



A. Form/Schedule : **F3X**

Transaction ID :

This amended report includes an operating expenditure made on 9/30/09, that was inadvertently omitted from the original report, to ARDA-ROC for Quarterly State Consulting and Lobbying Retainer & Fees. The report includes memo transactions on Line 29 that represent transfers by the candidates, of the original contributions made by ARDA-ROC PAC, from one campaign committee to another campaign committee established for a different office. Operating expenditures listed in the report were incurred on behalf of ARDA-ROC PAC. If a contribution was made to, or expenditure made on behalf of, another committee, that would be noted in the report.

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

Write or Type Committee Name

AMERICAN RESORT DEVELOPMENT ASSOCIATION RESORT OWNERS COALITION PAC (ARDA-ROC 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"/>		2252634.23
(b) Cash on Hand at Beginning of Reporting Period .....	3496734.88	
(c) Total Receipts (from Line 19) .....	46505.20	2293362.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	3543240.08	4545996.23
7. Total Disbursements (from Line 31) .....	1099306.37	2102062.52
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	2443933.71	2443933.71
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

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

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

AMERICAN RESORT DEVELOPMENT ASSOCIATION RESORT OWNERS COALITION PAC (ARDA-ROC PA-C)

Report Covering the Period: From:    To:

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	0.00	0.00
(ii) Unitemized .....	18982.01	2194981.72
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	18982.01	2194981.72
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	18982.01	2194981.72
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) .....	108.00	21206.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	27415.19	77174.28
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)) .....	46505.20	2293362.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	46505.20	2293362.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	485556.37	1066012.52
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	485556.37	1066012.52
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	334250.00	647300.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	279500.00	388750.00
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))..	1099306.37	2102062.52
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1099306.37	2102062.52

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	18982.01	2194981.72
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	18982.01	2194981.72
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	485556.37	1066012.52
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	108.00	21206.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	485448.37	1044806.52

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 7 / 78	
	(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"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
AMERICAN RESORT DEVELOPMENT ASSOCIATION RESORT OWNERS COALITION PAC (ARDA-ROC PA-C)

A.

Full Name (Last, First, Middle Initial) Maura Keefe		Date of Receipt
Mailing Address 2853 Ontario Rd NW Apt 406		<input type="text" value="11"/> / <input type="text" value="02"/> / <input type="text" value="2009"/>
City	State	Zip Code
Washington	DC	20009-2236
FEC ID number of contributing federal political committee.		Transaction ID: 462641DD5D3FFDE88BF
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="108.00"/>
Name of Employer Senator Jeanne Shaheen	Occupation Chief of Staff	Verizon Center Event
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="108.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="108.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="108.00"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 78  
(check only one)

11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
AMERICAN RESORT DEVELOPMENT ASSOCIATION RESORT OWNERS COALITION PAC (ARDA-ROC PA-C)

**A.** Full Name (Last, First, Middle Initial)  
Comerica Securities

Mailing Address 201 W. Fort Street

City State Zip Code  
Detroit MI 48226

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5700.46

Date of Receipt  
MM / DD / YYYY  
07 / 31 / 2009

**Transaction ID:** 2D3082B7FDC36F2C94E

Amount of Each Receipt this Period  
584.07

Interest

**B.** Full Name (Last, First, Middle Initial)  
Comerica Securities

Mailing Address 201 W. Fort Street

City State Zip Code  
Detroit MI 48226

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5700.46

Date of Receipt  
MM / DD / YYYY  
08 / 31 / 2009

**Transaction ID:** 5F603CD1781C37BE4F8

Amount of Each Receipt this Period  
602.19

Interest

**C.** Full Name (Last, First, Middle Initial)  
Comerica Securities

Mailing Address 201 W. Fort Street

City State Zip Code  
Detroit MI 48226

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5700.46

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2009

**Transaction ID:** 0CAA5E0F0826E21E623

Amount of Each Receipt this Period  
602.50

Interest

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1788.76**

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 78
	<input 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 checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**AMERICAN RESORT DEVELOPMENT ASSOCIATION RESORT OWNERS COALITION PAC (ARDA-ROC PA-C)**

<b>A.</b>	Full Name (Last, First, Middle Initial) Comerica Securities		Date of Receipt
	Mailing Address 201 W. Fort Street		<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Detroit	MI	48226
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer		Occupation	Transaction ID: 2D6C21D349A527CD0AC Amount of Each Receipt this Period <input type="text" value="582.62"/> Interest
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="5700.46"/>	

<b>B.</b>	Full Name (Last, First, Middle Initial) Smith Barney		Date of Receipt
	Mailing Address 1850 K Street, NW		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Washington	DC	20006
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer		Occupation	Transaction ID: 174F33423751F2A6B61 Amount of Each Receipt this Period <input type="text" value="7461.72"/> Interest
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="71473.82"/>	

<b>C.</b>	Full Name (Last, First, Middle Initial) Smith Barney		Date of Receipt
	Mailing Address 1850 K Street, NW		<input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Washington	DC	20006
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer		Occupation	Transaction ID: FB58C587137BC3CFFAF Amount of Each Receipt this Period <input type="text" value="1083.91"/> Interest
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="71473.82"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="9128.25"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 / 78
	(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"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**AMERICAN RESORT DEVELOPMENT ASSOCIATION RESORT OWNERS COALITION PAC (ARDA-ROC PA-C)**

**A.**

Full Name (Last, First, Middle Initial)  
Smith Barney

Mailing Address 1850 K Street, NW

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 ▼  
 71473.82

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 30 2009

**Transaction ID:** 087470AE4D4FE70CF41

Amount of Each Receipt this Period  
 5256.66

Interest

**B.**

Full Name (Last, First, Middle Initial)  
Smith Barney

Mailing Address 1850 K Street, NW

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 ▼  
 71473.82

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 31 2009

**Transaction ID:** 27F64DE815A78989943

Amount of Each Receipt this Period  
 11241.52

Interest

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>16498.18</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>27415.19</b>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN RESORT DEVELOPMENT ASSOCIATION RESORT OWNERS COALITION PAC (ARDA-ROC PA-C)

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) American Resort Development Association</p> <p>Mailing Address 1201 15th Street NW Suite 400</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Rent, Salary, Utilities, Security, Copying</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><b>Transaction ID:</b> VC8C0EBCCBF682EE327E</p> <p>Date of Disbursement 07 / 01 / 2009</p> <p>Amount of Each Disbursement this Period 12500.00</p> <p>001 Category/Type</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) American Resort Development Association</p> <p>Mailing Address 1201 15th Street NW Suite 400</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Rent, Salary, Utilities, Security, Copying</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><b>Transaction ID:</b> V3785EE8AC91499194FA</p> <p>Date of Disbursement 08 / 01 / 2009</p> <p>Amount of Each Disbursement this Period 12500.00</p> <p>001 Category/Type</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) American Resort Development Association</p> <p>Mailing Address 1201 15th Street NW Suite 400</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Rent, Salary, Utilities, Security, Copying</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><b>Transaction ID:</b> VE655A93D3BB814F48D8</p> <p>Date of Disbursement 09 / 01 / 2009</p> <p>Amount of Each Disbursement this Period 12500.00</p> <p>001 Category/Type</p>

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

37500.00

**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)  
AMERICAN RESORT DEVELOPMENT ASSOCIATION RESORT OWNERS COALITION PAC (ARDA-ROC PA-C)

<p><b>A.</b> Full Name (Last, First, Middle Initial) American Resort Development Association</p> <p>Mailing Address 1201 15th Street NW Suite 400</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Rent, Salary, Utilities, Security, Copying</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><b>Transaction ID:</b> V7F0A7C1CD0786F1F335</p> <p>Date of Disbursement 10 / 01 / 2009</p> <p>Amount of Each Disbursement this Period 12500.00</p> <p>001 Category/Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) American Resort Development Association</p> <p>Mailing Address 1201 15th Street NW Suite 400</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Rent, Salary, Utilities, Security, Copying</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><b>Transaction ID:</b> V1F8530C66C5B64FAF0B</p> <p>Date of Disbursement 11 / 01 / 2009</p> <p>Amount of Each Disbursement this Period 12500.00</p> <p>001 Category/Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) ARDA-ROC</p> <p>Mailing Address 1201 15th Street, NW Suite 400</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Quarterly State Consulting and Lobbying Retainer &amp; Fees</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><b>Transaction ID:</b> V2BF02EF401E36211CDE</p> <p>Date of Disbursement 07 / 08 / 2009</p> <p>Amount of Each Disbursement this Period 163187.98</p> <p>001 Category/Type</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>188187.98</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
AMERICAN RESORT DEVELOPMENT ASSOCIATION RESORT OWNERS COALITION PAC (ARDA-ROC PA-C)

<p><b>A.</b> Full Name (Last, First, Middle Initial) ARDA-ROC</p> <p>Mailing Address 1201 15th Street, NW Suite 400</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Quarterly State Consulting and Lobbying Retainer &amp; Fees</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><b>Transaction ID:</b> VF6D5C3D979834D9AF1C</p> <p>Date of Disbursement 09 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 130141.06</p> <p>Category/Type 001</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Baker &amp; Hostetler</p> <p>Mailing Address Connecticut Avenue, NW Suite 1100</p> <p>City Washington State DC Zip Code 20006</p> <p>Purpose of Disbursement Retainer and Expenses for Legal 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><b>Transaction ID:</b> V80D427DBD30D7D1F7A3</p> <p>Date of Disbursement 07 / 14 / 2009</p> <p>Amount of Each Disbursement this Period 7643.77</p> <p>Category/Type 001</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Baker &amp; Hostetler</p> <p>Mailing Address Connecticut Avenue, NW Suite 1100</p> <p>City Washington State DC Zip Code 20006</p> <p>Purpose of Disbursement Retainer and Expenses for Legal 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><b>Transaction ID:</b> VD509089E75CB4896AFD</p> <p>Date of Disbursement 08 / 11 / 2009</p> <p>Amount of Each Disbursement this Period 2702.50</p> <p>Category/Type 001</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>140487.33</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
AMERICAN RESORT DEVELOPMENT ASSOCIATION RESORT OWNERS COALITION PAC (ARDA-ROC PA-C)

A.	Full Name (Last, First, Middle Initial) Baker & Hostetler	Transaction ID: V4192DC6625DD0D570B9
	Mailing Address Connecticut Avenue, NW Suite 1100	Date of Disbursement 10 / 01 / 2009
	City Washington State DC Zip Code 20006	Amount of Each Disbursement this Period 5870.27
	Purpose of Disbursement Retainer and Expenses for Legal Services Candidate Name	001 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) Bockorny Group, Inc.	Transaction ID: V94D11305E0519987E01
	Mailing Address L Street, NW	Date of Disbursement 07 / 21 / 2009
	City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period 10101.81
	Purpose of Disbursement Retainer and Expenses for Legislative Services Candidate Name	001 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) Bockorny Group, Inc.	Transaction ID: VAD6099372A277012C58
	Mailing Address L Street, NW	Date of Disbursement 08 / 18 / 2009
	City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period 10225.02
	Purpose of Disbursement Retainer and Expenses for Legislative Services Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>26197.10</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN RESORT DEVELOPMENT ASSOCIATION RESORT OWNERS COALITION PAC (ARDA-ROC PA-C)

<b>A.</b> Full Name (Last, First, Middle Initial) Bockorny Group, Inc. <hr/> Mailing Address L Street, NW <hr/> City Washington State DC Zip Code 20005 <hr/> Purpose of Disbursement Retainer and Expenses for Legislative Services 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: V06E4327EF8191B35F6D Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 9
	Amount of Each Disbursement this Period 9808.56
	Category/Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Bockorny Group, Inc. <hr/> Mailing Address L Street, NW <hr/> City Washington State DC Zip Code 20005 <hr/> Purpose of Disbursement Retainer and Expenses for Legislative Services 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: V185EF68A68D30543D28 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 9
	Amount of Each Disbursement this Period 10389.31
	Category/Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Bureau of National Affairs Inc. <hr/> Mailing Address PO Box 17009 <hr/> City Baltimore State MD Zip Code 21297-1009 <hr/> Purpose of Disbursement Tax Report Subscription 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: V5315F8F06CCBBFA9E79 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 4 / 2 0 0 9
	Amount of Each Disbursement this Period 985.05
	Category/Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

21182.92

**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 16 / 78

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

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NAME OF COMMITTEE (In Full)

AMERICAN RESORT DEVELOPMENT ASSOCIATION RESORT OWNERS COALITION PAC (ARDA-ROC PA-C)

<b>A.</b> Full Name (Last, First, Middle Initial) Bureau of National Affairs Inc.  Mailing Address PO Box 17009  City Baltimore State MD Zip Code 21297-1009  Purpose of Disbursement Tax Report Subscription 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: VAB5C52B57CFA7512579 Date of Disbursement 10 / 20 / 2009
	Amount of Each Disbursement this Period 985.06
	Category/ Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Cook & Company  Mailing Address 600 New Hampshire Avenue, NW  City Washington State DC Zip Code 20037  Purpose of Disbursement Annual Subscription 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: VF4DFF8FB1099C3D238F Date of Disbursement 09 / 29 / 2009
	Amount of Each Disbursement this Period 311.96
	Category/ Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) D.C. Arena  Mailing Address 601 F Street, NW  City Washington State DC Zip Code 20004  Purpose of Disbursement Verizon Center Box Rental 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: V577BC69C366EE94DFD2 Date of Disbursement 08 / 05 / 2009
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

6297.02

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



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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
AMERICAN RESORT DEVELOPMENT ASSOCIATION RESORT OWNERS COALITION PAC (ARDA-ROC PA-C)

<p><b>A.</b> Full Name (Last, First, Middle Initial) D.C. Arena</p> <p>Mailing Address 601 F Street, NW</p> <p>City Washington State DC Zip Code 20004</p> <p>Purpose of Disbursement Verizon Center Box Rental</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><b>Transaction ID:</b> V450AD8CA01A5E634EDA <b>Date of Disbursement</b> 09 / 09 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>001 Category/Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Democracy Data &amp; Communications</p> <p>Mailing Address 44 Canal Center Plaza Suite 200</p> <p>City Alexandria State VA Zip Code 22314</p> <p>Purpose of Disbursement Monthly Database Maintenance &amp; Fees</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><b>Transaction ID:</b> VA0CC00AA42185599DE5 <b>Date of Disbursement</b> 07 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 3000.00</p> <p>001 Category/Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Democracy Data &amp; Communications</p> <p>Mailing Address 44 Canal Center Plaza Suite 200</p> <p>City Alexandria State VA Zip Code 22314</p> <p>Purpose of Disbursement Monthly Database Maintenance &amp; Fees</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><b>Transaction ID:</b> V700DFAB64F687257661 <b>Date of Disbursement</b> 08 / 21 / 2009</p> <p>Amount of Each Disbursement this Period 3000.00</p> <p>001 Category/Type</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	11000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN RESORT DEVELOPMENT ASSOCIATION RESORT OWNERS COALITION PAC (ARDA-ROC PA-C)

<b>A.</b> Democracy Data & Communications  Mailing Address 44 Canal Center Plaza Suite 200  City Alexandria State VA Zip Code 22314  Purpose of Disbursement Monthly Database Maintenance & Fees Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: V69226A6E156A0458D9C Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 9
	Amount of Each Disbursement this Period 437.50
	Category/Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Democracy Data & Communications  Mailing Address 44 Canal Center Plaza Suite 200  City Alexandria State VA Zip Code 22314  Purpose of Disbursement Monthly Database Maintenance & Fees Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: V9A280C0088F81B15933 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 9
	Amount of Each Disbursement this Period 3000.00
	Category/Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Democracy Data & Communications  Mailing Address 44 Canal Center Plaza Suite 200  City Alexandria State VA Zip Code 22314  Purpose of Disbursement Monthly Database Maintenance & Fees Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: VB252616B654FFCC7679 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 9
	Amount of Each Disbursement this Period 3000.00
	Category/Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

6437.50

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN RESORT DEVELOPMENT ASSOCIATION RESORT OWNERS COALITION PAC (ARDA-ROC PA-C)

<p><b>A.</b> Full Name (Last, First, Middle Initial) DePoy Sandra</p> <p>Mailing Address 1201 15th Street, NW Suite 400</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Reimbursement of Expenses 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><b>Transaction ID:</b> V604A67CD594B587E5BD <b>Date of Disbursement:</b> 07 / 21 / 2009</p> <p>Amount of Each Disbursement this Period 7730.92</p> <p>Attribution Below</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Amtrak</p> <p>Mailing Address Union Station</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Train Fare 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><b>Transaction ID:</b> V8BE63218B180B17E150 <b>Date of Disbursement:</b> 07 / 21 / 2009</p> <p>Amount of Each Disbursement this Period 288.00</p> <p>[MEMO ITEM]</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Colonial Williamsburg Company</p> <p>Mailing Address Post Office Box 177</p> <p>City Williamsburg State VA Zip Code 23187-1776</p> <p>Purpose of Disbursement Lodging 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><b>Transaction ID:</b> V89E13ED12FD6C9D586B <b>Date of Disbursement:</b> 07 / 21 / 2009</p> <p>Amount of Each Disbursement this Period 2012.94</p> <p>[MEMO ITEM]</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	7730.92
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
AMERICAN RESORT DEVELOPMENT ASSOCIATION RESORT OWNERS COALITION PAC (ARDA-ROC PA-C)

<p><b>A.</b> Full Name (Last, First, Middle Initial) DC Coast Restaurant</p> <p>Mailing Address 1401 K Street, NW 20001</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement Meeting Expense 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><b>Transaction ID:</b> V83E2B06A04DADD8C34B <b>Date of Disbursement</b> 07 / 21 / 2009</p> <p>Amount of Each Disbursement this Period 72.50</p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) DC Coast Restaurant</p> <p>Mailing Address 1401 K Stret, NW 20001</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement Meeting Expense 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><b>Transaction ID:</b> V3AC52E3B774755BBD53 <b>Date of Disbursement</b> 07 / 21 / 2009</p> <p>Amount of Each Disbursement this Period 150.50</p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Fishtail</p> <p>Mailing Address 135 East 62nd Street</p> <p>City New York City State NY Zip Code 10065</p> <p>Purpose of Disbursement Meal 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><b>Transaction ID:</b> V3B1BD4D250463B6832E <b>Date of Disbursement</b> 07 / 21 / 2009</p> <p>Amount of Each Disbursement this Period 201.88</p> <p><b>[MEMO ITEM]</b></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
AMERICAN RESORT DEVELOPMENT ASSOCIATION RESORT OWNERS COALITION PAC (ARDA-ROC PA-C)

<p><b>A.</b> Full Name (Last, First, Middle Initial) Hilton New York</p> <p>Mailing Address 1335 Avenue of the Americas</p> <p>City New York City State NY Zip Code 10019</p> <p>Purpose of Disbursement Lodging</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> VB9E07DAE7E1121DA8AF</p> <p>Date of Disbursement</p> <p><input type="text" value="07"/> <input type="text" value="21"/> / <input type="text" value="20"/> <input type="text" value="09"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="411.13"/></p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Il Mulino DC</p> <p>Mailing Address 1110 Vermont Avenue, NW</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Luncheon Meeting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> V1D783E2634FBF3F206D</p> <p>Date of Disbursement</p> <p><input type="text" value="07"/> <input type="text" value="21"/> / <input type="text" value="20"/> <input type="text" value="09"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="76.90"/></p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Il Mulino DC</p> <p>Mailing Address 1110 Vermont Avenue, NW</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Luncheon Meeting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> V729A611AE4E974DF268</p> <p>Date of Disbursement</p> <p><input type="text" value="07"/> <input type="text" value="21"/> / <input type="text" value="20"/> <input type="text" value="09"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="123.40"/></p> <p><b>[MEMO ITEM]</b></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="0.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
AMERICAN RESORT DEVELOPMENT ASSOCIATION RESORT OWNERS COALITION PAC (ARDA-ROC PA-C)

<b>A.</b> Full Name (Last, First, Middle Initial) Knave Le Parker Meridien <hr/> Mailing Address 119 West 56th Street <hr/> City New York City State NY Zip Code 10019 Purpose of Disbursement Meal 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: V709220AA5F6524E94B6 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 1 / 2 0 0 9
	Amount of Each Disbursement this Period 144.80 [MEMO ITEM]
<b>B.</b> Full Name (Last, First, Middle Initial) Knave Le Parker Meridien <hr/> Mailing Address 119 West 56th Street <hr/> City New York City State NY Zip Code 10019 Purpose of Disbursement Meal 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: VC4F40535589A6E6297D Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 1 / 2 0 0 9
	Amount of Each Disbursement this Period 72.69 [MEMO ITEM]
<b>C.</b> Full Name (Last, First, Middle Initial) Knave Le Parker Meridien <hr/> Mailing Address 119 West 56th Street <hr/> City New York City State NY Zip Code 10019 Purpose of Disbursement Meal 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: V96B1283CF976C9DD9A6 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 1 / 2 0 0 9
	Amount of Each Disbursement this Period 204.32 [MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
AMERICAN RESORT DEVELOPMENT ASSOCIATION RESORT OWNERS COALITION PAC (ARDA-ROC PA-C)

<p><b>A.</b> Full Name (Last, First, Middle Initial) Levy Restaurants</p> <p>Mailing Address 601 F St, NW</p> <p>City Washington State DC Zip Code 20004</p> <p>Purpose of Disbursement Reception</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> VA5540F861B7D3040C15</p> <p>Date of Disbursement</p> <p><input type="text" value="07"/> <input type="text" value="21"/> / <input type="text" value="20"/> <input type="text" value="09"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1413.38"/></p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Rosa Mexicano DC</p> <p>Mailing Address 575 7th Street</p> <p>City Washington State DC Zip Code 20004</p> <p>Purpose of Disbursement Meal</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> V2155321DD16CF9795B9</p> <p>Date of Disbursement</p> <p><input type="text" value="07"/> <input type="text" value="21"/> / <input type="text" value="20"/> <input type="text" value="09"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="222.67"/></p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Rosa Mexicano DC</p> <p>Mailing Address 575 7th Street</p> <p>City Washington State DC Zip Code 20004</p> <p>Purpose of Disbursement Meal</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> V68111DCF7F2B2256037</p> <p>Date of Disbursement</p> <p><input type="text" value="07"/> <input type="text" value="21"/> / <input type="text" value="20"/> <input type="text" value="09"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="53.32"/></p> <p><b>[MEMO ITEM]</b></p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="0.00"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text" value=""/></p>

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN RESORT DEVELOPMENT ASSOCIATION RESORT OWNERS COALITION PAC (ARDA-ROC PA-C)

<p><b>A.</b> Full Name (Last, First, Middle Initial) The Ritz-Carlton</p> <p>Mailing Address Two West Street</p> <p>City New York State NY Zip Code 10004</p> <p>Purpose of Disbursement Lunch Reception 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><b>Transaction ID:</b> VBAAB4B4F8AA03DF343E <b>Date of Disbursement:</b> 07 / 21 / 2009</p> <p>Amount of Each Disbursement this Period 743.32</p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Zengo Restaurant</p> <p>Mailing Address 781 7th Street, NW</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement Dinner Meeting 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><b>Transaction ID:</b> V8C9928B9797CFECFC7B <b>Date of Disbursement:</b> 07 / 21 / 2009</p> <p>Amount of Each Disbursement this Period 578.30</p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) DePoy Sandra</p> <p>Mailing Address 1201 15th Street, NW Suite 400</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Reimbursement of Expenses 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><b>Transaction ID:</b> VA055951F822D632688A <b>Date of Disbursement:</b> 08 / 05 / 2009</p> <p>Amount of Each Disbursement this Period 863.82</p> <p>Attribution Below</p>

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

863.82

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN RESORT DEVELOPMENT ASSOCIATION RESORT OWNERS COALITION PAC (ARDA-ROC PA-C)

<b>A.</b> Full Name (Last, First, Middle Initial) Central Michel Richard <hr/> Mailing Address 1001 Pennsylvania Ave. NW <hr/> City Washington State DC Zip Code 20004 <hr/> Purpose of Disbursement Luncheon Meeting 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: VFD01FA446702F8C6D99 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 5 / 2 0 0 9
	Amount of Each Disbursement this Period 207.67  [MEMO ITEM]
<b>B.</b> Full Name (Last, First, Middle Initial) Potenza <hr/> Mailing Address 1430 H Street NW <hr/> City Washington State DC Zip Code 20005 <hr/> Purpose of Disbursement Dinner Meeting 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: VBD8ECB7088F6B06F8B8 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 5 / 2 0 0 9
	Amount of Each Disbursement this Period 161.00  [MEMO ITEM]
<b>C.</b> Full Name (Last, First, Middle Initial) Potenza <hr/> Mailing Address 1430 H Street NW <hr/> City Washington State DC Zip Code 20005 <hr/> Purpose of Disbursement Meeting Expense 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: VFC2B7DB8873882C585B Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 5 / 2 0 0 9
	Amount of Each Disbursement this Period 133.65  [MEMO ITEM]

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

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
AMERICAN RESORT DEVELOPMENT ASSOCIATION RESORT OWNERS COALITION PAC (ARDA-ROC PA-C)

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Potenza</p> <p>Mailing Address 1430 H Street NW</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Staff Meeting</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><b>Transaction ID:</b> VC34D659DADED6FBD71F</p> <p>Date of Disbursement 08 / 05 / 2009</p> <p>Amount of Each Disbursement this Period 114.60</p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) DePoy Sandra</p> <p>Mailing Address 1201 15th Street, NW Suite 400</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Reimbursement of Expenses</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><b>Transaction ID:</b> VAF6AC9C8246850C569</p> <p>Date of Disbursement 09 / 09 / 2009</p> <p>Amount of Each Disbursement this Period 908.11</p> <p>Attribution Below</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) 701 Restaurant</p> <p>Mailing Address 701 Pennsylvania Avenue NW</p> <p>City Washington State DC Zip Code 20004</p> <p>Purpose of Disbursement Luncheon Meeting</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><b>Transaction ID:</b> VA0046234F0F619C5CB0</p> <p>Date of Disbursement 09 / 09 / 2009</p> <p>Amount of Each Disbursement this Period 160.20</p> <p><b>[MEMO ITEM]</b></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	908.11
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN RESORT DEVELOPMENT ASSOCIATION RESORT OWNERS COALITION PAC (ARDA-ROC PA-C)

<b>A.</b> Full Name (Last, First, Middle Initial) Central Michel Richard <hr/> Mailing Address 1001 Pennsylvania Ave. NW <hr/> City Washington State DC Zip Code 20004 <hr/> Purpose of Disbursement Meeting Expense 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: V52F6603C607A59A9693 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 9 / 2 0 0 9
	Amount of Each Disbursement this Period 47.60
	[MEMO ITEM]
	Category/Type 001
<b>B.</b> Full Name (Last, First, Middle Initial) US Airways <hr/> Mailing Address 4000 E. Sky Harbor Blvd <hr/> City Phoenix State AZ Zip Code 85034 <hr/> Purpose of Disbursement Airfare 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: V855A8EA64A591B491EA Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 9 / 2 0 0 9
	Amount of Each Disbursement this Period 200.00
	[MEMO ITEM]
	Category/Type 001
<b>C.</b> Full Name (Last, First, Middle Initial) Smith & Wollensky <hr/> Mailing Address 1112 Nineteenth Street, NW <hr/> City Washington State DC Zip Code 20036 <hr/> Purpose of Disbursement Dinner Meeting 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: VEF44FE05F8DA1A05DD0 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 9 / 2 0 0 9
	Amount of Each Disbursement this Period 38.17
	[MEMO ITEM]
	Category/Type 001

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

0.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN RESORT DEVELOPMENT ASSOCIATION RESORT OWNERS COALITION PAC (ARDA-ROC PA-C)

<b>A.</b>	Full Name (Last, First, Middle Initial) DePoy Sandra <hr/> Mailing Address 1201 15th Street, NW Suite 400 <hr/> City Washington State DC Zip Code 20005 <hr/> Purpose of Disbursement ARDA ROC PAC Event 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) ▼	<b>Transaction ID:</b> V2F0EA7B4E531ACFAAD0 Date of Disbursement 11 / 10 / 2009	Amount of Each Disbursement this Period 1828.99
<b>B.</b>	Full Name (Last, First, Middle Initial) Levy Restaurants <hr/> Mailing Address 601 F St, NW <hr/> City Washington State DC Zip Code 20004 <hr/> Purpose of Disbursement ARDA ROC PAC Event 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) ▼	<b>Transaction ID:</b> V13A642BAA866D7EC067 Date of Disbursement 11 / 10 / 2009	Amount of Each Disbursement this Period 1828.99
<b>C.</b>	Full Name (Last, First, Middle Initial) Epiphany Productions <hr/> Mailing Address 104 Hume Avenue <hr/> City Alexandria State VA Zip Code 22301 <hr/> Purpose of Disbursement Retainer & Expenses for PAC Fundraising Consulting 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) ▼	<b>Transaction ID:</b> VDF9F77987A7AD2D57C8 Date of Disbursement 08 / 21 / 2009	Amount of Each Disbursement this Period 3375.00

Attribution Below

[MEMO ITEM]

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

5203.99

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
AMERICAN RESORT DEVELOPMENT ASSOCIATION RESORT OWNERS COALITION PAC (ARDA-ROC PA-C)

<b>A.</b> Full Name (Last, First, Middle Initial) Epiphany Productions <hr/> Mailing Address 104 Hume Avenue <hr/> City Alexandria State VA Zip Code 22301 <hr/> Purpose of Disbursement Retainer & Expenses for PAC Fundraising Consulting 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: V19DA1530B1C4FF417A9 Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2009
	Amount of Each Disbursement this Period 2175.00
	Category/Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Foundation to Eradicate Duchenne <hr/> Mailing Address PO Box 2371 <hr/> City Alexandria State VA Zip Code 22301 <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: VD048E7255601A05D706 Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2009
	Amount of Each Disbursement this Period 5000.00
	Category/Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Jason Gamel <hr/> Mailing Address 200 E. Robinson Street, Suite 1170 <hr/> City Orlando State FL Zip Code 32801 <hr/> Purpose of Disbursement Sponsorship of Legislative Conference 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: V2F2207A4BD6B738D7ED Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2009
	Amount of Each Disbursement this Period 1958.88
	Category/Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	9133.88
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN RESORT DEVELOPMENT ASSOCIATION RESORT OWNERS COALITION PAC (ARDA-ROC PA-C)

<p><b>A.</b> Full Name (Last, First, Middle Initial) Jason Gamel</p> <p>Mailing Address 200 E. Robinson Street, Suite 1170</p> <p>City Orlando State FL Zip Code 32801</p> <p>Purpose of Disbursement Reception with State Legislators</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> V7D20126AA6A6997D674</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1217.70"/></p> <p>Category/Type: <input type="text" value="001"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Jason Gamel</p> <p>Mailing Address 200 E. Robinson Street, Suite 1170</p> <p>City Orlando State FL Zip Code 32801</p> <p>Purpose of Disbursement Reception</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> VCA48E0C7A4D764E4B7D</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="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="275.46"/></p> <p>Category/Type: <input type="text" value="001"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Riley Kevin</p> <p>Mailing Address 1201 15th Street, NW Suite 400</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Travel Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> V0F6AC1BBCA01F25B412</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="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="31.50"/></p> <p>Category/Type: <input type="text" value="001"/></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)  
AMERICAN RESORT DEVELOPMENT ASSOCIATION RESORT OWNERS COALITION PAC (ARDA-ROC PA-C)

A.	Full Name (Last, First, Middle Initial) Riley Kevin	Transaction ID: VDB7190B27717C35EEE1 Date of Disbursement 11 / 01 / 2009
	Mailing Address 1201 15th Street, NW Suite 400	Amount of Each Disbursement this Period 159.27
	City Washington State DC Zip Code 20005	
	Purpose of Disbursement Travel Expense Candidate Name	001 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) The Conrad Group	Transaction ID: V1F8B800A28CB2D25DAF Date of Disbursement 07 / 08 / 2009
	Mailing Address 426 C Street, NE	Amount of Each Disbursement this Period 7025.00
	City Washington State DC Zip Code 20002	
	Purpose of Disbursement Retainer & Expenses for PAC Fundraising Consulting Candidate Name	001 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) The Conrad Group	Transaction ID: V1891C3DD085A29C2869 Date of Disbursement 08 / 18 / 2009
	Mailing Address 426 C Street, NE	Amount of Each Disbursement this Period 3350.00
	City Washington State DC Zip Code 20002	
	Purpose of Disbursement Retainer & Expenses for PAC Fundraising Consulting Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	10534.27
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
AMERICAN RESORT DEVELOPMENT ASSOCIATION RESORT OWNERS COALITION PAC (ARDA-ROC PA-C)

<b>A.</b> Full Name (Last, First, Middle Initial) The Conrad Group <hr/> Mailing Address 426 C Street, NE <hr/> City Washington State DC Zip Code 20002 <hr/> Purpose of Disbursement Retainer & Expenses for PAC Fundraising Consulting 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: VF4A797836390CD1C1D2 Date of Disbursement 09 / 22 / 2009
	Amount of Each Disbursement this Period 4000.00
	Category/Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) The Conrad Group <hr/> Mailing Address 426 C Street, NE <hr/> City Washington State DC Zip Code 20002 <hr/> Purpose of Disbursement Retainer & Expenses for PAC Fundraising Consulting 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: VD9A9DDF9CF333B41357 Date of Disbursement 10 / 20 / 2009
	Amount of Each Disbursement this Period 3675.00
	Category/Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) The Conrad Group <hr/> Mailing Address 426 C Street, NE <hr/> City Washington State DC Zip Code 20002 <hr/> Purpose of Disbursement Retainer & Expenses for PAC Fundraising Consulting 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: V6712930A36D2C550E99 Date of Disbursement 11 / 17 / 2009
	Amount of Each Disbursement this Period 4000.00
	Category/Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	11675.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty)



**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 33 / 78

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

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NAME OF COMMITTEE (In Full)

AMERICAN RESORT DEVELOPMENT ASSOCIATION RESORT OWNERS COALITION PAC (ARDA-ROC PA-C)

<b>A.</b> Full Name (Last, First, Middle Initial) The Hill <hr/> Mailing Address 1625 K Street NW Suite 900 <hr/> City Washington State DC Zip Code 20006 <hr/> Purpose of Disbursement Subscription Renewal 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: VBAC8D710799CA881526 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 9
	Amount of Each Disbursement this Period 225.00 <hr/> Category/ Type 001
<b>B.</b> Full Name (Last, First, Middle Initial) The Wall Street Journal <hr/> Mailing Address 1211 Avenue of the Americas <hr/> City New York State NY Zip Code 10036 <hr/> Purpose of Disbursement Subscription 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: VC705E15690092489316 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 9 / 2 0 0 9
	Amount of Each Disbursement this Period 466.87 <hr/> Category/ Type 001

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

691.87

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

485556.37

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input 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)

AMERICAN RESORT DEVELOPMENT ASSOCIATION RESORT OWNERS COALITION PAC (ARDA-ROC PA-C)

<b>A.</b> Full Name (Last, First, Middle Initial) Adler for Congress <hr/> Mailing Address 14 Knightswood Drive <hr/> City Marlton State NJ Zip Code 08053 <hr/> Purpose of Disbursement 2010 Primary Candidate Name John H. Adler <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 03 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 9211EBEBF31618EB6EA Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2009
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Contribution
<b>B.</b> Full Name (Last, First, Middle Initial) Adrian Smith for Congress <hr/> Mailing Address 3321 Avenue I Suite 6 <hr/> City Scottsbluff State NE Zip Code 69361 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Adrian M. Smith <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 03 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B71BDDD10A7C5DB1824 Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2009
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Contribution
<b>C.</b> Full Name (Last, First, Middle Initial) Ameripac: The Fund for a Greater America <hr/> Mailing Address 607 14th Street, NW, Suite 800 <hr/> City Washington State DC Zip Code 20005 <hr/> Purpose of Disbursement 2009 Contribution Candidate Name Ameripac: The Fund for a Greater America <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: 7DFA9219A97BE915290 Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2009
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Contribution

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

15000.00

**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 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)

AMERICAN RESORT DEVELOPMENT ASSOCIATION RESORT OWNERS COALITION PAC (ARDA-ROC PA-C)

<b>A.</b> Full Name (Last, First, Middle Initial) Arcuri for Congress <hr/> Mailing Address PO Box 8508 <hr/> City Utica State NY Zip Code 13505 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Michael Angelo Arcuri <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 24 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: A7576C34423D6938C67 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 9
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
<b>B.</b> Full Name (Last, First, Middle Initial) Bilirakis for Congress <hr/> Mailing Address 610 S. Boulevard <hr/> City Tampa State FL Zip Code 33606 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Gus Michael Bilirakis <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 09 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 45F88C7744B68C918CA Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 9
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
<b>C.</b> Full Name (Last, First, Middle Initial) Bill Foster for Congress Committee <hr/> Mailing Address PO Box 703 <hr/> City Geneva State IL Zip Code 60134 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Bill Foster <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 14 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 31B497D1D1933610B83 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 9
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011

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

15000.00

**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 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)

AMERICAN RESORT DEVELOPMENT ASSOCIATION RESORT OWNERS COALITION PAC (ARDA-ROC PA-C)

<b>A.</b> Full Name (Last, First, Middle Initial) Bill Owens for Congress  Mailing Address PO Box 1575  City Plattsburgh State NY Zip Code 12901  Purpose of Disbursement 2009 Special General Debt Retirement  Candidate Name William Owens  Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 23  Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special General	Transaction ID: 2FB1AB57289C57ABCE8 Date of Disbursement 11 / 10 / 2009
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special General
<b>B.</b> Full Name (Last, First, Middle Initial) Bill Shuster for Congress  Mailing Address PO Box 27  City Hollidaysburg State PA Zip Code 16648  Purpose of Disbursement 2010 Primary  Candidate Name Bill Shuster  Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 09  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: A053FAD6DAECDD4F3BD Date of Disbursement 10 / 27 / 2009
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Blue Dog Political Action Committee  Mailing Address 6849 Old Dominion Drive Suite 222  City McLean State VA Zip Code 22101  Purpose of Disbursement 2009 Contribution  Candidate Name Blue Dog Political Action Committee  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution	Transaction ID: 7C84CA6B54F233A1316 Date of Disbursement 09 / 09 / 2009
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution

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

15000.00

**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 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)

AMERICAN RESORT DEVELOPMENT ASSOCIATION RESORT OWNERS COALITION PAC (ARDA-ROC PA-C)

<b>A.</b> Full Name (Last, First, Middle Initial) Bocchieri for Congress <hr/> Mailing Address PO Box 20535 <hr/> City Canton State OH Zip Code 44701 <hr/> Purpose of Disbursement 2010 Primary Candidate Name John A. Bocchieri <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 16 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 0A0A357A288DCCCA8E0 Date of Disbursement 09 / 29 / 2009
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Boswell for Congress <hr/> Mailing Address PO Box 6220 <hr/> City Des Moines State IA Zip Code 50309 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Leonard L. Boswell <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 03 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2E9E18772740D7CF322 Date of Disbursement 09 / 29 / 2009
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Brady for Congress <hr/> Mailing Address PO Box 8277 <hr/> City the Woodlands State TX Zip Code 77387 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Kevin Brady <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 08 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 93465BBD9F38C2585B7 Date of Disbursement 10 / 27 / 2009
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

12500.00

**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 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)

AMERICAN RESORT DEVELOPMENT ASSOCIATION RESORT OWNERS COALITION PAC (ARDA-ROC PA-C)

<b>A.</b> Full Name (Last, First, Middle Initial) Buckeye Liberty PAC <hr/> Mailing Address 701 8th Street, NW Suite 500 <hr/> City Washington State DC Zip Code 20001 <hr/> Purpose of Disbursement 2009 Contribution Candidate Name Buckeye Liberty PAC <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution	Transaction ID: 58939B3C1A334516D2C Date of Disbursement M M / D D / Y Y Y Y 08 / 21 / 2009
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution
<b>B.</b> Full Name (Last, First, Middle Initial) Carney for Congress <hr/> Mailing Address PO Box A <hr/> City Clarks Summit State PA Zip Code 18411 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Christopher P. Carney <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 10 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: DDEBD06856803B2BD9D Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2009
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Charlie Dent for Congress <hr/> Mailing Address PO Box 442 <hr/> City Allentown State PA Zip Code 18105 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Charles W. Dent <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 15 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 266257CFC81251F1B7E Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2009
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

12500.00

**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 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)

AMERICAN RESORT DEVELOPMENT ASSOCIATION RESORT OWNERS COALITION PAC (ARDA-ROC PA-C)

<b>A.</b> Full Name (Last, First, Middle Initial) Chris Lee for Congress <hr/> Mailing Address PO Box 15395 <hr/> City Rochester State NY Zip Code 14615 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Christopher John Lee <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 26 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 052D85E5180796C2089 Date of Disbursement 10 / 27 / 2009
	Amount of Each Disbursement this Period 3000.00
	Category/ Type 011
	Contribution
<b>B.</b> Full Name (Last, First, Middle Initial) Cole for Congress <hr/> Mailing Address PO Box 722256 <hr/> City Norman State OK Zip Code 73070 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Tom J. Cole <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 04 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 4859CF8D5A654E2CCE6 Date of Disbursement 10 / 27 / 2009
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Contribution
<b>C.</b> Full Name (Last, First, Middle Initial) Continuing a Majority Party Action Committee (CAMPAC) <hr/> Mailing Address 5915 Eastman Avenue Suite 100 <hr/> City Midland State MI Zip Code 48640 <hr/> Purpose of Disbursement 2009 Contribution Candidate Name Continuing a Majority Party Action Committee (CAMP-AC) <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: B99A306A3599C19ADF8 Date of Disbursement 09 / 09 / 2009
	Amount of Each Disbursement this Period 4675.00
	Category/ Type 011
	Contribution

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

12675.00

**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 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)

AMERICAN RESORT DEVELOPMENT ASSOCIATION RESORT OWNERS COALITION PAC (ARDA-ROC PA-C)

A.	Full Name (Last, First, Middle Initial) Crenshaw for Congress Campaign	Transaction ID: 0D7810B8D800C015739 Date of Disbursement 10 / 27 / 2009
	Mailing Address 4963 Beach Boulevard Suite 1	Amount of Each Disbursement this Period 5000.00
	City Jacksonville State FL Zip Code 32207	
	Purpose of Disbursement 2010 Primary Candidate Name Ander Crenshaw Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 04	011 Category/Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B.	Full Name (Last, First, Middle Initial) Dan 10	Transaction ID: 6061DF38FD7605298EA Date of Disbursement 07 / 08 / 2009
	Mailing Address 1088 Bishop Street Suite 1009	Amount of Each Disbursement this Period 2000.00
	City Honolulu State HI Zip Code 96813	
	Purpose of Disbursement 2010 Primary Candidate Name Daniel K. Inouye Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: HI District:	011 Category/Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C.	Full Name (Last, First, Middle Initial) Dan 10	Transaction ID: 5CCA064C9B76B35B44C Date of Disbursement 08 / 05 / 2009
	Mailing Address 1088 Bishop Street Suite 1009	Amount of Each Disbursement this Period 400.00
	City Honolulu State HI Zip Code 96813	
	Purpose of Disbursement 2010 Primary Candidate Name Daniel K. Inouye Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: HI District:	011 Category/Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

7400.00

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 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)

AMERICAN RESORT DEVELOPMENT ASSOCIATION RESORT OWNERS COALITION PAC (ARDA-ROC PA-C)

<b>A.</b> Full Name (Last, First, Middle Initial) Devin Nunes Campaign Committee <hr/> Mailing Address PO Box 6545 <hr/> City Visalia State CA Zip Code 93290 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Devin G. Nunes <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 21 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 4BB611CA8E1649DBC25 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 9
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Dina Titus for Congress <hr/> Mailing Address PO Box 50614 Suite C5 <hr/> City Henderson State NV Zip Code 89016 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Alice C. Dina Titus <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 03 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 5D283C3FDE68AAB3683 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 9
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Driehaus for Congress <hr/> Mailing Address 650 Fox Trails Way <hr/> City Cincinnati State OH Zip Code 45233 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Steven L. Driehaus <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: C3FA1A15484DE060D23 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 9
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

15000.00

**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 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)

AMERICAN RESORT DEVELOPMENT ASSOCIATION RESORT OWNERS COALITION PAC (ARDA-ROC PA-C)

<b>A.</b> Full Name (Last, First, Middle Initial) Epiphany Productions <hr/> Mailing Address 104 Hume Avenue <hr/> City Alexandria State VA Zip Code 22301 <hr/> Purpose of Disbursement Reception Candidate Name Brett Guthrie Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 02 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: VFE92B6928B251A25145 Date of Disbursement 08 / 21 / 2009
	Amount of Each Disbursement this Period 650.00
	Category/Type 011
	In-Kind
<b>B.</b> Full Name (Last, First, Middle Initial) Epiphany Productions <hr/> Mailing Address 104 Hume Avenue <hr/> City Alexandria State VA Zip Code 22301 <hr/> Purpose of Disbursement Reception Candidate Name Paul Ryan Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: V7DED8EA9D2A36E5BA84 Date of Disbursement 08 / 21 / 2009
	Amount of Each Disbursement this Period 325.00
	Category/Type 011
	In-Kind
<b>C.</b> Full Name (Last, First, Middle Initial) Epiphany Productions <hr/> Mailing Address 104 Hume Avenue <hr/> City Alexandria State VA Zip Code 22301 <hr/> Purpose of Disbursement Reception Candidate Name Every Republican Is Crucial (ERICPAC) Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution	Transaction ID: V6D90340B3DCBAE58CC2 Date of Disbursement 08 / 21 / 2009
	Amount of Each Disbursement this Period 650.00
	Category/Type 011
	In-Kind

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1625.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input 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)

AMERICAN RESORT DEVELOPMENT ASSOCIATION RESORT OWNERS COALITION PAC (ARDA-ROC PA-C)

<b>A.</b> Full Name (Last, First, Middle Initial) Epiphany Productions <hr/> Mailing Address 104 Hume Avenue <hr/> City Alexandria State VA Zip Code 22301 <hr/> Purpose of Disbursement Reception Candidate Name Continuing a Majority Party Action Committee (CAMP-AC) Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Contribution	Transaction ID: V5E0577D3C77CC15E06D Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 9
	Amount of Each Disbursement this Period 325.00
	In-Kind
	Category/Type 011
<b>B.</b> Full Name (Last, First, Middle Initial) Frank Kratovil for Congress <hr/> Mailing Address 222 Main Sail Drive PO Box 518 <hr/> City Stevensville State MD Zip Code 21666 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Frank Michael Kratovil, Jr. Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MD District: 01 Contribution	Transaction ID: E2672BA4735F21B018B Date of Disbursement M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 9
	Amount of Each Disbursement this Period 5000.00
	Category/Type 011
<b>C.</b> Full Name (Last, First, Middle Initial) Freedom Security Prosperity PAC (FSP PAC) <hr/> Mailing Address PO Box 65120 <hr/> City Washington State DC Zip Code 20035 <hr/> Purpose of Disbursement 2009 Contribution Candidate Name Freedom Security Prosperity PAC (FSP PAC) Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Contribution	Transaction ID: 3CBF0A613FE1EBC24BF Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 9
	Amount of Each Disbursement this Period 5000.00
	Category/Type 011

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

10325.00

**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 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)

AMERICAN RESORT DEVELOPMENT ASSOCIATION RESORT OWNERS COALITION PAC (ARDA-ROC PA-C)

<b>A.</b> Full Name (Last, First, Middle Initial) Friends for Harry Reid <hr/> Mailing Address PO Box 19163 <hr/> City Las Vegas State NV Zip Code 89132 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Harry M. Reid <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: DBFDAF3C7D5ABC337EE Date of Disbursement 10 / 01 / 2009
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Friends of Bill Posey <hr/> Mailing Address PO Box 360877 <hr/> City Melbourne State FL Zip Code 32936 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Bill Posey <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 15 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: C992BE5E4F3260277F2 Date of Disbursement 10 / 27 / 2009
	Amount of Each Disbursement this Period 3000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Friends of Blanche Lincoln <hr/> Mailing Address PO Box 3197 <hr/> City Little Rock State AR Zip Code 72203 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Blanche Lambert Lincoln <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 16A253E790E8DA7D523 Date of Disbursement 07 / 14 / 2009
	Amount of Each Disbursement this Period 2175.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

10175.00

**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 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)

AMERICAN RESORT DEVELOPMENT ASSOCIATION RESORT OWNERS COALITION PAC (ARDA-ROC PA-C)

<b>A.</b> Full Name (Last, First, Middle Initial) Friends of Cliff Stearns <hr/> Mailing Address PO Box 308 <hr/> City Silver Springs State FL Zip Code 34489 Purpose of Disbursement 2010 Primary Candidate Name Clifford B. Stearns Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 06 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: ECB67D2211256ADB1D1 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 9
	Amount of Each Disbursement this Period 5000.00
	Category/Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Friends of Connie Mack <hr/> Mailing Address PO Box 519 Pmb 388 <hr/> City Naples State FL Zip Code 34106 Purpose of Disbursement 2010 Primary Candidate Name Connie Mack Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 14 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: C05F767D3A882159644 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 9
	Amount of Each Disbursement this Period 5000.00
	Category/Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Friends of Dan Maffei <hr/> Mailing Address PO Box 74 <hr/> City Syracuse State NY Zip Code 13214 Purpose of Disbursement 2010 Primary Candidate Name Daniel Benjamin Maffei Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 25 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: C81D9F64C5C85CBF1DF Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 9
	Amount of Each Disbursement this Period 5000.00
	Category/Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

15000.00

**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 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)

AMERICAN RESORT DEVELOPMENT ASSOCIATION RESORT OWNERS COALITION PAC (ARDA-ROC PA-C)

<b>A.</b> Full Name (Last, First, Middle Initial) Friends of Ginny Brown-Waite <hr/> Mailing Address PO Box 865 <hr/> City Brooksville State FL Zip Code 34605 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Virginia Brown-Waite <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 05 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 8CFCBCA167C13E0ADD3 Date of Disbursement 10 / 27 / 2009
	Amount of Each Disbursement this Period 5000.00
	Category/Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Friends of Jeb Hensarling <hr/> Mailing Address PO Box 820504 <hr/> City Dallas State TX Zip Code 75382 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Thomas Jeb Hensarling <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 05 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: E589C6263E16673C887 Date of Disbursement 07 / 29 / 2009
	Amount of Each Disbursement this Period 2500.00
	Category/Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Friends of Jeb Hensarling <hr/> Mailing Address PO Box 820504 <hr/> City Dallas State TX Zip Code 75382 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Thomas Jeb Hensarling <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 05 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 13B0EDA3059C66FCB8C Date of Disbursement 09 / 30 / 2009
	Amount of Each Disbursement this Period 2500.00
	Category/Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

10000.00

**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 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)  
AMERICAN RESORT DEVELOPMENT ASSOCIATION RESORT OWNERS COALITION PAC (ARDA-ROC PA-C)

<b>A.</b> Full Name (Last, First, Middle Initial) Friends of Sam Johnson <hr/> Mailing Address PO Box 860096 <hr/> City Plano State TX Zip Code 75086 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Sam Johnson <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 03 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 08F03D482C72CC7C6A1 Date of Disbursement 10 / 27 / 2009
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Geoff Davis for Congress <hr/> Mailing Address 3161 Dixie Highway Suite F <hr/> City Erlanger State KY Zip Code 41018 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Geoffrey C. Davis <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 04 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B182023469AAE773788 Date of Disbursement 10 / 27 / 2009
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Gillibrand for Senate <hr/> Mailing Address 313 C Street NE <hr/> City Washington State DC Zip Code 20002 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Kirsten E. Gillibrand <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 4395FD7C915F5BD7B57 Date of Disbursement 10 / 01 / 2009
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	12500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty)

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

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input 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)

AMERICAN RESORT DEVELOPMENT ASSOCIATION RESORT OWNERS COALITION PAC (ARDA-ROC PA-C)

<b>A.</b> Full Name (Last, First, Middle Initial) Guthrie for Congress <hr/> Mailing Address PO Box 9639 <hr/> City Bowling Green State KY Zip Code 42102 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Brett Guthrie <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 02 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 42C2DACDEC7E5EA26AE Date of Disbursement 07 / 14 / 2009
	Amount of Each Disbursement this Period 4350.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Harry Teague for Congress <hr/> Mailing Address PO Box 5153 <hr/> City Hobbs State NM Zip Code 88241 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Harry Teague <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 02 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 1ABEC2710D6833CEA84 Date of Disbursement 09 / 29 / 2009
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Heller for Congress <hr/> Mailing Address PO Box 750580 <hr/> City Las Vegas State NV Zip Code 89136 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Dean Heller <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 02 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 8BE43B80A6E09F51041 Date of Disbursement 10 / 27 / 2009
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	14350.00
<b>TOTAL</b> This Period (last page this line number only) .....	



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

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

FOR LINE NUMBER:  
(check only one)

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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)

AMERICAN RESORT DEVELOPMENT ASSOCIATION RESORT OWNERS COALITION PAC (ARDA-ROC PA-C)

<b>A.</b> Full Name (Last, First, Middle Initial) Hoosiers for Hill <hr/> Mailing Address PO Box 1071 <hr/> City Seymour State IN Zip Code 47274 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Baron P. Hill <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 09 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B65F641B81E8DAC4CC2 Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2009
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
<b>B.</b> Full Name (Last, First, Middle Initial) Jim Himes for Congress <hr/> Mailing Address 857 Post Road, #312 <hr/> City Fairfield State CT Zip Code 06824 <hr/> Purpose of Disbursement 2010 Primary Candidate Name James A. Himes <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 04 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 28DC8E36AEA4A3F756E Date of Disbursement M M / D D / Y Y Y Y 09 / 09 / 2009
	Amount of Each Disbursement this Period 4675.00
	Category/ Type 011
<b>C.</b> Full Name (Last, First, Middle Initial) Jim Himes for Congress <hr/> Mailing Address 857 Post Road, #312 <hr/> City Fairfield State CT Zip Code 06824 <hr/> Purpose of Disbursement 2008 General Debt Retirement Candidate Name James A. Himes <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 04 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 7E97B63C882C4FD4840 Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2009
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011

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

12175.00

**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 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)

AMERICAN RESORT DEVELOPMENT ASSOCIATION RESORT OWNERS COALITION PAC (ARDA-ROC PA-C)

<b>A.</b> Full Name (Last, First, Middle Initial) Jobs, Economy and Budget Fund (JEB FUND)	Transaction ID: BD2E71E366353BF44FC Date of Disbursement 09 / 30 / 2009
	Mailing Address 7315 Wisconsin Avenue Suite 310 East
	City Bethesda State MD Zip Code 20814
	Purpose of Disbursement 2009 Contribution Candidate Name Jobs, Economy and Budget Fund (JEB FUND) Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Contribution
Amount of Each Disbursement this Period 5000.00	
<b>B.</b> Full Name (Last, First, Middle Initial) John Campbell for Congress	Transaction ID: 82E80D61F53F36AC3E3 Date of Disbursement 11 / 10 / 2009
	Mailing Address 4590 Macarthur Boulevard Suite 500
	City Newport Beach State CA Zip Code 92660
	Purpose of Disbursement 2010 Primary Candidate Name John B. T. Campbell, III Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 48
Amount of Each Disbursement this Period 5000.00	
<b>C.</b> Full Name (Last, First, Middle Initial) John Hall for Congress	Transaction ID: C0C1B9C14CA74D8B92B Date of Disbursement 09 / 29 / 2009
	Mailing Address PO Box 469
	City Beacon State NY Zip Code 12508
	Purpose of Disbursement 2010 Primary Candidate Name John Joseph Hall Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NY District: 19
Amount of Each Disbursement this Period 5000.00	

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

15000.00

**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 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)

AMERICAN RESORT DEVELOPMENT ASSOCIATION RESORT OWNERS COALITION PAC (ARDA-ROC PA-C)

<b>A.</b> Full Name (Last, First, Middle Initial) Kagen 4 Congress <hr/> Mailing Address 100 W. College Ave. 50 D <hr/> City Appleton State WI Zip Code 54911 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Steven L. Kagen <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 08 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: C43B6FE45306EB46858 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 9
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Kilroy for Congress <hr/> Mailing Address PO Box 2582 Ste 305 <hr/> City Columbus State OH Zip Code 43216 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Mary Jo Kilroy <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 0E29422ECCD2F553DA4 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 9
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Kosmas for Congress <hr/> Mailing Address PO Box 1547 <hr/> City New Smyrna Beach State FL Zip Code 32170 <hr/> Purpose of Disbursement 2010 General Candidate Name Suzanne M. Kosmas <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 24 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 28B5612D4055A8DE1B1 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 4 / 2 0 0 9
	Amount of Each Disbursement this Period 2175.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

12175.00

**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 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)

AMERICAN RESORT DEVELOPMENT ASSOCIATION RESORT OWNERS COALITION PAC (ARDA-ROC PA-C)

<b>A.</b> Full Name (Last, First, Middle Initial) Lincoln Diaz-Balart for Congress <hr/> Mailing Address 1001 Brickell Bay Drive 9th Floor <hr/> City Miami State FL Zip Code 33131 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Lincoln Diaz-Balart <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 21 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D069863830C4CE31738 Date of Disbursement 10 / 27 / 2009 <hr/> Amount of Each Disbursement this Period 5000.00 <hr/> Category/ Type 011
	<b>B.</b> Full Name (Last, First, Middle Initial) Linder for Congress <hr/> Mailing Address PO Box 4026 <hr/> City Duluth State GA Zip Code 30096 <hr/> Purpose of Disbursement 2010 Primary Candidate Name John Linder <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 07 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Lynn Jenkins for Congress <hr/> Mailing Address PO Box 1441 <hr/> City Topeka State KS Zip Code 66601 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Lynn Jenkins <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 02 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 0C806975E48DEF05833 Date of Disbursement 09 / 01 / 2009 <hr/> Amount of Each Disbursement this Period 2000.00 <hr/> Category/ Type 011

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

11675.00

**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 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)

AMERICAN RESORT DEVELOPMENT ASSOCIATION RESORT OWNERS COALITION PAC (ARDA-ROC PA-C)

<b>A.</b> Full Name (Last, First, Middle Initial) Mario Diaz-Balart for Congress <hr/> Mailing Address 95 Merrick Way, Suite 250 <hr/> City Coral Gables State FL Zip Code 33134 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Mario Diaz-Balart <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 25 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: A9730DAF4D5AFDB39B3 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 9
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Markey for Congress <hr/> Mailing Address PO Box 1333 <hr/> City Fort Collins State CO Zip Code 80521 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Elizabeth Helen Markey <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 04 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 13EFFFFB22AC7C64132 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 9
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Mary Bono Mack Committee <hr/> Mailing Address PO Box 3370 <hr/> City Palm Springs State CA Zip Code 92263 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Mary Bono Mack <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 45 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BD8AD56D2E3C81C69A1 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 9
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

15000.00

**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 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)

AMERICAN RESORT DEVELOPMENT ASSOCIATION RESORT OWNERS COALITION PAC (ARDA-ROC PA-C)

<p><b>A.</b> Full Name (Last, First, Middle Initial) Mary's Political Action Committee</p> <p>Mailing Address 7315 Wisconsin Avenue Suite 310 East</p> <p>City Bethesda State MD Zip Code 20814</p> <p>Purpose of Disbursement 2009 Contribution</p> <p>Candidate Name Mary's Political Action Committee</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution</p>	<p><b>Transaction ID:</b> BC2310453D1304DBAAB</p> <p>Date of Disbursement 09 / 29 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Massa for Congress</p> <p>Mailing Address 60 East Market Street Suite 244</p> <p>City Corning State NY Zip Code 14830</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Eric J. J. Massa</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 29</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B734A251E22E518D2B2</p> <p>Date of Disbursement 09 / 29 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Menendez for Senate</p> <p>Mailing Address PO Box 848</p> <p>City Union City State NJ Zip Code 07087</p> <p>Purpose of Disbursement 2012 Primary</p> <p>Candidate Name Robert Menendez</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District:</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 8C171C7910294E20E48</p> <p>Date of Disbursement 09 / 29 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>

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

15000.00

**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 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)

AMERICAN RESORT DEVELOPMENT ASSOCIATION RESORT OWNERS COALITION PAC (ARDA-ROC PA-C)

<b>A.</b>	Full Name (Last, First, Middle Initial) Mike Crapo for US Senate			<b>Transaction ID:</b> 68B68A9F3E1864A8ED5		
	Mailing Address PO Box 1948			Date of Disbursement 10 / 01 / 2009		
	City Boise	State ID	Zip Code 83701	Amount of Each Disbursement this Period 1000.00		
	Purpose of Disbursement 2010 Primary		011 Category/ Type			
Candidate Name Michael D. Crapo		Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President		State: ID District:				
<b>B.</b>	Full Name (Last, First, Middle Initial) Mike McMahon for Congress			<b>Transaction ID:</b> 2E63897F07E21FF65FB		
	Mailing Address 66 Arnold Street			Date of Disbursement 10 / 27 / 2009		
	City Staten Island	State NY	Zip Code 10301	Amount of Each Disbursement this Period 1000.00		
	Purpose of Disbursement 2010 Primary		011 Category/ Type			
Candidate Name Michael E. McMahon		Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: NY District: 13				
<b>C.</b>	Full Name (Last, First, Middle Initial) Minnick for Congress			<b>Transaction ID:</b> FCB56238A1D2A4785F0		
	Mailing Address PO Box 306			Date of Disbursement 09 / 29 / 2009		
	City Boise	State ID	Zip Code 83701	Amount of Each Disbursement this Period 5000.00		
	Purpose of Disbursement 2010 Primary		011 Category/ Type			
Candidate Name Walter C. Minnick		Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: ID District: 01				

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

7000.00

**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 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)

AMERICAN RESORT DEVELOPMENT ASSOCIATION RESORT OWNERS COALITION PAC (ARDA-ROC PA-C)

<b>A.</b> Full Name (Last, First, Middle Initial) Moore for Congress  Mailing Address PO Box 14631  City Shawnee Mission State KS Zip Code 66285  Purpose of Disbursement 2010 Primary Candidate Name Dennis Moore  Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 03  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 578826D2EF612623678 Date of Disbursement 09 / 29 / 2009
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Contribution
<b>B.</b> Full Name (Last, First, Middle Initial) Neugebauer Congressional Committee  Mailing Address PO Box 54175  City Lubbock State TX Zip Code 79453  Purpose of Disbursement 2010 Primary Candidate Name Randy Neugebauer  Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 19  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: F623A92B54544798291 Date of Disbursement 10 / 27 / 2009
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Contribution
<b>C.</b> Full Name (Last, First, Middle Initial) New Democrat Coalition Political Action Committee aka NDC PAC  Mailing Address 607 14th Street NW Suite 800  City Washington State DC Zip Code 20005  Purpose of Disbursement 2009 Contribution Candidate Name New Democrat Coalition Political Action Committee aka NDC PAC  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: DF41604DCCCD83D8662 Date of Disbursement 09 / 29 / 2009
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Contribution

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

15000.00

**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 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)

AMERICAN RESORT DEVELOPMENT ASSOCIATION RESORT OWNERS COALITION PAC (ARDA-ROC PA-C)

<b>A.</b> Full Name (Last, First, Middle Initial) New Millennium PAC <hr/> Mailing Address PO Box 632 <hr/> City Union City State NJ Zip Code 07087 <hr/> Purpose of Disbursement 2009 Contribution Candidate Name New Millennium PAC <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution	Transaction ID: FDADA8F2CC46DAE1F36 Date of Disbursement 09 / 29 / 2009
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution
<b>B.</b> Full Name (Last, First, Middle Initial) Opportunity and Renewal PAC <hr/> Mailing Address PO Box 3462 <hr/> City Portland State OR Zip Code 97208 <hr/> Purpose of Disbursement 2009 Contribution Candidate Name Opportunity and Renewal PAC <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution	Transaction ID: 41E6DD1F6240B6833D6 Date of Disbursement 09 / 29 / 2009
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution
<b>C.</b> Full Name (Last, First, Middle Initial) Richard E Neal for Congress Committee <hr/> Mailing Address 76 Magnolia Terrace <hr/> City Springfield State MA Zip Code 01108 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Richard E. Neal <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 02 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Contribution	Transaction ID: F1CF4792876693D2E54 Date of Disbursement 10 / 20 / 2009
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Contribution

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

12500.00

**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 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)  
AMERICAN RESORT DEVELOPMENT ASSOCIATION RESORT OWNERS COALITION PAC (ARDA-ROC PA-C)

<b>A.</b> Full Name (Last, First, Middle Initial) Roskam for Congress Committee <hr/> Mailing Address PO Box 713 <hr/> City Wheaton State IL Zip Code 60187 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Peter J. Roskam <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District: 06	Transaction ID: 47B2DBC2DC44F42DD6F Date of Disbursement 10 / 14 / 2009
	Amount of Each Disbursement this Period 4350.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Ryan for Congress <hr/> Mailing Address PO Box 1919 <hr/> City Janesville State WI Zip Code 53547 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Paul Ryan <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: WI District: 01	Transaction ID: 520DEBE7F4ECEB17210 Date of Disbursement 07 / 14 / 2009
	Amount of Each Disbursement this Period 2175.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Scott Garrett for Congress <hr/> Mailing Address PO Box 905 <hr/> City Newton State NJ Zip Code 07860 <hr/> Purpose of Disbursement 2010 Primary Candidate Name E. Scott Garrett <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NJ District: 05	Transaction ID: 542A621A3FF39278AD3 Date of Disbursement 10 / 27 / 2009
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	11525.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty)

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input 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)

AMERICAN RESORT DEVELOPMENT ASSOCIATION RESORT OWNERS COALITION PAC (ARDA-ROC PA-C)

<b>A.</b> Full Name (Last, First, Middle Initial) Scott Murphy for Congress <hr/> Mailing Address 615 Glen Street <hr/> City Glens Falls State NY Zip Code 12801 <hr/> Purpose of Disbursement 2010 General Candidate Name Scott Murphy <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 20 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B7CF7AD85B32D04FB70 Date of Disbursement 09 / 29 / 2009
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Shelby for U S Senate <hr/> Mailing Address Post Office Box 1091 <hr/> City Tuscaloosa State AL Zip Code 35403 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Richard C. Shelby <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: CD68BA81C4DC3C2F688 Date of Disbursement 10 / 14 / 2009
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Shelley Moore Capito for Congress <hr/> Mailing Address PO Box 11519 <hr/> City Charleston State WV Zip Code 25339 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Shelley Moore Capito <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 02 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: A33877E6C77DD18C6CD Date of Disbursement 10 / 27 / 2009
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

15000.00

**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 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)

AMERICAN RESORT DEVELOPMENT ASSOCIATION RESORT OWNERS COALITION PAC (ARDA-ROC PA-C)

<b>A.</b> Full Name (Last, First, Middle Initial) Sue Myrick for Congress <hr/> Mailing Address PO Box 37091 <hr/> City Charlotte State NC Zip Code 28237 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Sue Wilkins Myrick <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 09 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 7EC15F75AEF59A8D95D Date of Disbursement 10 / 27 / 2009
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	In-Kind
<b>B.</b> Full Name (Last, First, Middle Initial) The Conrad Group <hr/> Mailing Address 426 C Street, NE <hr/> City Washington State DC Zip Code 20002 <hr/> Purpose of Disbursement Donnelly, Hill, Sanchez Events Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: V1DA2304B2EAD1AFB10B Date of Disbursement 07 / 07 / 2009
	Amount of Each Disbursement this Period 975.00
	Category/ Type 001
	[MEMO ITEM] Previously Reported July Mid-Year Report
<b>C.</b> Full Name (Last, First, Middle Initial) The Conrad Group <hr/> Mailing Address 426 C Street, NE <hr/> City Washington State DC Zip Code 20002 <hr/> Purpose of Disbursement Reception Candidate Name Blanche Lambert Lincoln <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: V82D2064FBBAED0E3F73 Date of Disbursement 08 / 18 / 2009
	Amount of Each Disbursement this Period 325.00
	Category/ Type 011
	In-Kind

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>5325.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input 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)

AMERICAN RESORT DEVELOPMENT ASSOCIATION RESORT OWNERS COALITION PAC (ARDA-ROC PA-C)

<b>A.</b> Full Name (Last, First, Middle Initial) The Conrad Group <hr/> Mailing Address 426 C Street, NE <hr/> City Washington State DC Zip Code 20002 Purpose of Disbursement Reception Candidate Name Suzanne M. Kosmas Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 24 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: V38AFB0A7805620E490B Date of Disbursement 08 / 18 / 2009
	Amount of Each Disbursement this Period 325.00
	In-Kind (Refund Requested)
	Category/Type 011
<b>B.</b> Full Name (Last, First, Middle Initial) The Conrad Group <hr/> Mailing Address 426 C Street, NE <hr/> City Washington State DC Zip Code 20002 Purpose of Disbursement Reception Candidate Name James A. Himes Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 04 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: V170DEF8236ED73DB108 Date of Disbursement 10 / 20 / 2009
	Amount of Each Disbursement this Period 325.00
	In-Kind
	Category/Type 011
<b>C.</b> Full Name (Last, First, Middle Initial) Tiberi for Congress <hr/> Mailing Address 2931 E Dublin Granville Road Suite 190 <hr/> City Columbus State OH Zip Code 43231 Purpose of Disbursement 2010 Primary Candidate Name Pat Tiberi Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 12 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 36E2322E7886E885DF0 Date of Disbursement 10 / 20 / 2009
	Amount of Each Disbursement this Period 4675.00
	Category/Type 011
	In-Kind

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

5325.00

**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 62 / 78

<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)

AMERICAN RESORT DEVELOPMENT ASSOCIATION RESORT OWNERS COALITION PAC (ARDA-ROC PA-C)

A.

Full Name (Last, First, Middle Initial)

Victory Now PAC

Transaction ID: 650C5513AC4691C1258

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	7		2	0	0	9

Mailing Address 10605 Concord St. -- Ste. 202  
Suite 202

City Kensington State MD Zip Code 20895

Amount of Each Disbursement this Period

2500.00
---------

Purpose of Disbursement  
2009 Contribution

011
Category/ Type

Candidate Name  
Victory Now PAC

Office Sought:  House  
 Senate  
 President

Disbursement For: 2009  
 Primary  General  
 Other (specify) ▼

State: District:

Contribution

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

2500.00
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TOTAL This Period (last page this line number only) .....

334250.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input 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)  
AMERICAN RESORT DEVELOPMENT ASSOCIATION RESORT OWNERS COALITION PAC (ARDA-ROC PA-C)

<b>A.</b> Full Name (Last, First, Middle Initial) Abercrombie for Governor <hr/> Mailing Address 1050 Ala Moana Boulevard Suite D28 <hr/> City Honolulu State HI Zip Code 96814 <hr/> Purpose of Disbursement Nonfederal Contribution 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: 82D002B61EBC8C30ECE Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 9
	Amount of Each Disbursement this Period 6000.00
	011 Category/ Type
	[MEMO ITEM]
<b>B.</b> Full Name (Last, First, Middle Initial) Barrett for Governor <hr/> Mailing Address PO Box 287 <hr/> City Columbia State SC Zip Code 29202 <hr/> Purpose of Disbursement Resignation of 6/27/08 Contribution 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: 69434953F1C18A5D001 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 8 / 2 0 0 9
	Amount of Each Disbursement this Period 2500.00
	011 Category/ Type
	[MEMO ITEM]
<b>C.</b> Full Name (Last, First, Middle Initial) Barshinger for Senate <hr/> Mailing Address P.O. Box 456 <hr/> City Cruz Bay St. John State VI Zip Code 00831 <hr/> Purpose of Disbursement Nonfederal Contribution 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: C4E14F1EB23C7B4C525 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
	[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input 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)  
AMERICAN RESORT DEVELOPMENT ASSOCIATION RESORT OWNERS COALITION PAC (ARDA-ROC PA-C)

<b>A.</b> Full Name (Last, First, Middle Initial) Bill McCollum for Governor <hr/> Mailing Address P.O. Box 10829 <hr/> City Tallahassee State FL Zip Code 32302 <hr/> Purpose of Disbursement Nonfederal Contribution 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: C6CE408BB45EC5239BF Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 9
	Amount of Each Disbursement this Period 500.00
	011 Category/Type
	State: District:
<b>B.</b> Full Name (Last, First, Middle Initial) Central Florida Hotel & Lodging Association <hr/> Mailing Address 7380 Sand Lake Road Suite 300 <hr/> City Orlando State FL Zip Code 32819 <hr/> Purpose of Disbursement Nonfederal Contribution 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: CD5BE4A88DADEE4CF01 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 9
	Amount of Each Disbursement this Period 900.00
	011 Category/Type
	State: District:
<b>C.</b> Full Name (Last, First, Middle Initial) Citizens for Amstutz <hr/> Mailing Address 4456 Woodlake Trail <hr/> City Wooster State OH Zip Code 44691 <hr/> Purpose of Disbursement Nonfederal Contribution 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: 5CBF12FD9331BAD7EDA Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 9
	Amount of Each Disbursement this Period 300.00
	011 Category/Type
	State: District:

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1700.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____



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

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input 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)  
AMERICAN RESORT DEVELOPMENT ASSOCIATION RESORT OWNERS COALITION PAC (ARDA-ROC PA-C)

<b>A.</b> Full Name (Last, First, Middle Initial) Citizens for Cheryl Grossman <hr/> Mailing Address 865 Macon Alley <hr/> City Columbus State OH Zip Code 43206 <hr/> Purpose of Disbursement Nonfederal Contribution 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: A21AF867E2C23C8EFE3 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 9
	Amount of Each Disbursement this Period 350.00
	Category/Type 011
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Committee to Elect Brad Goodfellow <hr/> Mailing Address 3620 South 6000 W. <hr/> City West Valley City State UT Zip Code 84128 <hr/> Purpose of Disbursement Nonfederal Contribution 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: 7DD5353BF2E8F8CC717 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/Type 011
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Committee to Elect Gene Davis <hr/> Mailing Address 865 Parkway Avenue <hr/> City Salt Lake City State UT Zip Code 84106 <hr/> Purpose of Disbursement Nonfederal Contribution 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: B427BBBBD23CD4414D Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/Type 011
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2350.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input 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)

AMERICAN RESORT DEVELOPMENT ASSOCIATION RESORT OWNERS COALITION PAC (ARDA-ROC PA-C)

<b>A.</b>	Full Name (Last, First, Middle Initial) Committee to Elect Karen Mayne	<b>Transaction ID:</b> 7422AB692CEA7EA7366 Date of Disbursement
	Mailing Address 5044 West Bannock Circle	<input type="text" value="10"/> <input type="text" value="30"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City State Zip Code West Valley City UT 84120	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
	Purpose of Disbursement Nonfederal Contribution Candidate Name	<input type="text" value="011"/> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>B.</b>	Full Name (Last, First, Middle Initial) Committee to Elect Kevin Garn	<b>Transaction ID:</b> 2422AFB05A27D01098E Date of Disbursement
	Mailing Address 2206 East Summerwood Drive	<input type="text" value="10"/> <input type="text" value="30"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City State Zip Code Layton UT 84040	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
	Purpose of Disbursement Nonfederal Contribution Candidate Name	<input type="text" value="011"/> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>C.</b>	Full Name (Last, First, Middle Initial) Committee to Elect Michael Waddoups	<b>Transaction ID:</b> 37323C76EFE63E8B1BB Date of Disbursement
	Mailing Address 2868 Matterhorn Drive	<input type="text" value="10"/> <input type="text" value="30"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City State Zip Code Taylorsville UT 84084	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
	Purpose of Disbursement Nonfederal Contribution Candidate Name	<input type="text" value="011"/> 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) ..... ▶

**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 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)  
AMERICAN RESORT DEVELOPMENT ASSOCIATION RESORT OWNERS COALITION PAC (ARDA-ROC PA-C)

<b>A.</b> Full Name (Last, First, Middle Initial) Committee to Re-elect Louis Patrick Hill <hr/> Mailing Address P.O. Box 307501 <hr/> City St. Thomas State VI Zip Code 00803 <hr/> Purpose of Disbursement Nonfederal Contribution 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: B7CAA60F2AD19783E0D Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	011 Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Committee to Re-Elect Senator Alvin Williams, Jr. <hr/> Mailing Address P.O. Box 1690 <hr/> City St. Thomas State VI Zip Code 00804 <hr/> Purpose of Disbursement Nonfederal Contribution 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: 796184B2349A81B9B53 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	011 Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Dan Cooper for the House <hr/> Mailing Address 361 Browning Road <hr/> City Piedmont State SC Zip Code 29673 <hr/> Purpose of Disbursement Nonfederal Contribution 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: 7C85CF034BAF0BFE38F Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	011 Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input 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)

AMERICAN RESORT DEVELOPMENT ASSOCIATION RESORT OWNERS COALITION PAC (ARDA-ROC PA-C)

<b>A.</b> Full Name (Last, First, Middle Initial) David Rivera Campaign <hr/> Mailing Address P.O. Box 520633 <hr/> City Miami State FL Zip Code 33152 <hr/> Purpose of Disbursement Nonfederal Contribution 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: 221392F771424E2CE90 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 9
	Amount of Each Disbursement this Period 500.00
	011 Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Democratic Attorneys General Association <hr/> Mailing Address 1580 Lincoln Street Suite 1125 <hr/> City Denver State CO Zip Code 80203 <hr/> Purpose of Disbursement Nonfederal Contribution 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: 6AFF60E971ACFE85F2B Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 5 / 2 0 0 9
	Amount of Each Disbursement this Period 15000.00
	011 Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Friends & Supporters of Patrick Simeon Sprauve <hr/> Mailing Address P.O. Box 424 <hr/> City St. Thomas State VI Zip Code 00803 <hr/> Purpose of Disbursement Nonfederal Contribution 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: 38091F0ABC94BC2276F Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

16500.00

**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 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)

AMERICAN RESORT DEVELOPMENT ASSOCIATION RESORT OWNERS COALITION PAC (ARDA-ROC PA-C)

<p><b>A.</b> Full Name (Last, First, Middle Initial) Friends and Supporters of Carlton Dowe</p> <p>Mailing Address P.O. Box 1143</p> <p>City St. Thomas State VI Zip Code 00804</p> <p>Purpose of Disbursement Nonfederal Contribution 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><b>Transaction ID:</b> 1AEC1C261B0B3B9BE23</p> <p>Date of Disbursement 09 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Friends and Supporters of Celestino A. White Sr.</p> <p>Mailing Address P.O. Box 10548</p> <p>City St. Thomas State VI Zip Code 00801</p> <p>Purpose of Disbursement Nonfederal Contribution 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><b>Transaction ID:</b> 0F9AB83505A0941125D</p> <p>Date of Disbursement 09 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Friends of David Daniels</p> <p>Mailing Address 440 North Street</p> <p>City Greenfield State OH Zip Code 45123</p> <p>Purpose of Disbursement Nonfederal Contribution 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><b>Transaction ID:</b> D734033E0CA1B0FDDEE</p> <p>Date of Disbursement 10 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/Type</p>

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

2500.00

**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 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)  
AMERICAN RESORT DEVELOPMENT ASSOCIATION RESORT OWNERS COALITION PAC (ARDA-ROC PA-C)

<b>A.</b> Full Name (Last, First, Middle Initial) Friends of Jay Goyal <hr/> Mailing Address 2584 Wahl Drive <hr/> City Lexington State OH Zip Code 44094 <hr/> Purpose of Disbursement Nonfederal Contribution 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: 554CE39883FFBA325CA Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 9
	Amount of Each Disbursement this Period 300.00
	Category/ Type 011
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Friends of Kris Jordan <hr/> Mailing Address 161 Stonebend Drive <hr/> City Powell State OH Zip Code 43065 <hr/> Purpose of Disbursement Nonfederal Contribution 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: FD45C86E1660546230C Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 9
	Amount of Each Disbursement this Period 350.00
	Category/ Type 011
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Friends of Neville <hr/> Mailing Address P.O. Box 623 <hr/> City Christiansted State VI Zip Code 00823 <hr/> Purpose of Disbursement Nonfederal Contribution 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: 9935291D8BACC15A57A Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1650.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER: (check only one)

<input 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)  
AMERICAN RESORT DEVELOPMENT ASSOCIATION RESORT OWNERS COALITION PAC (ARDA-ROC PA-C)

<b>A.</b> Full Name (Last, First, Middle Initial) Henry McMaster for Governor <hr/> Mailing Address P.O. Box 11063 <hr/> City Columbia State SC Zip Code 29211 <hr/> Purpose of Disbursement Resignation of 2/28/08 Contribution 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: 242B682EB2365FB4963 Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2009
	Amount of Each Disbursement this Period 3500.00
	[MEMO ITEM]
	Category/Type 011
<b>B.</b> Full Name (Last, First, Middle Initial) House Majority <hr/> Mailing Address 420 E. Jefferson Street <hr/> City Tallahassee State FL Zip Code 32801 <hr/> Purpose of Disbursement Nonfederal Contribution 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: F1BA629F7101547556B Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2009
	Amount of Each Disbursement this Period 50000.00
	Category/Type 011
<b>C.</b> Full Name (Last, First, Middle Initial) House Republican Leadership PAC <hr/> Mailing Address P.O. Box 513 <hr/> City Salt Lake City State UT Zip Code 84110 <hr/> Purpose of Disbursement Nonfederal Contribution 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: A8805FB8D94D14F883B Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2009
	Amount of Each Disbursement this Period 1000.00
	Category/Type 011

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	51000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input 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)

AMERICAN RESORT DEVELOPMENT ASSOCIATION RESORT OWNERS COALITION PAC (ARDA-ROC PA-C)

<b>A.</b>	Full Name (Last, First, Middle Initial) Keep Kearney in Senate	Transaction ID: A21816B641D39CE8AB3 Date of Disbursement 10 / 22 / 2009
	Mailing Address 3 Lenox Lane	Amount of Each Disbursement this Period 300.00
	City Cincinnati State OH Zip Code 45229	
	Purpose of Disbursement Nonfederal Contribution Candidate Name	011 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b>	Full Name (Last, First, Middle Initial) Malone Political Action Campaign	Transaction ID: FE3EBEBEFD2F396ED30 Date of Disbursement 09 / 28 / 2009
	Mailing Address P.O. Box 600110	Amount of Each Disbursement this Period 1000.00
	City St. Thomas State VI Zip Code 00806	
	Purpose of Disbursement Nonfederal Contribution Candidate Name	011 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b>	Full Name (Last, First, Middle Initial) Michael Thurland for Senate	Transaction ID: 71FE344AE11ABF02C1B Date of Disbursement 09 / 28 / 2009
	Mailing Address 62B La Grande Princess	Amount of Each Disbursement this Period 1000.00
	City Christiansted State VI Zip Code 00823	
	Purpose of Disbursement Nonfederal Contribution Candidate Name	011 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) .....

2300.00

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 73 / 78

<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)

AMERICAN RESORT DEVELOPMENT ASSOCIATION RESORT OWNERS COALITION PAC (ARDA-ROC PA-C)

<b>A.</b> Full Name (Last, First, Middle Initial) Mike Haridopolis Campaign <hr/> Mailing Address Post Office Box 33326 <hr/> City Indialantic State FL Zip Code 32903 <hr/> Purpose of Disbursement Nonfederal Contribution 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: 8C3A353D48658D1D7AA Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 9
	Amount of Each Disbursement this Period 500.00
	011 Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Mike Horner Campaign <hr/> Mailing Address Post Office Box 450008 <hr/> City Kissimmee State FL Zip Code 34745 <hr/> Purpose of Disbursement Nonfederal Contribution 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: C9F9B92A78E924E56DD Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 4 / 2 0 0 9
	Amount of Each Disbursement this Period 500.00
	011 Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Murray for Ohio <hr/> Mailing Address 111 E. Shoreline Drive <hr/> City Sandusky State OH Zip Code 44870 <hr/> Purpose of Disbursement Nonfederal Contribution 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: 7A4F1009C0D7B65D44A Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 9
	Amount of Each Disbursement this Period 250.00
	011 Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

1250.00

**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 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)  
AMERICAN RESORT DEVELOPMENT ASSOCIATION RESORT OWNERS COALITION PAC (ARDA-ROC PA-C)

<b>A.</b> Full Name (Last, First, Middle Initial) Republican State Leadership Committee <hr/> Mailing Address 1800 Diagonal Road, Suite 230 <hr/> City Alexandria State VA Zip Code 22314 <hr/> Purpose of Disbursement Nonfederal Contribution 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: 0653123F25FB2F00F54 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 5 / 2 0 0 9
	Amount of Each Disbursement this Period 25000.00
	Category/ Type 011
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) SanesforSenate <hr/> Mailing Address P.O. Box 781 Kingshill <hr/> City St. Croix State VI Zip Code 00851 <hr/> Purpose of Disbursement Nonfederal Contribution 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: B46D49F44926C9AD255 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Senate Majority 2008 <hr/> Mailing Address 420 East Jefferson Street PO Box 311 <hr/> City Tallahassee State FL Zip Code 32301 <hr/> Purpose of Disbursement Nonfederal Contribution 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: 0815D921209D7F933B1 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 0 9
	Amount of Each Disbursement this Period 75000.00
	Category/ Type 011
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	101000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input 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)  
AMERICAN RESORT DEVELOPMENT ASSOCIATION RESORT OWNERS COALITION PAC (ARDA-ROC PA-C)

<b>A.</b> Full Name (Last, First, Middle Initial) Senate Republican Campaign <hr/> Mailing Address PO Box 792 <hr/> City Harrisburg State PA Zip Code 17108 <hr/> Purpose of Disbursement Nonfederal Contribution 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: 32C98F6C51C83FE4845 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Senate Republican Campaign <hr/> Mailing Address PO Box 792 <hr/> City Harrisburg State PA Zip Code 17108 <hr/> Purpose of Disbursement Nonfederal Contribution 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: FCFD1D7E3E1864F43C3 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 9
	Amount of Each Disbursement this Period 4000.00
	011 Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Senate Republican PAC <hr/> Mailing Address 319 State Capitol <hr/> City Salt Lake City State UT Zip Code 84114 <hr/> Purpose of Disbursement Nonfederal Contribution 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: 0456B407717AC80D65C Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER:  
(check only one)

<input 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)

AMERICAN RESORT DEVELOPMENT ASSOCIATION RESORT OWNERS COALITION PAC (ARDA-ROC PA-C)

<b>A.</b> Full Name (Last, First, Middle Initial) Senate Victory <hr/> Mailing Address 214 S. Bronough Street <hr/> City Tallahassee State FL Zip Code 32301 <hr/> Purpose of Disbursement Nonfederal Contribution 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: A53F5EF16DC34D3C184 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 9
	Amount of Each Disbursement this Period 35000.00
	Category/ Type 011
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) South Carolina Leadership PAC <hr/> Mailing Address PO Box 8881 <hr/> City Columbia State SC Zip Code 29202 <hr/> Purpose of Disbursement Nonfederal Contribution 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: B05E8288BD4D3FC6BBC Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 1 / 2 0 0 9
	Amount of Each Disbursement this Period 3500.00
	Category/ Type 011
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) South Carolina Leadership PAC <hr/> Mailing Address PO Box 8881 <hr/> City Columbia State SC Zip Code 29202 <hr/> Purpose of Disbursement Voided 2/20/09 Contribution 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: 08D4A092A8B0588344A Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 1 / 2 0 0 9
	Amount of Each Disbursement this Period -3500.00
	Category/ Type 011
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

35000.00

**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 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)

AMERICAN RESORT DEVELOPMENT ASSOCIATION RESORT OWNERS COALITION PAC (ARDA-ROC PA-C)

<b>A.</b> Full Name (Last, First, Middle Initial) Taxpayers for Rod Wright 2012 <hr/> Mailing Address 921 11th Street, Suite 904 <hr/> City Sacramento State CA Zip Code 95814 <hr/> Purpose of Disbursement Nonfederal Contribution Candidate Name	Transaction ID: 274DC336D2E13BA43EB Date of Disbursement 07 / 01 / 2009
	Amount of Each Disbursement this Period 2000.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 011
<b>B.</b> Full Name (Last, First, Middle Initial) Ted Edwards for Orange County Commission <hr/> Mailing Address 1385 Richmond Road <hr/> City Winter Park State FL Zip Code 32789 <hr/> Purpose of Disbursement Nonfederal Contribution Candidate Name	Transaction ID: 743B14E86CFFE96F181 Date of Disbursement 10 / 02 / 2009
	Amount of Each Disbursement this Period 250.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 011
<b>C.</b> Full Name (Last, First, Middle Initial) Tom Morlakson Assembly Officeholder Account <hr/> Mailing Address c/o Sarah Zeigler P.O. Box 475388 <hr/> City San Francisco State CA Zip Code 94147 <hr/> Purpose of Disbursement Nonfederal Contribution Candidate Name	Transaction ID: 1841FCD9C0DD8E20859 Date of Disbursement 07 / 01 / 2009
	Amount of Each Disbursement this Period 1000.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 011

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

3250.00

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

279500.00