

**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

Commonsense Ten

ADDRESS (number and street) 700 13th Street, NW

Suite 600
 Check if different than previously reported. (ACC)
Washington DC 20005

2. **FEC IDENTIFICATION NUMBER** CITY STATE ZIPCODE

C00484642

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 11 02 2010 in the State of DC

5. Covering Period 10 14 2010 through 11 22 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 Jeffrey Forbes

Signature of Treasurer Electronically Filed by Jeffrey Forbes Date 01 31 2011

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
Commonsense Ten

Report Covering the Period: From:

M	M
1	0

D	D
1	4

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	1

D	D
2	2

Y	Y	Y	Y
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</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>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	1066908.13									
(c) Total Receipts (from Line 19)	1853903.77	4263304.77								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	2920811.90	4263304.77								
7. Total Disbursements (from Line 31)	2705716.48	4043335.25								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	215095.42	219969.52								
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
Commonsense Ten

Report Covering the Period: From:

M	M
1	0

D	D
1	4

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	1

D	D
2	2

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)	611763.75	1711164.75
(ii) Unitemized	350.02	350.02
(iii) TOTAL (add Lines 11(a)(i) and (ii)	612113.77	1711514.77
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	1233000.00	2543000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	1845113.77	4254514.77
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)	8790.00	8790.00
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))	1853903.77	4263304.77
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	1853903.77	4263304.77

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.....	-36190.82	316500.96
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	-36190.82	316500.96
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	95000.00	95000.00
24. Independent Expenditure (use Schedule E)	2496907.30	3262136.29
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	110000.00	110000.00
(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))	110000.00	110000.00
29. Other Disbursements.....	40000.00	259698.00
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))..	2705716.48	4043335.25
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2705716.48	4043335.25

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)	1845113.77	4254514.77
34. Total Contribution Refunds (from Line 28(d))	110000.00	110000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1735113.77	4144514.77
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	-36190.82	316500.96
37. Offsets to Operating Expenditures (from Line 15, page 3)	8790.00	8790.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	-44980.82	307710.96

**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 / 63
	<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)
Commonsense Ten

A.	Full Name (Last, First, Middle Initial) Water & Kraus, LLP	Date of Receipt MM / DD / YYYY 10 / 25 / 2010
	Mailing Address 3219 McKinney Avenue	Transaction ID: C18795530
	City State Zip Code Dallas TX 75204	Amount of Each Receipt this Period 10000.00
	FEC ID number of contributing federal political committee. C	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10000.00	

B.	Full Name (Last, First, Middle Initial) Adrienne Arsht	Date of Receipt MM / DD / YYYY 10 / 25 / 2010
	Mailing Address 3031 Brickell Avenue	Transaction ID: C18795540
	City State Zip Code Miami FL 33129	Amount of Each Receipt this Period 50000.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Total Bank	Occupation Chairman Emerita	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 50000.00	

C.	Full Name (Last, First, Middle Initial) Charles D. Naylor	Date of Receipt MM / DD / YYYY 10 / 22 / 2010
	Mailing Address 839 S Beacon Street Suite 311	Transaction ID: C18795550
	City State Zip Code San Pedro CA 90731	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self-Employed	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	61000.00
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 7 / 63
	<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)
Commonsense Ten

A. Full Name (Last, First, Middle Initial)
Planned Parenthood Votes! Washington

Mailing Address 2001 East Madison Street

City State Zip Code
Seattle WA 98122

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
40000.00

Date of Receipt
MM / DD / YYYY
10 / 28 / 2010

Transaction ID: C18795790

Amount of Each Receipt this Period
15000.00

B. Full Name (Last, First, Middle Initial)
Mike C. Miller

Mailing Address 201 W Houston St.

City State Zip Code
Marshall TX 75670

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

Name of Employer Occupation
Mike C. Miller, PC Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
10 / 22 / 2010

Transaction ID: C18795511

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Golomb & Honik PC

Mailing Address 1515 Market Street
Suite 1100

City State Zip Code
Philadelphia PA 19102

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
MM / DD / YYYY
10 / 25 / 2010

Transaction ID: C18795531

Amount of Each Receipt this Period
4000.00

SUBTOTAL of Receipts This Page (optional) ► **19500.00**

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 / 63
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Commonsense Ten

A. Full Name (Last, First, Middle Initial)
Neifert Byrne & Ozga PC

Mailing Address 1441 29th Street
Suite 310

City State Zip Code
West Des Moines IA 50266

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

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

Transaction ID: C18795541

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
John P. Feroletto

Mailing Address Main Street
Suite 910

City State Zip Code
Buffalo NY 14202

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
John Feroletto Attorneys at Law Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

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

Transaction ID: C18795551

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
Law Offices Of Staci M. Yandle LLC

Mailing Address 1 Eagle Center
Suite 3A

City State Zip Code
O Fallon IL 62269

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

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

Transaction ID: C18795561

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) 4000.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 63
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Commonsense Ten

A. Full Name (Last, First, Middle Initial)
Kenneth Braunstein

Mailing Address 2273 Research Boulevard
Suite 200

City State Zip Code
Rockville MD 20850

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

Name of Employer Self-Employed Occupation Attorney

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	8	/	2	0	1	0

Transaction ID: C18795781

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
James B. Nutter, Jr.

Mailing Address 1201 W 66th Street

City State Zip Code
Kansas City MO 64113

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

Name of Employer James B. Nutter & Company Occupation President

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 100000.00

Date of Receipt

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

Transaction ID: C18795412

Amount of Each Receipt this Period
50000.00

C. Full Name (Last, First, Middle Initial)
Kenneth Braunstein

Mailing Address 2273 Research Boulevard
Suite 200

City State Zip Code
Rockville MD 20850

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

Name of Employer Self-Employed Occupation Attorney

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

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

Transaction ID: C18795512

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional) ► **50500.00**

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 10 / 63

(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)
Commonsense Ten

A.

Full Name (Last, First, Middle Initial)
Britcher Leone & Roth LLC
Mailing Address 175 Rock Road

City State Zip Code
Glen Rock NJ 07452

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

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
1 0 / 2 5 / 2 0 1 0

Transaction ID: C18795532

Amount of Each Receipt this Period

2500.00

B.

Full Name (Last, First, Middle Initial)
Langdon & Emison
Mailing Address 911 Main Street

City State Zip Code
Lexington MO 64067

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
1 0 / 2 2 / 2 0 1 0

Transaction ID: C18795542

Amount of Each Receipt this Period

2000.00

C.

Full Name (Last, First, Middle Initial)
Kenneth M. Trombly
Mailing Address 7112 Loch Lomond Drive

City State Zip Code
Bethesda MD 20817

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

Name of Employer Occupation
Schultz & Trombly PLLC Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

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

Transaction ID: C18795552

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 11 / 63
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Commonsense Ten

A. Full Name (Last, First, Middle Initial)
Waks & Barnett PA

Mailing Address 9900 SW 107th Avenue
Suite 101

City Miami State FL Zip Code 33176

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

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

Transaction ID: C18795562

Amount of Each Receipt this Period
350.00

B. Full Name (Last, First, Middle Initial)
Anapol Schwartz Weiss Cohan Feldman & Smalley PC

Mailing Address 1710 Spruce Street

City Philadelphia State PA Zip Code 19103

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

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

Transaction ID: C18795782

Amount of Each Receipt this Period
5000.00

C. Full Name (Last, First, Middle Initial)
Agnes Gund

Mailing Address 1 East 53rd Street
7th Floor

City New York State NY Zip Code 10022

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

Name of Employer Self-Employed Occupation Art Historian

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
25000.00

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

Transaction ID: C18795513

Amount of Each Receipt this Period
25000.00

SUBTOTAL of Receipts This Page (optional) ► **30350.00**

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 / 63
(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)
Commonsense Ten

A. Full Name (Last, First, Middle Initial)
Warshauer Law Group PC

Mailing Address 3350 Riverwood Parkway
Suite 2000

City Atlanta State GA Zip Code 30339

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 10 / 25 / 2010
Transaction ID: C18795533
Amount of Each Receipt this Period: 1000.00

B. Full Name (Last, First, Middle Initial)
Bruce J. Klores

Mailing Address 1735 20th Street NW

City Washington State DC Zip Code 20009

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

Name of Employer Occupation
Bruce J. Kores & Associates PC Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 10 / 22 / 2010
Transaction ID: C18795553
Amount of Each Receipt this Period: 1000.00

C. Full Name (Last, First, Middle Initial)
The Farrise Law Firm PC

Mailing Address 11301 West Olympic Boulevard
Suite 509

City Los Angeles State CA Zip Code 90064

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 10 / 22 / 2010
Transaction ID: C18795563
Amount of Each Receipt this Period: 5000.00

SUBTOTAL of Receipts This Page (optional) ► 7000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 63

(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)
Commonsense Ten

A.

Full Name (Last, First, Middle Initial)
Hoffman & Schweitzer

Mailing Address 360 West 31st Street
Suite 1506

City State Zip Code
New York NY 10001

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

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

Transaction ID: C18795783

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)
Regan Zambri & Long PLLC

Mailing Address 1919 M Street, NW
Suite 350

City State Zip Code
Washington DC 20036

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

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

Transaction ID: C18795543

Amount of Each Receipt this Period

5000.00

C.

Full Name (Last, First, Middle Initial)
Fay Kaplan Law PA

Mailing Address 777 6th Street, NW
Suite 410

City State Zip Code
Washington DC 20001

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt

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

Transaction ID: C18795544

Amount of Each Receipt this Period

10000.00

SUBTOTAL of Receipts This Page (optional) ▶

16000.00

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

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

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

FOR LINE NUMBER: PAGE 14 / 63
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Commonsense Ten

A. Full Name (Last, First, Middle Initial)
Beasley Allen Crow Methvin Portis & Miles PC
Mailing Address 218 Commerce Street

City State Zip Code
Montgomery AL 36104

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 2 / 2 0 1 0
Transaction ID: C18795564
Amount of Each Receipt this Period
10000.00

B. Full Name (Last, First, Middle Initial)
Allen Allen Allen & Allen
Mailing Address 1809 Staples Mill Road

City State Zip Code
Richmond VA 23230

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 1 0
Transaction ID: C18795784
Amount of Each Receipt this Period
10000.00

C. Full Name (Last, First, Middle Initial)
Koonz McKenney Johnson Depaolis & Lightfoot
Mailing Address 2001 Pennsylvania Avenue NW
Suite 450

City State Zip Code
Washington DC 20006

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 2 / 2 0 1 0
Transaction ID: C18795565
Amount of Each Receipt this Period
2000.00

SUBTOTAL of Receipts This Page (optional) ► **22000.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 63
(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)
Commonsense Ten

A.

Full Name (Last, First, Middle Initial)
Briggs & Counsel LLC

Mailing Address 815 Commercial Street

City State Zip Code
Rockport ME 04856

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	5	/	2	0	1	0

Transaction ID: C18795535

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Paulson & Nace PLLC

Mailing Address 1615 New Hampshire Avenue NW

City State Zip Code
Washington DC 20009

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

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

Transaction ID: C18795545

Amount of Each Receipt this Period
5000.00

C.

Full Name (Last, First, Middle Initial)
Lisa B. Baron

Mailing Address 5950 Deloache Avenue

City State Zip Code
Dallas TX 75225

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

Name of Employer Occupation
Baron & Blue Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt

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

Transaction ID: C18795555

Amount of Each Receipt this Period
10000.00

SUBTOTAL of Receipts This Page (optional) ► **16000.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 63
(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)
Commonsense Ten

A.

Full Name (Last, First, Middle Initial)
Riccolo & Semelroth PC

Mailing Address 425 2nd Street SE
Suite 1140

City Cedar Rapids State IA Zip Code 52410

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
10 / 27 / 2010

Transaction ID: C18795785

Amount of Each Receipt this Period
5000.00

B.

Full Name (Last, First, Middle Initial)
Planned Parenthood Votes! Washington

Mailing Address 2001 East Madison Street

City Seattle State WA Zip Code 98122

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
40000.00

Date of Receipt
MM / DD / YYYY
10 / 14 / 2010

Transaction ID: C18795506

Amount of Each Receipt this Period
25000.00

C.

Full Name (Last, First, Middle Initial)
Law Offices Of Jack H Olender & Associates PC

Mailing Address 888 17th Street NW
4th Floor

City Washington State DC Zip Code 20006

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
10 / 22 / 2010

Transaction ID: C18795546

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **31000.00**

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 / 63

(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)
Commonsense Ten

A.

Full Name (Last, First, Middle Initial)

Motley Rice LLC

Mailing Address PO Box 650001

City State Zip Code
Mount Pleasant SC 29465

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 8 / 2 0 1 0

Transaction ID: C18795556

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Shrager Spivey & Sachs

Mailing Address One Commerce Square
2005 Market Street #2300

City State Zip Code
Philadelphia PA 19103

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

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

Transaction ID: C18795786

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Hickey Law Firm PA

Mailing Address 1401 Brickell Avenue
Suite 510

City State Zip Code
Miami FL 33131

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: C18795536

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional) ▶

3000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 63

(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)
Commonsense Ten

A.

Full Name (Last, First, Middle Initial)
Emily's List Non-Federal Fund

Mailing Address 1120 Connecticut Ave NW
Suite 1100

City State Zip Code
Washington DC 20036

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240301.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 1 0

Transaction ID: C18795507

Amount of Each Receipt this Period

100000.00

B.

Full Name (Last, First, Middle Initial)
Charles Ledley

Mailing Address 3 Avery Street #908

City State Zip Code
Boston MA 02111

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

Name of Employer Occupation
Highfields Capital Management Investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
25000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 1 0

Transaction ID: C18795517

Amount of Each Receipt this Period

25000.00

C.

Full Name (Last, First, Middle Initial)
Leo J. Hindery, Jr.

Mailing Address 405 Lexington Avenue
48th Floor

City State Zip Code
New York NY 10174

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

Name of Employer Occupation
InterMedia Partners Managing Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: C18795537

Amount of Each Receipt this Period

10000.00

SUBTOTAL of Receipts This Page (optional)

135000.00

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 / 63

(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)
Commonsense Ten

A.

Full Name (Last, First, Middle Initial)
Terrell Hogan Ellis Yegelwel PA

Mailing Address 233 E Bay Street
8th Floor

City State Zip Code
Jacksonville FL 32202

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

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

Transaction ID: C18795547

Amount of Each Receipt this Period
5000.00

B.

Full Name (Last, First, Middle Initial)
Sugarman and Sugarman PC

Mailing Address One Beacon Street

City State Zip Code
Boston MA 02108

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

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
1 0 / 2 2 / 2 0 1 0

Transaction ID: C18795557

Amount of Each Receipt this Period
2500.00

C.

Full Name (Last, First, Middle Initial)
Hawkeye Commodities Company

Mailing Address 1101 SE 37th Street

City State Zip Code
Grimes IA 50111-4950

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

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

Transaction ID: C18795787

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)

8500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 63
(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)
Commonsense Ten

A.

Full Name (Last, First, Middle Initial)
Agnes Varis

Mailing Address 150 Central Park S

City State Zip Code
New York NY 10019

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

Name of Employer Occupation
Aegis Pharmaceuticals President & Founder

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
11 / 01 / 2010

Transaction ID: C18795807

Amount of Each Receipt this Period
10000.00

B.

Full Name (Last, First, Middle Initial)
Ironworkers Political Education Fund

Mailing Address 1750 New York Avenue NW
Suite 400

City State Zip Code
Washington DC 20006

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 20000.00

Date of Receipt
MM / DD / YYYY
10 / 15 / 2010

Transaction ID: C18795418

Amount of Each Receipt this Period
20000.00

C.

Full Name (Last, First, Middle Initial)
Paul Egerman

Mailing Address 77 Westcliff Road

City State Zip Code
Weston MA 02493

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

Name of Employer Occupation
eScription Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 75000.00

Date of Receipt
MM / DD / YYYY
10 / 20 / 2010

Transaction ID: C18795508

Amount of Each Receipt this Period
75000.00

SUBTOTAL of Receipts This Page (optional) ► **105000.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 63
(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)
Commonsense Ten

A.

Full Name (Last, First, Middle Initial)
Stefan Edlis

Mailing Address 5333 N. Elston Avenue

City State Zip Code
Chicago IL 60630

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

Name of Employer N/A Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt
MM / DD / YYYY
10 / 20 / 2010

Transaction ID: C18795518

Amount of Each Receipt this Period
10000.00

B.

Full Name (Last, First, Middle Initial)
R. Edward Pfister, Jr.

Mailing Address 2000 Riverside Drive

City State Zip Code
Los Angeles CA 90039

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

Name of Employer Hildebrand McLeod & Nelson LLP Occupation Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
10 / 25 / 2010

Transaction ID: C18795538

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Weisbrod & Weisbrod LLP

Mailing Address 11551 Forest Central Drive Suite 300

City State Zip Code
Dallas TX 75243

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt
MM / DD / YYYY
10 / 22 / 2010

Transaction ID: C18795548

Amount of Each Receipt this Period
10000.00

SUBTOTAL of Receipts This Page (optional) ► **21000.00**

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

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

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

FOR LINE NUMBER: PAGE 22 / 63
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Commonsense Ten

A. Full Name (Last, First, Middle Initial)
Leventhal Brown & Puga PC

Mailing Address 950 S Cherry Street
Suite 600

City State Zip Code
Denver CO 80246

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

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

Transaction ID: C18795778

Amount of Each Receipt this Period
5000.00

B. Full Name (Last, First, Middle Initial)
Starr Gern Davison & Rubin PC

Mailing Address 105 Eisenhower Parkway

City State Zip Code
Roseland NJ 07068

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

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

Transaction ID: C18795788

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
The Ruckdeschel Law Firm LLC

Mailing Address 5126 Dorsey Hall Drive
Suite 201

City State Zip Code
Ellicott City MD 21042

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt

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

Transaction ID: C18795558

Amount of Each Receipt this Period
10000.00

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 23 / 63
(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)
Commonsense Ten

A.

Full Name (Last, First, Middle Initial)
Furr Henshaw And Ohanesian

Mailing Address PO Box 2909

City State Zip Code
Myrtle Beach SC 29578

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
MM / DD / YYYY
10 / 21 / 2010

Transaction ID: C18795509

Amount of Each Receipt this Period
2000.00

B.

Full Name (Last, First, Middle Initial)
Thomas F. Fay

Mailing Address 777 6th Street, NW
Suite 410

City State Zip Code
Washington DC 20001

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

Name of Employer Occupation
Fay Kaplan Law, PA Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt
MM / DD / YYYY
10 / 25 / 2010

Transaction ID: C18795529

Amount of Each Receipt this Period
10000.00

C.

Full Name (Last, First, Middle Initial)
Charles C. Parsons & Associates

Mailing Address 128 C Street, NW

City State Zip Code
Washington DC 20001

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
10 / 25 / 2010

Transaction ID: C18795539

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **13000.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 63
(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)
Commonsense Ten

A.

Full Name (Last, First, Middle Initial) Richard J. Dodson		Date of Receipt MM / DD / YYYY 10 / 22 / 2010
Mailing Address 19343 Links Court		Transaction ID: C18795549
City Baton Rouge	State LA	Zip Code 70810
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Dodson, Hooks & Frederick, APLC	Occupation Attorney	
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) Rutter Mills LLP		Date of Receipt MM / DD / YYYY 10 / 22 / 2010
Mailing Address 160 W Brambleton Avenue		Transaction ID: C18795559
City Norfolk	State VA	Zip Code 23510
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C.

Full Name (Last, First, Middle Initial) League of Conservation Voters		Date of Receipt MM / DD / YYYY 11 / 02 / 2010
Mailing Address 1920 L Street, NW Suite 800		Transaction ID: C18795849
City Washington	State DC	Zip Code 20036
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 46913.75
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 46913.75	

SUBTOTAL of Receipts This Page (optional)	48413.75
TOTAL This Period (last page this line number only)	611763.75

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

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

FOR LINE NUMBER: PAGE 25 / 63

(check only one)

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

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NAME OF COMMITTEE (In Full)
Commonsense Ten

A.

Full Name (Last, First, Middle Initial)
NEA Advocacy Fund

Mailing Address 1201 16th Street, NW
Suite 422

City State Zip Code
Washington DC 20036

FEC ID number of contributing federal political committee. **C** C00489815

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 1 0

Transaction ID: C18795451

Amount of Each Receipt this Period

400000.00

B.

Full Name (Last, First, Middle Initial)
American Federation of Teachers AFL- CIO COPE

Mailing Address 555 New Jersey Avenue NW

City State Zip Code
Washington DC 20001

FEC ID number of contributing federal political committee. **C** C00028860

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
498000.00

Date of Receipt

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

Transaction ID: C18795791

Amount of Each Receipt this Period

48000.00

C.

Full Name (Last, First, Middle Initial)
Service Employees International Union COPE

Mailing Address 1800 Massachusetts Ave NW

City State Zip Code
Washington DC 20036

FEC ID number of contributing federal political committee. **C** C00004036

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
650000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 1 0

Transaction ID: C18795422

Amount of Each Receipt this Period

250000.00

SUBTOTAL of Receipts This Page (optional)

698000.00

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 26 / 63
(check only one)

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

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NAME OF COMMITTEE (In Full)
Commonsense Ten

A. Full Name (Last, First, Middle Initial)
American Federation of Teachers AFL- CIO COPE

Mailing Address 555 New Jersey Avenue NW

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00028860

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 498000.00

Date of Receipt: 10 / 15 / 2010
Transaction ID: C18795514
Amount of Each Receipt this Period: 100000.00

B. Full Name (Last, First, Middle Initial)
American Federation of Teachers AFL- CIO COPE

Mailing Address 555 New Jersey Avenue NW

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00028860

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 498000.00

Date of Receipt: 10 / 18 / 2010
Transaction ID: C18795515
Amount of Each Receipt this Period: 50000.00

C. Full Name (Last, First, Middle Initial)
UAW-V-CAP

Mailing Address 8000 East Jefferson

City Detroit State MI Zip Code 48214

FEC ID number of contributing federal political committee. **C** C00002840

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 75000.00

Date of Receipt: 10 / 26 / 2010
Transaction ID: C18795645
Amount of Each Receipt this Period: 25000.00

SUBTOTAL of Receipts This Page (optional) ► 175000.00

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 27 / 63
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Commonsense Ten

A. Full Name (Last, First, Middle Initial)
American Association For Justice PAC

Mailing Address 777 6th Street, NW
Ste. 200

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00024521

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 575000.00

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

Transaction ID: C18795516

Amount of Each Receipt this Period
175000.00

B. Full Name (Last, First, Middle Initial)
DRIVE Committee Political Fund

Mailing Address 25 Louisiana Ave. NW

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00032979

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 185000.00

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

Transaction ID: C18795776

Amount of Each Receipt this Period
20000.00

C. Full Name (Last, First, Middle Initial)
DRIVE Committee Political Fund

Mailing Address 25 Louisiana Ave. NW

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00032979

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 185000.00

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

Transaction ID: C18795777

Amount of Each Receipt this Period
15000.00

SUBTOTAL of Receipts This Page (optional) ► 210000.00

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 28 / 63
	(check only one)
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Commonsense Ten

A.

Full Name (Last, First, Middle Initial) American Association For Justice PAC		Date of Receipt
Mailing Address 777 6th Street, NW Ste. 200		<input type="text" value="10"/> / <input type="text" value="27"/> / <input type="text" value="2010"/>
City	State	Zip Code
Washington	DC	20001
FEC ID number of contributing federal political committee.		Transaction ID: C18795789
<input type="text" value="C00024521"/>		Amount of Each Receipt this Period
		<input type="text" value="100000.00"/>
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="575000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

B.

Full Name (Last, First, Middle Initial) American Association For Justice PAC		Date of Receipt
Mailing Address 777 6th Street, NW Ste. 200		<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>
City	State	Zip Code
Washington	DC	20001
FEC ID number of contributing federal political committee.		Transaction ID: C18795419
<input type="text" value="C00024521"/>		Amount of Each Receipt this Period
		<input type="text" value="50000.00"/>
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="575000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="150000.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="1233000.00"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 29 / 63	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Commonsense Ten

A.	Full Name (Last, First, Middle Initial) Shorr Johnson Magnus		Date of Receipt
	Mailing Address 1831 Chestnut Street Sixth Floor		<input type="text" value="11"/> / <input type="text" value="01"/> / <input type="text" value="2010"/>
	City Philadelphia	State PA	Zip Code 19103
	FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID: C18795808
	Name of Employer	Occupation	Amount of Each Receipt this Period <input type="text" value="8790.00"/>
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="8790.00"/>	Refund

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="8790.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="8790.00"/>

**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)
Commonsense Ten

A.	Full Name (Last, First, Middle Initial) Katz Watson Group, Inc.	Transaction ID: D417660 Date of Disbursement 10 / 29 / 2010
	Mailing Address 236 Massachusetts Ave, NE Suite 602	Amount of Each Disbursement this Period 5000.00
	City Washington State DC Zip Code 20002	
	Purpose of Disbursement Fundraising Consulting Services	
	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) TD Bank, N.A.	Transaction ID: D417500 Date of Disbursement 10 / 20 / 2010
	Mailing Address 605 14th Street NW	Amount of Each Disbursement this Period 40.00
	City Washington State DC Zip Code 20005	
	Purpose of Disbursement Bank Fee	
	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) TD Bank, N.A.	Transaction ID: D417650 Date of Disbursement 11 / 02 / 2010
	Mailing Address 605 14th Street NW	Amount of Each Disbursement this Period 25.00
	City Washington State DC Zip Code 20005	
	Purpose of Disbursement Bank Fee	
	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)	5065.00
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 31 / 63

<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)
Commonsense Ten

A.	Full Name (Last, First, Middle Initial) Travelers	Transaction ID: D417700 Date of Disbursement 11 / 18 / 2010
	Mailing Address CL Remittance Center	Amount of Each Disbursement this Period 378.00
	City Hartford State CT Zip Code 06183-1008	
	Purpose of Disbursement Workers Compensation Insurance 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) Monica Dixon	Transaction ID: D417651 Date of Disbursement 10 / 29 / 2010
	Mailing Address 5113 Duvall Drive	Amount of Each Disbursement this Period 4870.08
	City Bethesda State MD Zip Code 20816	
	Purpose of Disbursement Salary 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) Campaign Finance Consultants	Transaction ID: D417661 Date of Disbursement 10 / 29 / 2010
	Mailing Address 10 G Street, NE Suite 570	Amount of Each Disbursement this Period 2393.02
	City Washington State DC Zip Code 20002	
	Purpose of Disbursement Fundraising Consulting Services 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)	7641.10
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 32 / 63

<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)
Commonsense Ten

A.	Full Name (Last, First, Middle Initial) Paychex, Inc.	Transaction ID: D417502 Date of Disbursement 10 / 15 / 2010
	Mailing Address 3060 Williams Drive Suite 200	Amount of Each Disbursement this Period 3203.67
	City Fairfax State VA Zip Code 22031	
	Purpose of Disbursement Payroll Taxes	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) Monica Dixon	Transaction ID: D417652 Date of Disbursement 11 / 15 / 2010
	Mailing Address 5113 Duvall Drive	Amount of Each Disbursement this Period 4870.08
	City Bethesda State MD Zip Code 20816	
	Purpose of Disbursement Salary	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) Paychex, Inc.	Transaction ID: D417653 Date of Disbursement 10 / 29 / 2010
	Mailing Address 3060 Williams Drive Suite 200	Amount of Each Disbursement this Period 3203.67
	City Fairfax State VA Zip Code 22031	
	Purpose of Disbursement Payroll Taxes	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)	▶	11277.42
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)
Commonsense Ten

A.	Full Name (Last, First, Middle Initial) TD Bank, N.A.	Transaction ID: D417643 Date of Disbursement 10 / 21 / 2010
	Mailing Address 605 14th Street NW	Amount of Each Disbursement this Period 30.00
	City Washington State DC Zip Code 20005	
	Purpose of Disbursement Bank Fee 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) Shorr Johnson Magnus	Transaction ID: D417444 Date of Disbursement 10 / 20 / 2010
	Mailing Address 1831 Chestnut Street Sixth Floor	Amount of Each Disbursement this Period -10635.00
	City Philadelphia State PA Zip Code 19103	
	Purpose of Disbursement See Schedule E, Included in \$47,635.00 IE 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) TD Bank, N.A.	Transaction ID: D417644 Date of Disbursement 10 / 25 / 2010
	Mailing Address 605 14th Street NW	Amount of Each Disbursement this Period 15.00
	City Washington State DC Zip Code 20005	
	Purpose of Disbursement Bank Fee 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)	-10590.00
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)
Commonsense Ten

<p>A. Full Name (Last, First, Middle Initial) Paychex, Inc.</p> <p>Mailing Address 3060 Williams Drive Suite 200</p> <p>City Fairfax State VA Zip Code 22031</p> <p>Purpose of Disbursement Payroll 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>Transaction ID: D417654</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="9"/> / <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 style="text-align: center;"><input type="text" value="52.89"/></p>
<p>B. Full Name (Last, First, Middle Initial) Perkins Coie, LLP</p> <p>Mailing Address 607 14th Street, NW Suite 800</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Legal & Accounting 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>Transaction ID: D417664</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="7"/> / <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 style="text-align: center;"><input type="text" value="15546.02"/></p>
<p>C. Full Name (Last, First, Middle Initial) Shorr Johnson Magnus</p> <p>Mailing Address 1831 Chestnut Street Sixth Floor</p> <p>City Philadelphia State PA Zip Code 19103</p> <p>Purpose of Disbursement See Schedule E, Included in \$339,365.00 IE</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>Transaction ID: D417714</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="9"/> / <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 style="text-align: center;"><input type="text" value="-89365.00"/></p>

SUBTOTAL of Disbursements This Page (optional) ▶

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

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

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

FOR LINE NUMBER: (check only one)

<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)
Commonsense Ten

A.	Full Name (Last, First, Middle Initial) TD Bank, N.A. <hr/> Mailing Address 605 14th Street NW <hr/> City Washington State DC Zip Code 20005 <hr/> Purpose of Disbursement Bank Fee 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: D417495 Date of Disbursement 10 / 14 / 2010 <hr/> Amount of Each Disbursement this Period 10.00	
B.	Full Name (Last, First, Middle Initial) TD Bank, N.A. <hr/> Mailing Address 605 14th Street NW <hr/> City Washington State DC Zip Code 20005 <hr/> Purpose of Disbursement Bank Fee 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: D417645 Date of Disbursement 10 / 26 / 2010 <hr/> Amount of Each Disbursement this Period 15.00	
C.	Full Name (Last, First, Middle Initial) Paychex, Inc. <hr/> Mailing Address 3060 Williams Drive Suite 200 <hr/> City Fairfax State VA Zip Code 22031 <hr/> Purpose of Disbursement Payroll Taxes 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: D417655 Date of Disbursement 11 / 15 / 2010 <hr/> Amount of Each Disbursement this Period 3203.67	

SUBTOTAL of Disbursements This Page (optional) ▶

3228.67

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

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)
Commonsense Ten

A.	Full Name (Last, First, Middle Initial) Perkins Coie, LLP	Transaction ID: D417665 Date of Disbursement 10 / 27 / 2010
	Mailing Address 607 14th Street, NW Suite 800	Amount of Each Disbursement this Period 2450.90
	City Washington State DC Zip Code 20005	
	Purpose of Disbursement Legal & Accounting Services	
	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) Shorr Johnson Magnus	Transaction ID: D417726 Date of Disbursement 10 / 30 / 2010
	Mailing Address 1831 Chestnut Street Sixth Floor	Amount of Each Disbursement this Period 8250.00
	City Philadelphia State PA Zip Code 19103	
	Purpose of Disbursement Excess Payment, to be Refunded	
	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) TD Bank, N.A.	Transaction ID: D417496 Date of Disbursement 10 / 15 / 2010
	Mailing Address 605 14th Street NW	Amount of Each Disbursement this Period 60.00
	City Washington State DC Zip Code 20005	
	Purpose of Disbursement Bank Fee	
	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)	▶	10760.90
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)
Commonsense Ten

A.	Full Name (Last, First, Middle Initial) TD Bank, N.A.	Transaction ID: D417646 Date of Disbursement 10 / 27 / 2010
	Mailing Address 605 14th Street NW	Amount of Each Disbursement this Period 70.00
	City Washington State DC Zip Code 20005	
	Purpose of Disbursement Bank Fee 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) Paychex, Inc.	Transaction ID: D417656 Date of Disbursement 11 / 15 / 2010
	Mailing Address 3060 Williams Drive Suite 200	Amount of Each Disbursement this Period 58.14
	City Fairfax State VA Zip Code 22031	
	Purpose of Disbursement Payroll Services 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) Ariel Hayes	Transaction ID: D417666 Date of Disbursement 10 / 27 / 2010
	Mailing Address 1712 16th Street, NW #404	Amount of Each Disbursement this Period 7500.00
	City Washington State DC Zip Code 20009	
	Purpose of Disbursement Research Consulting Services 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)	7628.14
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)
Commonsense Ten

<p>A. Full Name (Last, First, Middle Initial) Monica Dixon</p> <p>Mailing Address 5113 Duvall Drive</p> <p>City Bethesda State MD Zip Code 20816</p> <p>Purpose of Disbursement Salary</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>Transaction ID: D417696</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <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="9740.16"/></p>
<p>B. Full Name (Last, First, Middle Initial) Paychex, Inc.</p> <p>Mailing Address 3060 Williams Drive Suite 200</p> <p>City Fairfax State VA Zip Code 22031</p> <p>Purpose of Disbursement Payroll Taxes</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>Transaction ID: D417697</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <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="6407.34"/></p>
<p>C. Full Name (Last, First, Middle Initial) Monica Dixon</p> <p>Mailing Address 5113 Duvall Drive</p> <p>City Bethesda State MD Zip Code 20816</p> <p>Purpose of Disbursement Salary</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>Transaction ID: D417247</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <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="4862.04"/></p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="21009.54"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Commonsense Ten

A.	Full Name (Last, First, Middle Initial) TD Bank, N.A.	Transaction ID: D417497 Date of Disbursement 10 / 18 / 2010
	Mailing Address 605 14th Street NW	Amount of Each Disbursement this Period 80.00
	City Washington State DC Zip Code 20005	
	Purpose of Disbursement Bank Fee 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) TD Bank, N.A.	Transaction ID: D417647 Date of Disbursement 10 / 28 / 2010
	Mailing Address 605 14th Street NW	Amount of Each Disbursement this Period 20.00
	City Washington State DC Zip Code 20005	
	Purpose of Disbursement Bank Fee 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) Waterfront Strategies	Transaction ID: D417727 Date of Disbursement 10 / 14 / 2010
	Mailing Address 1010 Wisconsin Avenue, NW Suite 800	Amount of Each Disbursement this Period -111846.00
	City Washington State DC Zip Code 20007	
	Purpose of Disbursement See Schedule E 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) ▶

-111746.00

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)

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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)
Commonsense Ten

A.	Full Name (Last, First, Middle Initial) TD Bank, N.A. Mailing Address 605 14th Street NW City Washington State DC Zip Code 20005 Purpose of Disbursement Bank Fee 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: D417498 Date of Disbursement 10 / 22 / 2010	Amount of Each Disbursement this Period 45.00
B.	Full Name (Last, First, Middle Initial) New Partners Consulting Inc. Mailing Address 401 9th Street, NW Suite 725 City Washington State DC Zip Code 20004 Purpose of Disbursement Communications Consulting Services 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: D417508 Date of Disbursement 10 / 22 / 2010	Amount of Each Disbursement this Period 10000.00
C.	Full Name (Last, First, Middle Initial) TD Bank, N.A. Mailing Address 605 14th Street NW City Washington State DC Zip Code 20005 Purpose of Disbursement Bank Fee 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: D417648 Date of Disbursement 10 / 29 / 2010	Amount of Each Disbursement this Period 40.00

SUBTOTAL of Disbursements This Page (optional) ▶

10085.00

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)
Commonsense Ten

<p>A. Full Name (Last, First, Middle Initial) The Ashmead Group</p> <p>Mailing Address 122 C Street, NW Suite 505</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement Fundraising Consulting 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>Transaction ID: D417658</p> <p>Date of Disbursement 11 / 04 / 2010</p> <p>Amount of Each Disbursement this Period 52140.00</p>
<p>B. Full Name (Last, First, Middle Initial) TD Bank, N.A.</p> <p>Mailing Address 605 14th Street NW</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Bank Fee</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>Transaction ID: D417499</p> <p>Date of Disbursement 10 / 19 / 2010</p> <p>Amount of Each Disbursement this Period 40.00</p>
<p>C. Full Name (Last, First, Middle Initial) Farinella & Associates</p> <p>Mailing Address 7979 Bradwick Way</p> <p>City Melbourne State FL Zip Code 32940</p> <p>Purpose of Disbursement Fundraising Consulting 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>Transaction ID: D417239</p> <p>Date of Disbursement 10 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 30500.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

82680.00

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)

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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)
Commonsense Ten

<p>A.</p> <p>Full Name (Last, First, Middle Initial) TD Bank, N.A.</p> <p>Mailing Address 605 14th Street NW</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Bank Fee</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: D417649</p> <p>Date of Disbursement 11 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 40.00</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) The Contact Group</p> <p>Mailing Address PO Box 187</p> <p>City Queenstown State MD Zip Code 21658</p> <p>Purpose of Disbursement Telephone Services</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: D417659</p> <p>Date of Disbursement 11 / 03 / 2010</p> <p>Amount of Each Disbursement this Period 300.00</p>

SUBTOTAL of Disbursements This Page (optional)	340.00
TOTAL This Period (last page this line number only)	-36386.32

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Commonsense Ten

A.

Full Name (Last, First, Middle Initial)
Working For US PAC Inc.

Mailing Address 888 16th Street NW
Suite 333

City Washington State DC Zip Code 20006

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D417503
Date of Disbursement

10 / 18 / 2010

Amount of Each Disbursement this Period

45000.00

B.

Full Name (Last, First, Middle Initial)
Working For US PAC Inc.

Mailing Address 888 16th Street NW
Suite 333

City Washington State DC Zip Code 20006

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D417504
Date of Disbursement

10 / 22 / 2010

Amount of Each Disbursement this Period

50000.00

SUBTOTAL of Disbursements This Page (optional) ▶

95000.00

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

95000.00

**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)

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<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 checked="" 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)
Commonsense Ten

A. Full Name (Last, First, Middle Initial)
Joshua B. Bekenstein

Mailing Address 52 High Rock Road

City Wayland State MA Zip Code 01778

Purpose of Disbursement Refund

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: D417505
Date of Disbursement: 10 / 20 / 2010

Amount of Each Disbursement this Period
100000.00

B. Full Name (Last, First, Middle Initial)
Agnes Varis

Mailing Address 150 Central Park S

City New York State NY Zip Code 10019

Purpose of Disbursement Refund

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: D417657
Date of Disbursement: 11 / 04 / 2010

Amount of Each Disbursement this Period
10000.00

SUBTOTAL of Disbursements This Page (optional)	▶	110000.00
TOTAL This Period (last page this line number only)	▶	110000.00

**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)

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<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)
Commonsense Ten

A. Full Name (Last, First, Middle Initial) Vet Action Fund Inc. <hr/> Mailing Address PO Box 10031 <hr/> City Portland State OR Zip Code 97296 <hr/> Purpose of Disbursement Donation Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D417662 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 1 0
	Amount of Each Disbursement this Period 15000.00
B. Full Name (Last, First, Middle Initial) Vet Action Fund Inc. <hr/> Mailing Address PO Box 10031 <hr/> City Portland State OR Zip Code 97296 <hr/> Purpose of Disbursement Donation Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D417663 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0
	Amount of Each Disbursement this Period 25000.00

SUBTOTAL of Disbursements This Page (optional) ▶

40000.00

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

40000.00

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Commonsense Ten	FEC IDENTIFICATION NUMBER C C00484642
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
MSR

Mailing Address
11350 Random Hills Road, Suite 670

City	State	Zip Code
Fairfax	VA	22030

Purpose of Expenditure Media Buy	Category/ Type
-------------------------------------	-------------------

Name of Federal Candidate supported or Opposed by expenditure:
Roy Blunt

Calendar Year-To-Date Per Election for Office Sought	365792.73
---	-----------

Date

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

Amount

200000.00

Transaction ID: D417674

Office Sought: House State: MO
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
 2010

Full Name (Last, First, Middle, Initial) of Payee
Ralston Lapp Media

Mailing Address
329 K Street, NW
Suite 101

City	State	Zip Code
Washington	DC	20007

Purpose of Expenditure Production Services	Category/ Type
---	-------------------

Name of Federal Candidate supported or Opposed by expenditure:
Roy Blunt

Calendar Year-To-Date Per Election for Office Sought	365792.73
---	-----------

Date

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

Amount

243.80

Transaction ID: D417506

Office Sought: House State: MO
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
 2010

(a) SUBTOTAL of Itemized Independent Expenditures	200243.80
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Jeffrey Forbes
Signature

Date

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

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Commonsense Ten	FEC IDENTIFICATION NUMBER C C00484642
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Shorr Johnson Magnus

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

Mailing Address
1831 Chestnut Street
Sixth Floor

Amount
10148.03

City State Zip Code
Philadelphia PA 19103

Transaction ID: D417501

Purpose of Expenditure Category/Type
Production Costs

Office Sought: House State: KY
 Senate District: _____
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:
Rand Paul

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
147148.03

Disbursement For: Primary General
 Other (specify) : _____
2010

See Pre-General Report

Full Name (Last, First, Middle, Initial) of Payee
Shorr Johnson Magnus

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

Mailing Address
1831 Chestnut Street
Sixth Floor

Amount
85000.00

City State Zip Code
Philadelphia PA 19103

Transaction ID: D417563

Purpose of Expenditure Category/Type
Media Buy

Office Sought: House State: IA
 Senate District: 01
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:
Benjamin M Lange

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
408554.63

Disbursement For: Primary General
 Other (specify) : _____
2010

(a) SUBTOTAL of Itemized Independent Expenditures	95148.03
(b) SUBTOTAL of Unitemized Independent Expenditures	_____
(c) TOTAL Independent Expenditures	_____

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Jeffrey Forbes
Signature

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

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Commonsense Ten	FEC IDENTIFICATION NUMBER C C00484642
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Shorr Johnson Magnus

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

Mailing Address
1831 Chestnut Street
Sixth Floor

Amount
13566.73

City State Zip Code
Philadelphia PA 19103

Transaction ID: D417698

Purpose of Expenditure Category/Type
Production Services

Office Sought: House State: WA
 Senate District: _____
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:
Dino Rossi

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
1459300.79

Disbursement For: Primary General
 Other (specify) : _____
2010

Full Name (Last, First, Middle, Initial) of Payee
Shorr Johnson Magnus

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

Mailing Address
1831 Chestnut Street
Sixth Floor

Amount
2191.36

City State Zip Code
Philadelphia PA 19103

Transaction ID: D417699

Purpose of Expenditure Category/Type
Production Services

Office Sought: House State: WV
 Senate District: _____
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:
John Reeves Raese

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
218941.36

Disbursement For: Primary General
 Other (specify) : _____
2010

(a) SUBTOTAL of Itemized Independent Expenditures	15758.09
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Jeffrey Forbes
Signature

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

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Commonsense Ten	FEC IDENTIFICATION NUMBER C C00484642
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Shorr Johnson Magnus

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

Mailing Address
1831 Chestnut Street
Sixth Floor

Amount
339365.00

City State Zip Code
Philadelphia PA 19103

Transaction ID: D417713

Purpose of Expenditure Category/Type
Media Buy

Office Sought: House State: WA
 Senate District: _____
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:
Dino Rossi

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
1459300.79

Disbursement For: Primary General
 Other (specify) : _____
2010

Full Name (Last, First, Middle, Initial) of Payee
Shorr Johnson Magnus

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

Mailing Address
1831 Chestnut Street
Sixth Floor

Amount
210000.00

City State Zip Code
Philadelphia PA 19103

Transaction ID: D417715

Purpose of Expenditure Category/Type
Media Buy

Office Sought: House State: WV
 Senate District: _____
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:
John Reeves Raese

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
218941.36

Disbursement For: Primary General
 Other (specify) : _____
2010

(a) SUBTOTAL of Itemized Independent Expenditures	549365.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Jeffrey Forbes
Signature

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

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Commonsense Ten	FEC IDENTIFICATION NUMBER ▼ C C00484642
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Shorr Johnson Magnus

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

Mailing Address
1831 Chestnut Street
Sixth Floor

Amount
650000.00

City State Zip Code
Philadelphia PA 19103

Transaction ID: D417716

Purpose of Expenditure Category/Type
Media Buy

Office Sought: House State: WA
 Senate District: _____
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:
Dino Rossi

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
1459300.79

Disbursement For: Primary General
 Other (specify) : _____
2010

Full Name (Last, First, Middle, Initial) of Payee
Shorr Johnson Magnus

Date
M M / D D / Y Y Y Y
1 0 / 2 0 / 2 0 1 0

Mailing Address
1831 Chestnut Street
Sixth Floor

Amount
47635.00

City State Zip Code
Philadelphia PA 19103

Transaction ID: D417717

Purpose of Expenditure Category/Type
Media Buy

Office Sought: House State: KY
 Senate District: _____
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:
Rand Paul

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
147148.03

Disbursement For: Primary General
 Other (specify) : _____
2010

(a) SUBTOTAL of Itemized Independent Expenditures	697635.00
(b) SUBTOTAL of Unitemized Independent Expenditures	_____
(c) TOTAL Independent Expenditures	_____

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Jeffrey Forbes
Signature

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

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Commonsense Ten	FEC IDENTIFICATION NUMBER C C00484642
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Shorr Johnson Magnus

Mailing Address
1831 Chestnut Street
Sixth Floor

City Philadelphia	State PA	Zip Code 19103
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Purpose of Expenditure Media Buy	Category/ Type
-------------------------------------	-------------------

Name of Federal Candidate supported or Opposed by expenditure:
Benjamin M Lange

Calendar Year-To-Date Per Election for Office Sought	408554.63
---	-----------

Date
M M / D D / Y Y Y Y
1 0 / 2 2 / 2 0 1 0

Amount
150000.00

Transaction ID: D417718

Office Sought: House State: IA
 Senate District: 01
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2010

Full Name (Last, First, Middle, Initial) of Payee
Shorr Johnson Magnus

Mailing Address
1831 Chestnut Street
Sixth Floor

City Philadelphia	State PA	Zip Code 19103
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Purpose of Expenditure Media Buy	Category/ Type
-------------------------------------	-------------------

Name of Federal Candidate supported or Opposed by expenditure:
Benjamin M Lange

Calendar Year-To-Date Per Election for Office Sought	408554.63
---	-----------

Date
M M / D D / Y Y Y Y
1 0 / 2 8 / 2 0 1 0

Amount
50000.00

Transaction ID: D417720

Office Sought: House State: IA
 Senate District: 01
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2010

(a) SUBTOTAL of Itemized Independent Expenditures	200000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Jeffrey Forbes
Signature

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

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Commonsense Ten	FEC IDENTIFICATION NUMBER C C00484642
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Shorr Johnson Magnus

Mailing Address
1831 Chestnut Street
Sixth Floor

City Philadelphia	State PA	Zip Code 19103
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Purpose of Expenditure Media Buy	Category/ Type
-------------------------------------	-------------------

Name of Federal Candidate supported or Opposed by expenditure:
John Reeves Raese

Calendar Year-To-Date Per Election for Office Sought	218941.36
---	-----------

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

Amount
6750.00

Transaction ID: D417721

Office Sought: House State: WV
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2010

Full Name (Last, First, Middle, Initial) of Payee
Shorr Johnson Magnus

Mailing Address
1831 Chestnut Street
Sixth Floor

City Philadelphia	State PA	Zip Code 19103
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Purpose of Expenditure Production Costs	Category/ Type
--	-------------------

Name of Federal Candidate supported or Opposed by expenditure:
Benjamin M Lange

Calendar Year-To-Date Per Election for Office Sought	408554.63
---	-----------

Date
M M / D D / Y Y Y Y
1 0 / 2 2 / 2 0 1 0

Amount
18500.00

Transaction ID: D417722

Office Sought: House State: IA
 Senate District: 01
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2010

(a) SUBTOTAL of Itemized Independent Expenditures	25250.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Jeffrey Forbes
Signature

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

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Commonsense Ten	FEC IDENTIFICATION NUMBER C C00484642
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Shorr Johnson Magnus

Date
M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 1 0

Mailing Address
1831 Chestnut Street
Sixth Floor

Amount
1253.16

City State Zip Code
Philadelphia PA 19103

Transaction ID: D417723

Purpose of Expenditure
Production Costs

Category/Type

Office Sought: House State: IA
 Senate District: 01
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:
Benjamin M Lange

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 408554.63

Disbursement For: Primary General
 Other (specify) : _____
2010

Full Name (Last, First, Middle, Initial) of Payee
Shorr Johnson Magnus

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

Mailing Address
1831 Chestnut Street
Sixth Floor

Amount
75000.00

City State Zip Code
Philadelphia PA 19103

Transaction ID: D417725

Purpose of Expenditure
Media Buy

Category/Type

Office Sought: House State: IA
 Senate District: 01
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:
Benjamin M Lange

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 408554.63

Disbursement For: Primary General
 Other (specify) : _____
2010

(a) SUBTOTAL of Itemized Independent Expenditures	76253.16
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Jeffrey Forbes
Signature

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

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Commonsense Ten	FEC IDENTIFICATION NUMBER C C00484642
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Dixon/Davis Media Group

Mailing Address
1028 33rd Street, NW, Suite 300

City State Zip Code
Washington DC 20007

Purpose of Expenditure Category/Type
Production Costs

Name of Federal Candidate supported or Opposed by expenditure:
Kenneth R Buck

Calendar Year-To-Date Per Election for Office Sought 570485.00

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

Amount
4865.00

Transaction ID: D417342

Office Sought: House State: CO
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2010

Full Name (Last, First, Middle, Initial) of Payee
Dixon/Davis Media Group

Mailing Address
1028 33rd Street, NW, Suite 300

City State Zip Code
Washington DC 20007

Purpose of Expenditure Category/Type
Production Costs

Name of Federal Candidate supported or Opposed by expenditure:
Kenneth R Buck

Calendar Year-To-Date Per Election for Office Sought 570485.00

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

Amount
4165.00

Transaction ID: D417678

Office Sought: House State: CO
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2010

See Pre-General Report

(a) SUBTOTAL of Itemized Independent Expenditures	9030.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Jeffrey Forbes
Signature

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

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Commonsense Ten	FEC IDENTIFICATION NUMBER C C00484642
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Waterfront Strategies

Date
M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Mailing Address
1010 Wisconsin Avenue, NW
Suite 800

Amount
175663.00

City State Zip Code
Washington DC 20007

Transaction ID: D417688

Purpose of Expenditure Category/Type
Media Buy

Office Sought: House State: CO
 Senate District: _____
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:
Kenneth R Buck

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
570485.00

Disbursement For: Primary General
 Other (specify) : _____
2010

Full Name (Last, First, Middle, Initial) of Payee
Waterfront Strategies

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

Mailing Address
1010 Wisconsin Avenue, NW
Suite 800

Amount
111846.00

City State Zip Code
Washington DC 20007

Transaction ID: D417724

Purpose of Expenditure Category/Type
Media Buy

Office Sought: House State: CO
 Senate District: _____
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:
Kenneth R Buck

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
570485.00

Disbursement For: Primary General
 Other (specify) : _____
2010

(a) SUBTOTAL of Itemized Independent Expenditures	287509.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Jeffrey Forbes
Signature

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

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Commonsense Ten	FEC IDENTIFICATION NUMBER C C00484642
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
New Partners Consulting

Mailing Address
401 9th Street, NW
Suite 725

City State Zip Code
Washington DC 20004

Purpose of Expenditure Category/Type
Live Calls

Name of Federal Candidate supported or Opposed by expenditure:
Bruce L Braley

Calendar Year-To-Date Per Election for Office Sought 408554.63

Date
MM / DD / YYYY
11 / 01 / 2010

Amount
14000.00
Transaction ID: D417591

Office Sought: House State: IA
 Senate District: 01
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2010

Full Name (Last, First, Middle, Initial) of Payee
New Partners Consulting

Mailing Address
401 9th Street, NW
Suite 725

City State Zip Code
Washington DC 20004

Purpose of Expenditure Category/Type
Internet Advertisements

Name of Federal Candidate supported or Opposed by expenditure:
Kenneth R Buck

Calendar Year-To-Date Per Election for Office Sought 570485.00

Date
MM / DD / YYYY
10 / 31 / 2010

Amount
15000.00
Transaction ID: D417683

Office Sought: House State: CO
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2010

(a) SUBTOTAL of Itemized Independent Expenditures	29000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Jeffrey Forbes
Signature

Date MM / DD / YYYY
01 / 31 / 2011

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Commonsense Ten	FEC IDENTIFICATION NUMBER ▼ C C00484642
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
New Partners Consulting

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

Mailing Address
401 9th Street, NW
Suite 725

Amount
15000.00

City State Zip Code
Washington DC 20004

Transaction ID: D417685

Purpose of Expenditure
Internet Advertisements
Category/Type

Office Sought: House State: CO
 Senate District: _____
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:
Michael F Bennet

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
570485.00

Disbursement For: Primary General
 Other (specify) : _____
2010

Full Name (Last, First, Middle, Initial) of Payee
New Partners Consulting

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

Mailing Address
401 9th Street, NW
Suite 725

Amount
20000.00

City State Zip Code
Washington DC 20004

Transaction ID: D417686

Purpose of Expenditure
Internet Advertisements
Category/Type

Office Sought: House State: WA
 Senate District: _____
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:
Patty Murray

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
1459300.79

Disbursement For: Primary General
 Other (specify) : _____
2010

(a) SUBTOTAL of Itemized Independent Expenditures	35000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	_____
(c) TOTAL Independent Expenditures	_____

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Jeffrey Forbes
Signature

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

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Commonsense Ten	FEC IDENTIFICATION NUMBER ▼ C C00484642
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
New Partners Consulting

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

Mailing Address
401 9th Street, NW
Suite 725

Amount
20000.00

City State Zip Code
Washington DC 20004

Transaction ID: D417687

Purpose of Expenditure
Internet Advertisements
Category/Type

Office Sought: House State: WA
 Senate District: _____
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:
Dino Rossi

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
1459300.79

Disbursement For: Primary General
 Other (specify) : _____
2010

Full Name (Last, First, Middle, Initial) of Payee
New Partners Consulting

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

Mailing Address
401 9th Street, NW
Suite 725

Amount
2002.14

City State Zip Code
Washington DC 20004

Transaction ID: D417689

Purpose of Expenditure
Automated Calls
Category/Type

Office Sought: House State: IA
 Senate District: 01
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:
Benjamin M Lange

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
408554.63

Disbursement For: Primary General
 Other (specify) : _____
2010

(a) SUBTOTAL of Itemized Independent Expenditures	22002.14
(b) SUBTOTAL of Unitemized Independent Expenditures	_____
(c) TOTAL Independent Expenditures	_____

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Jeffrey Forbes
Signature

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

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Commonsense Ten	FEC IDENTIFICATION NUMBER C C00484642
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
New Partners Consulting

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

Mailing Address
401 9th Street, NW
Suite 725

Amount
2002.14

City State Zip Code
Washington DC 20004

Transaction ID: D417690
Office Sought: House State: IA
 Senate District: 01
 Presidential

Purpose of Expenditure
Automated Calls
Category/Type

Check One: Support Oppose

Name of Federal Candidate supported or Opposed by expenditure:
Bruce L Braley

Disbursement For: Primary General
 Other (specify) : _____
2010

Calendar Year-To-Date Per Election
for Office Sought 408554.63

Full Name (Last, First, Middle, Initial) of Payee
Abar Hutton Media

Date
M M / D D / Y Y Y Y
1 0 / 2 2 / 2 0 1 0

Mailing Address
6190 Grovedale Drive
Suite 200

Amount
150000.00

City State Zip Code
Alexandria VA 22310

Transaction ID: D417667
Office Sought: House State: CO
 Senate District: _____
 Presidential

Purpose of Expenditure
Media Buy
Category/Type

Check One: Support Oppose

Name of Federal Candidate supported or Opposed by expenditure:
Kenneth R Buck

Disbursement For: Primary General
 Other (specify) : _____
2010

Calendar Year-To-Date Per Election
for Office Sought 570485.00

(a) SUBTOTAL of Itemized Independent Expenditures	152002.14
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Jeffrey Forbes
Signature
Date M M / D D / Y Y Y Y
0 1 / 3 1 / 2 0 1 1

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Commonsense Ten	FEC IDENTIFICATION NUMBER ▼ C C00484642
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Ambrosino Muir & Hansen

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

Mailing Address
500 Sansome Street
Suite 201

Amount
45000.00

City State Zip Code
San Francisco CA 94111

Transaction ID: D417668
Office Sought: House State: DE
 Senate District: _____
 Presidential

Purpose of Expenditure Category/Type
Direct Mail

Check One: Support Oppose

Name of Federal Candidate supported or Opposed by expenditure:
Christine O'Donnell

Disbursement For: Primary General
 Other (specify) : _____
2010

Calendar Year-To-Date Per Election for Office Sought
45000.00

Full Name (Last, First, Middle, Initial) of Payee
Data Farm Consulting LLC

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

Mailing Address
12932 W Glacier Drive

Amount
852.50

City State Zip Code
Evansville WI 53536

Transaction ID: D417669
Office Sought: House State: IA
 Senate District: 01
 Presidential

Purpose of Expenditure Category/Type
Data Services

Check One: Support Oppose

Name of Federal Candidate supported or Opposed by expenditure:
Bruce L Braley

Disbursement For: Primary General
 Other (specify) : _____
2010

Calendar Year-To-Date Per Election for Office Sought
408554.63

(a) SUBTOTAL of Itemized Independent Expenditures	45852.50
(b) SUBTOTAL of Unitemized Independent Expenditures	_____
(c) TOTAL Independent Expenditures	_____

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Jeffrey Forbes
Signature

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

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Commonsense Ten	FEC IDENTIFICATION NUMBER C C00484642
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Data Farm Consulting LLC

Mailing Address
12932 W Glacier Drive

City State Zip Code
Evansville WI 53536

Purpose of Expenditure Category/Type
Data Services

Name of Federal Candidate supported or Opposed by expenditure:
Benjamin M Lange

Calendar Year-To-Date Per Election for Office Sought 408554.63

Date
MM / DD / YYYY
10 / 30 / 2010

Amount
852.50
Transaction ID: D417670

Office Sought: House State: IA
 Senate District: 01
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2010

Full Name (Last, First, Middle, Initial) of Payee
Data Farm Consulting LLC

Mailing Address
12932 W Glacier Drive

City State Zip Code
Evansville WI 53536

Purpose of Expenditure Category/Type
Data Services

Name of Federal Candidate supported or Opposed by expenditure:
Benjamin M Lange

Calendar Year-To-Date Per Election for Office Sought 408554.63

Date
MM / DD / YYYY
11 / 01 / 2010

Amount
3307.57
Transaction ID: D417671

Office Sought: House State: IA
 Senate District: 01
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2010

(a) SUBTOTAL of Itemized Independent Expenditures	4160.07
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Jeffrey Forbes
Signature

Date MM / DD / YYYY
01 / 31 / 2011

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Commonsense Ten	FEC IDENTIFICATION NUMBER C C00484642
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Data Farm Consulting LLC

Date
M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 1 0

Mailing Address
12932 W Glacier Drive

Amount
3307.57

City State Zip Code
Evansville WI 53536

Transaction ID: D417672

Purpose of Expenditure Category/Type
Data Services

Office Sought: House State: IA
 Senate District: 01
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:
Bruce L Braley

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
408554.63

Disbursement For: Primary General
 Other (specify) : _____
2010

Full Name (Last, First, Middle, Initial) of Payee
Data Farm Consulting LLC

Date
M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 1 0

Mailing Address
12932 W Glacier Drive

Amount
1238.53

City State Zip Code
Evansville WI 53536

Transaction ID: D417694

Purpose of Expenditure Category/Type
Data Services

Office Sought: House State: IA
 Senate District: 01
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:
Bruce L Braley

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
408554.63

Disbursement For: Primary General
 Other (specify) : _____
2010

(a) SUBTOTAL of Itemized Independent Expenditures	4546.10
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

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Jeffrey Forbes
Signature

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

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) Commonsense Ten	FEC IDENTIFICATION NUMBER C C00484642
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Data Farm Consulting LLC

Mailing Address
12932 W Glacier Drive

City Evansville	State WI	Zip Code 53536
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Purpose of Expenditure Data Services	Category/ Type
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Name of Federal Candidate supported or Opposed by expenditure:
Benjamin M Lange

Calendar Year-To-Date Per Election for Office Sought	408554.63
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Date
M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 1 0

Amount
1238.52

Transaction ID: D417695

Office Sought: House State: IA
 Senate District: 01
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2010

Full Name (Last, First, Middle, Initial) of Payee
Winning Connections

Mailing Address
317 Pennsylvania Ave, SE

City Washington	State DC	Zip Code 20003
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Purpose of Expenditure Live Calls	Category/ Type
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Name of Federal Candidate supported or Opposed by expenditure:
Scott McAdams

Calendar Year-To-Date Per Election for Office Sought	46913.75
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Date
M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 1 0

Amount
46913.75

Transaction ID: D417693

Office Sought: House State: AK
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2010

(a) SUBTOTAL of Itemized Independent Expenditures	48152.27
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	2496907.30

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Jeffrey Forbes
Signature

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