <hr/> City FALLS CHURCH State VA Zip Code 22043 <hr/> Purpose of Disbursement PAC DIRECT MAIL POSTAGE Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.24 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 3 / 2 0 0 9
	Amount of Each Disbursement this Period 770.00

SUBTOTAL of Disbursements This Page (optional) ▶	4378.77
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)
Battle Born PAC

A.

Full Name (Last, First, Middle Initial)
VERIZON WIRELESS

Mailing Address PO BOX 660108

City DALLAS State TX Zip Code 75266

Purpose of Disbursement
PAC CELL PHONE

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: SB.25

Date of Disbursement

/ /

Amount of Each Disbursement this Period

60.07

B.

Full Name (Last, First, Middle Initial)
VIRGINIA DEPT. OF TAXATION

Mailing Address PO BOX 1777

City RICHMOND State VA Zip Code 23218

Purpose of Disbursement
PAC PAYROLL TAXES

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: SB.26

Date of Disbursement

/ /

Amount of Each Disbursement this Period

128.36

SUBTOTAL of Disbursements This Page (optional) ►

188.43

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

31260.00

**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)

PAGE 19 / 19

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

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NAME OF COMMITTEE (In Full)
Battle Born PAC

A.

Full Name (Last, First, Middle Initial)
SOUTHERN NEVADA DEVIL PUPS

Mailing Address PO BOX 60082

City BOULDER CITY State NV Zip Code 89006

Purpose of Disbursement
CHARITABLE CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB.21

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)