

2009 AUG 13 AM 9:20

FEC  
FORM 3X

REPORT OF RECEIPTS  
AND DISBURSEMENTS  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5

REGIONAL BOND DEALERS ASSOCIATION POLITICAL ACTION COMMITTEE

ADDRESS (number and street) 500 NEW JERSEY AVE NW SIXTH FLOOR WASHINGTON DC 20001-

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C 00456699

3. IS THIS REPORT NEW OR AMENDED

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 Year-End Report (YE)
July 31 Mid-Year Report (Non-election Year Only) (MY)
Termination Report (TER)

- (b) Monthly Report Due On: Feb 20 (M2), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Aug 20 (M8), Sep 20 (M9), Oct 20 (M10), Nov 20 (M11), Dec 20 (M12), Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S)

Election on [M/M] / [D/D] / [Y/Y/Y/Y] in the State of [ ]

- (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S)

Election on [M/M] / [D/D] / [Y/Y/Y/Y] in the State of [ ]

5. Covering Period 01 / 01 / 2009 through 07 / 31 / 2009

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

Type or Print Name of Treasurer Michael Nicholas

Signature of Treasurer [Signature] Date 07 / 31 / 2009

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

Office Use Only

FEC FORM 3X Rev. 12/2004

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name *Resident Bond Declares Area PAC*

Report Covering the Period: From:

To:

**COLUMN A  
This Period**

**COLUMN B  
Calendar Year-to-Date**

6. (a) Cash on Hand January 1, <input type="text" value="2009"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="0"/>	<input type="text" value="0"/>
(c) Total Receipts (from Line 19).....	<input type="text" value="0"/>	<input type="text" value="0"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="0"/>	<input type="text" value="0"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="0"/>	<input type="text" value="0"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="0"/>	<input type="text" value="0"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0"/>	<input type="text" value="0"/>
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0"/>	<input type="text" value="0"/>

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

29030144292

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name **RBDIA PAC**

Report Covering the Period: From: **01 / 01 / 2009** To: **07 / 31 / 2009**

**I. Receipts**

**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0	0
(ii) Unitemized.....	0	0
(iii) TOTAL (add Lines 11(a)(i) and (ii).....▶	0	0
(b) Political Party Committees.....	0	0
(c) Other Political Committees (such as PACs).....	6	6
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶	0	0
12. Transfers From Affiliated/Other Party Committees.....	0	0
13. All Loans Received.....	0	0
14. Loan Repayments Received.....	0	0
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	6	0
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0	0
17. Other Federal Receipts (Dividends, Interest, etc.).....	0	0
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0	0
(b) Levin Funds (from Schedule H5).....	0	0
(c) Total Transfers (add 18(a) and 18(b))..	0	0
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	0	0
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	0	0

29030144293



**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

**III. Net Contributions/Operating Expenditures**

**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	0	0
34. Total Contribution Refunds (from Line 28(d)) .....	0	0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	0	0
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0	0
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0	0
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0	0

29030144295

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

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) *Regional Road Dealer Assoc PAC*

Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
<input type="text"/>		<input type="text"/>
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text"/>		

Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
<input type="text"/>		<input type="text"/>
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text"/>		

Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
<input type="text"/>		<input type="text"/>
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text"/>		

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

29030144296

**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	OF
	<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 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) *Regional Bond Debtors PAC*

29030144297

A. Full Name (Last, First, Middle Initial)		Date of Disbursement
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
Purpose of Disbursement	Category/Type	Amount of Each Disbursement this Period
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

B. Full Name (Last, First, Middle Initial)		Date of Disbursement
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
Purpose of Disbursement	Category/Type	Amount of Each Disbursement this Period
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

C. Full Name (Last, First, Middle Initial)		Date of Disbursement
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
Purpose of Disbursement	Category/Type	Amount of Each Disbursement this Period
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

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



**SCHEDULE C-1 (FEC Form 3X)**  
**LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS**

Federal Election Commission, Washington, D.C. 20463

Supplementary for  
 Information found on  
 Page \_\_\_ of Schedule C

NAME OF COMMITTEE (In Full) <i>Regional Bank Depositor Association PAC</i>	FEC IDENTIFICATION NUMBER <i>C 00456699</i>
---	--

LENDING INSTITUTION (LENDER) Full Name	Amount of Loan <i>0</i>	Interest Rate (APR) %
Mailing Address	Date Incurred or Established	
City State Zip Code	Date Due	

29030144299

A. Has loan been restructured?  No  Yes If yes, date originally incurred

B. If line of credit, Amount of this Draw: *0* Total Outstanding Balance: *0*

C. Are other parties secondarily liable for the debt incurred?  
 No  Yes (Endorsers and guarantors must be reported on Schedule C.)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?  
 No  Yes If yes, specify: \_\_\_\_\_  
 What is the value of this collateral? *0*  
 Does the lender have a perfected security interest in it?  No  Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan?  No  Yes If yes, specify: \_\_\_\_\_  
 What is the estimated value? *0*

A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Location of account: \_\_\_\_\_  
 Date account established: \_\_\_\_\_ Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.

G. COMMITTEE TREASURER Typed Name Signature	DATE
---	------

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:  
 I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.  
 II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.  
 III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.

AUTHORIZED REPRESENTATIVE Typed Name Signature	Title	DATE
<i>Michael Nicholas</i>	<i>CEO</i>	<i>07 / 31 / 2009</i>

**SCHEDULE D (FEC Form 3X)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

NAME OF COMMITTEE (In Full) *Reserve Bond Dealers Assoc PAC*

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

1) SUBTOTALS This Period This Page (optional)..... ▶	
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

29030144300

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

PAGE \_\_\_\_\_ OF \_\_\_\_\_  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <i>Resurrection Band Declares Assoc PAC</i>	FEC IDENTIFICATION NUMBER C 00456699
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

29030144301

Full Name (Last, First, Middle Initial) of Payee _____ Mailing Address _____ City _____ State _____ Zip Code _____	Date M M / D D / Y Y Y Y Y Y _____ / _____ / _____ Amount _____ 0
Purpose of Expenditure _____ Category/Type _____ Name of Federal Candidate Supported or Opposed by Expenditure: _____	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought _____ 0	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee _____ Mailing Address _____ City _____ State _____ Zip Code _____	Date M M / D D / Y Y Y Y Y Y _____ / _____ / _____ Amount _____ 0
Purpose of Expenditure _____ Category/Type _____ Name of Federal Candidate Supported or Opposed by Expenditure: _____	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought _____ 0	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures .....	_____ 0
(b) SUBTOTAL of Unitemized Independent Expenditures.....	_____ 0
(c) TOTAL Independent Expenditures .....	_____ 0

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.

Signature *[Signature]*

Date 07 / 31 / 2019

**SCHEDULE F (FEC Form 3X)**  
**ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY**  
**POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)**  
**ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE**  
**(2 U.S.C. §441a(d))**  
 (To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full)  
*Respect Bond Dealers Assoc PAC*

Has your committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, name the designating committee:	Full Name of Subordinate Committee
	Mailing Address
	City State ZIP Code

Full Name (Last, First, Middle Initial) of Each Payee	Purpose of Expenditure	Category/Type
Mailing Address	Date	
City State Zip Code		
Name of Federal Candidate Supported	Office Sought:	House Senate Presidential State: District:
Aggregate General Election Expenditure for this Candidate ▶	Amount	

Full Name (Last, First, Middle Initial) of Each Payee	Purpose of Expenditure	Category/Type
Mailing Address	Date	
City State Zip Code		
Name of Federal Candidate Supported	Office Sought:	House Senate Presidential State: District:
Aggregate General Election Expenditure for this Candidate ▶	Amount	

Full Name (Last, First, Middle Initial) of Each Payee	Purpose of Expenditure	Category/Type
Mailing Address	Date	
City State Zip Code		
Name of Federal Candidate Supported	Office Sought:	House Senate Presidential State: District:
Aggregate General Election Expenditure for this Candidate ▶	Amount	

SUBTOTAL of Expenditures This Page (optional).....▶	Amount
TOTAL This Period (last page this line number only).....▶	Amount

29030144302

**SCHEDULE H1 (FEC Form 3X)**

**METHOD OF ALLOCATION FOR:**

- **ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS**
- **ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)**
- **ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nonconnected Committees Only)**

NAME OF COMMITTEE (In Full)

*Resist Bond Dealers Assoc PAC*

**USE ONLY ONE SECTION, A or B**

**A. State and Local Party Committees**

**Fixed Percentage (select one)**

- \_\_\_\_\_ Presidential-Only Election Year (28% Federal)
- \_\_\_\_\_ Presidential and Senate Election Year (36% Federal)
- \_\_\_\_\_ Senate-Only Election Year (21% Federal)
- \_\_\_\_\_ Non-Presidential and Non-Senate Election Year (15% Federal)

**B. Separate Segregated Funds and Nonconnected Committees**

**Flat Minimum Federal Percentage**

If the committee will allocate using the flat minimum percentage of 50% federal funds, check  or

If the committee is spending more than 50% federal funds, indicate ratio below

Federal.....  %

Nonfederal .....  %

This ratio applies to (check all that apply):

Administrative     Generic Voter Drive     Public Communications Referencing Party Only

29030144303

**SCHEDULE H2 (FEC Form 3X)**

**ALLOCATION RATIOS**

PAGE OF

NAME OF COMMITTEE (In Full)  
*Regional Bond Markets Assoc PAC*

**RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT.**

Methods of allocation:

- I. FUNDRAISING activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.
- II. Shared **DIRECT CANDIDATE SUPPORT** activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity. **For PACs Only:** Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method.

29030144304

ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % [ ] 0%	NONFEDERAL % [ ] 0%
ACTIVITY OR EVENT IDENTIFIER <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % [ ] 0%	NONFEDERAL % [ ] 0%
ACTIVITY OR EVENT IDENTIFIER <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % [ ] 0%	NONFEDERAL % [ ] 0%
ACTIVITY OR EVENT IDENTIFIER <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % [ ] 0%	NONFEDERAL % [ ] 0%
ACTIVITY OR EVENT IDENTIFIER <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % [ ] 0%	NONFEDERAL % [ ] 0%
ACTIVITY OR EVENT IDENTIFIER <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % [ ] 0%	NONFEDERAL % [ ] 0%

**SCHEDULE H3 (FEC Form 3X)  
 TRANSFERS FROM NONFEDERAL ACCOUNTS FOR  
 ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

PAGE \_\_\_\_\_ OF \_\_\_\_\_  
 FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)  
*Regional Bond Market Assoc PAC*

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
		0

**BREAKDOWN OF TRANSFER RECEIVED**

I) Total Administrative .....		0
II) Generic Voter Drive .....		0
III) Exempt Activities.....		0
IV) Direct Fundraising (List Activity or Event Identifier)		
a) _____		0
b) _____		0
c) Total Amount Transferred For Direct Fundraising .....		0
V) Direct Candidate Support (List Activity or Event Identifier)		
a) _____		0
b) _____		0
c) Total Amount Transferred For Direct Candidate Support.....		0
VI) Public Communications Referring Only to Party (Made by PAC).....		0

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED**

TOTAL This Period (Administrative) .....		0
TOTAL This Period (Generic Voter Drive) .....		0
TOTAL This Period (Exempt Activities).....		0
TOTAL This Period (Direct Fundraising).....		0
TOTAL This Period (Direct Candidate Support).....		0
TOTAL This Period (Public Communications Referring Only to Party).....		0
TOTAL This Period (Total Amount Transferred).....		0

29030144305

**SCHEDULE H4 (FEC Form 3X)**  
**DISBURSEMENTS FOR ALLOCATED**  
**FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
*Reginald Bond Dealers Assoc PAC*

**A. Full Name (Last, First, Middle Initial)**  
 Mailing Address  
 City State Zip Code

Purpose of Disbursement:  
 Activity or Event Identifier:

Allocated Activity or Event:  
 Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date  
 Date

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

**B. Full Name (Last, First, Middle Initial)**  
 Mailing Address  
 City State Zip Code

Purpose of Disbursement:  
 Activity or Event Identifier:

Allocated Activity or Event:  
 Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date  
 Date

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

**C. Full Name (Last, First, Middle Initial)**  
 Mailing Address  
 City State Zip Code

Purpose of Disbursement:  
 Activity or Event Identifier:

Allocated Activity or Event:  
 Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date  
 Date

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

**SUBTOTAL of Allocated Federal and NonFederal Activity This Page**

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

**TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))**

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

29030144306

**SCHEDULE H5 (FEC Form 3X)**

**TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY**

(To be used by State, District and Local Party Committees Only)

PAGE OF  
FOR LINE 18b OF FORM 3X

NAME OF COMMITTEE (In Full)  
*Regional Bond Dealers Assoc PAC*

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
	MM / DD / YYYY	

**BREAKDOWN OF THIS TRANSFER**

- i) Voter Registration**  
Total Amount Transferred for Voter Registration.....
- ii) Voter ID**  
Total Amount Transferred for Voter ID.....
- iii) GOTV**  
Total Amount Transferred for GOTV.....
- iv) Generic Campaign Activity**  
Total Amount Transferred for Generic Campaign Activity.....

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
	MM / DD / YYYY	

**BREAKDOWN OF THIS TRANSFER**

- i) Voter Registration**  
Total Amount Transferred for Voter Registration.....
- ii) Voter ID**  
Total Amount Transferred for Voter ID.....
- iii) GOTV**  
Total Amount Transferred for GOTV.....
- iv) Generic Campaign Activity**  
Total Amount Transferred for Generic Campaign Activity.....

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)**

- TOTAL This Period (Voter Registration).....**
- TOTAL This Period (Voter ID).....**
- TOTAL This Period (GOTV).....**
- TOTAL This Period (Generic Campaign Activity).....**
- TOTAL This Period (Total Amount of Transfers Received).....**

29030144307

**SCHEDULE H6 (FEC Form 3X)  
DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS  
FOR ALLOCATED FEDERAL ELECTION ACTIVITY**  
(To be used by State, District and Local Party Committees Only)

PAGE OF  
FOR LINE 30a OF FORM 3X

NAME OF COMMITTEE (In Full)  
*Resident Bond Declares Assoc PAC*

A. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign	
Mailing Address		Allocated Activity or Event Year-To-Date	
City	State	Zip Code	Date
Purpose of Disbursement		Category/Type	

FEDERAL SHARE	+	LEVIN SHARE	=	TOTAL AMOUNT

B. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign	
Mailing Address		Allocated Activity or Event Year-To-Date	
City	State	Zip Code	Date
Purpose of Disbursement		Category/Type	

FEDERAL SHARE	+	LEVIN SHARE	=	TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign	
Mailing Address		Allocated Activity or Event Year-To-Date	
City	State	Zip Code	Date
Purpose of Disbursement		Category/Type	

FEDERAL SHARE	+	LEVIN SHARE	=	TOTAL AMOUNT

<b>SUBTOTAL of Shared Federal and Levin Activity This Page</b>				
FEDERAL SHARE	+	LEVIN SHARE	=	TOTAL AMOUNT
<b>TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))</b>				
FEDERAL SHARE		LEVIN SHARE		TOTAL AMOUNT
<b>TOTAL This Period for the Levin Share</b>				

29010144308

**SCHEDULE L (FEC Form 3X)**  
**AGGREGATION PAGE: LEVIN FUNDS**

NAME OF COMMITTEE (In Full)  
*Regional Board Declares Assoc PAC*

NAME OF ACCOUNT

	COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1. RECEIPTS FROM PERSONS		
(a) Itemized ..... (Use Schedule L-A)		0
(b) Unitemized .....		0
(c) Total .....		0
2. OTHER RECEIPTS .....		0
3. TOTAL RECEIPTS .....		0
(Add Lines 1c and 2)		
4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)		
(a) Voter Registration .....		0
(b) Voter ID .....		0
(c) GOTV .....		0
(d) Generic Campaign .....		0
(e) Total .....		0
5. OTHER DISBURSEMENTS .....		0
6. TOTAL DISBURSEMENTS .....		0
(Add Lines 4e and 5)		
7. BEGINNING CASH ON HAND .....		0
(for Column B, use cash as of January 1st)		
8. RECEIPTS .....		0
(from Line 3)		
9. SUBTOTAL .....		0
(Add Lines 7 and 8)		
10. DISBURSEMENTS .....		0
(From Line 6)		
11. ENDING CASH ON HAND .....		0
(Subtract Line 10 From Line 9)		

29030144309

**SCHEDULE L-A (FEC Form 3X)**  
**ITEMIZED RECEIPTS OF LEVIN FUNDS**

Use separate schedule(s) for each category of the Aggregation Page	PAGE	OF
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 1a <input type="checkbox"/> 2	

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)  
*Reginal Bank Declers Assoc PAC*

29030144310

**A.**

Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Receipt
Mailing Address	<input type="text"/>
City State Zip Code	Amount of Each Receipt this Period
Name of Employer or Principal Place of Business	<input type="text"/>
Occupation	Aggregate Year-to-Date
	<input type="text"/>

**B.**

Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Receipt
Mailing Address	<input type="text"/>
City State Zip Code	Amount of Each Receipt this Period
Name of Employer or Principal Place of Business	<input type="text"/>
Occupation	Aggregate Year-to-Date
	<input type="text"/>

**C.**

Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Receipt
Mailing Address	<input type="text"/>
City State Zip Code	Amount of Each Receipt this Period
Name of Employer or Principal Place of Business	<input type="text"/>
Occupation	Aggregate Year-to-Date
	<input type="text"/>

**D.**

Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Receipt
Mailing Address	<input type="text"/>
City State Zip Code	Amount of Each Receipt this Period
Name of Employer or Principal Place of Business	<input type="text"/>
Occupation	Aggregate Year-to-Date
	<input type="text"/>

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

**SCHEDULE L-B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS  
OF LEVIN FUNDS**

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

FOR LINE NUMBER: PAGE OF  
(check only one)  4a  4c  5  
 4b  4d

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)  
*Reynolds / David Decker Assoc PAC*

**A.** Full Name (Last, First, Middle Initial) / Full Organization Name  
Mailing Address  
City State Zip Code  
Purpose of Disbursement  
Date of Disbursement  
Amount of Each Disbursement this Period

**B.** Full Name (Last, First, Middle Initial) / Full Organization Name  
Mailing Address  
City State Zip Code  
Purpose of Disbursement  
Date of Disbursement  
Amount of Each Disbursement this Period

**C.** Full Name (Last, First, Middle Initial) / Full Organization Name  
Mailing Address  
City State Zip Code  
Purpose of Disbursement  
Date of Disbursement  
Amount of Each Disbursement this Period

**D.** Full Name (Last, First, Middle Initial) / Full Organization Name  
Mailing Address  
City State Zip Code  
Purpose of Disbursement  
Date of Disbursement  
Amount of Each Disbursement this Period

**E.** Full Name (Last, First, Middle Initial) / Full Organization Name  
Mailing Address  
City State Zip Code  
Purpose of Disbursement  
Date of Disbursement  
Amount of Each Disbursement this Period

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

29030144311

**Federal Election Commission**  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
 The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> USPS First Class Mail	Postmarked 8/5/09
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

*EW*

8/13/09

PREPARER  
(3/2005)

DATE PREPARED

29030144312