

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

AMERICA'S FOUNDATION

ADDRESS (number and street)

P.O. Box 434

Suite 300

☐Check if different
than previously
reported. (ACC)

Downingtown

PA

19335

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00305797

3. IS THIS
REPORT☐NEW
(N)

OR

☒AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☒July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

04

01

2008

through

06

30

2008

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

Type or Print Name of Treasurer

Alex Barna

Signature of Treasurer

Electronically Filed by Alex Barna

Date

12

15

2008

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

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
AMERICA'S FOUNDATION

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	4	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	6	3	0	2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2008		56770.64
(b) Cash on Hand at Beginning of Reporting Period	65230.38	
(c) Total Receipts (from Line 19)	298544.94	521193.74
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	363775.32	577964.38
7. Total Disbursements (from Line 31)	341652.74	555841.80
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	22122.58	22122.58
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name
AMERICA'S FOUNDATION

Report Covering the Period:

From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	8

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	85197.00	150972.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	189161.20	336812.20
(iii) TOTAL (add Lines 11(a)(i) and (ii)	274358.20	487784.20
(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)	274358.20	487784.20
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)	4414.57	4414.57
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	19772.17	28994.97
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))	298544.94	521193.74
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	298544.94	521193.74

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	317007.74	519066.80
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	317007.74	519066.80
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	15000.00	25000.00
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	145.00	1275.00
(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))	145.00	1275.00
29. Other Disbursements.....	9500.00	10500.00
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))..	341652.74	555841.80
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	341652.74	555841.80

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	274358.20	487784.20
34. Total Contribution Refunds (from Line 28(d))	145.00	1275.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	274213.20	486509.20
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	317007.74	519066.80
37. Offsets to Operating Expenditures (from Line 15, page 3)	4414.57	4414.57
38. Net Operating Expenditures (subtract Line 37 from Line 36)	312593.17	514652.23

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

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

FOR LINE NUMBER: PAGE 6 / 139

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
 Mary Jane Adams

Mailing Address 2423 State Route 25

City State Zip Code
Millersburg PA 17061-8137

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
 Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.13382

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)
 Thomas W Angerman

Mailing Address 801 15th St

City State Zip Code
Oakmont PA 15139-1007

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Executive

Occupation
 The Baron Group

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.13256

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)
 Mr. Francisco A Arrufat

Mailing Address 1697 W Sam Houston Pkwy S

City State Zip Code
Houston TX 77042-2969

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
 Ret.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.13657

Amount of Each Receipt this Period

1.00

SUBTOTAL of Receipts This Page (optional)

601.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 7 / 139

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
 Myra Asplundh

Mailing Address PO Box 11

City State Zip Code
 Bryn Athyn PA 19009-0011

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Retired

Occupation
 Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 4 / 1 1 / 2 0 0 8

Transaction ID: SA11AI.13165

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)
 Myra Asplundh

Mailing Address PO Box 11

City State Zip Code
 Bryn Athyn PA 19009-0011

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Retired

Occupation
 Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 6 / 2 7 / 2 0 0 8

Transaction ID: SA11AI.13166

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)
 Arthur A Bacher

Mailing Address 5269 Millcreek Blvd

City State Zip Code
 Brunswick OH 44212-1981

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Information Requested

Occupation
 Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 6 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.13487

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

1600.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 8 / 139

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Arthur A Bacher

Mailing Address 5269 Millcreek Blvd

City

Brunswick

State

OH

Zip Code

44212-1981

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.13488

Amount of Each Receipt this Period

1.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Ann S Baker

Mailing Address 19191 Harvard Ave Apt 431A

City

Irvine

State

CA

Zip Code

92612-8617

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

Ret. Teacher

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.13315

Amount of Each Receipt this Period

51.00

C.

Full Name (Last, First, Middle Initial)

Mrs. Ann S Baker

Mailing Address 19191 Harvard Ave Apt 431A

City

Irvine

State

CA

Zip Code

92612-8617

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

Ret. Teacher

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

276.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.13316

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)

127.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 139

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Mrs. Ann S Baker

Mailing Address 19191 Harvard Ave Apt 431A

City

Irvine

State

CA

Zip Code

92612-8617

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

Ret. Teacher

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

352.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 7 / 2 0 0 8

Transaction ID: SA11AI.13317

Amount of Each Receipt this Period

76.00

B.

Full Name (Last, First, Middle Initial)

Mr. Grant M Bakewell

Mailing Address 3939 Walnut Ave Unit 351

City

Carmichael

State

CA

Zip Code

95608-7315

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.13562

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Ms. Betty A Bayfield

Mailing Address 225 E 63rd St Apt 2B

City

New York

State

NY

Zip Code

10065-7435

FEC ID number of contributing
federal political committee.

C

Name of Employer
Betty Boyfield Studio

Occupation

Textfile Designer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.13337

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

526.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 139

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Mr. John L Beck

Mailing Address 4107 W Rudella Rd

City

Mequon

State

WI

Zip Code

53092-2780

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.13440

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Barbara Becker

Mailing Address PO Box 675
713 Fox Hollow Rd.

City

Gwynedd Valley

State

PA

Zip Code

19437-0675

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 7 / 2 0 0 8

Transaction ID: SA11AI.13221

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mrs. Barbara Becker

Mailing Address PO Box 675
713 Fox Hollow Rd.

City

Gwynedd Valley

State

PA

Zip Code

19437-0675

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.13220

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 11 / 139

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Mr Eugene W Becker

Mailing Address 1008 S Logan St

City

Lena

State

IL

Zip Code

61048-9567

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 1 / 2 0 0 8

Transaction ID: SA11AI.13395

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Mr Eugene W Becker

Mailing Address 1008 S Logan St

City

Lena

State

IL

Zip Code

61048-9567

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.13398

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Mr. Mary J Bernier

Mailing Address 287 Langley Rd Unit 11

City

Newton Center

State

MA

Zip Code

02459-2373

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.13490

Amount of Each Receipt this Period

51.00

SUBTOTAL of Receipts This Page (optional)

201.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 12 / 139

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Dr. Donald E Bissing

Mailing Address 18153 W 157th St

City

Olathe

State

KS

Zip Code

66062-6722

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.13667

Amount of Each Receipt this Period

1.00

B.

Full Name (Last, First, Middle Initial)

Mr. Guenther Bizer

Mailing Address 1590 Mountain View Dr

City

Bayfield

State

CO

Zip Code

81122-9656

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.13218

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

Mr. Guenther Bizer

Mailing Address 1590 Mountain View Dr

City

Bayfield

State

CO

Zip Code

81122-9656

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.13219

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

301.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 13 / 139

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Ms. Jean E Bowers

Mailing Address 519 Meade Ave

City

Hanover

State

PA

Zip Code

17331-3825

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.13639

Amount of Each Receipt this Period

101.00

B.

Full Name (Last, First, Middle Initial)

Mrs Marcia S Boyesen

Mailing Address 35 Ruen Rd

City

Kempton

State

PA

Zip Code

19529-8833

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.13387

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Frederick L. Bradford

Mailing Address 6200 River Road

City

Bozeman

State

MT

Zip Code

59718

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Banker/Dentist/Shooting Instructor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.26009

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

701.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 139

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION**A.**

Full Name (Last, First, Middle Initial)

Mrs. Robert A Brigham

Mailing Address 1222 Monroe Ave

City

Reading

State

PA

Zip Code

19610-2432

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Vascular Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	5	/	2	0	0	8

Transaction ID: SA11AI.13648

Amount of Each Receipt this Period

1.00

B.

Full Name (Last, First, Middle Initial)

Mr. Stanley E Brown

Mailing Address PO Box 268

City

Loganville

State

PA

Zip Code

17342-0268

FEC ID number of contributing
federal political committee.

C

Name of Employer
Browns Orchards

Occupation

Fruit Grower

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	7	/	2	0	0	8

Transaction ID: SA11AI.13521

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

Mrs Susan Valeria Brunoff

Mailing Address 334 W Cedar St

City

New Holland

State

PA

Zip Code

17557-1202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Ret.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	0	8

Transaction ID: SA11AI.13197

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

401.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 15 / 139

(check only one)

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

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NAME OF COMMITTEE (In Full)
 AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Mr. & Mrs. D Burkett

Mailing Address 12201 N Salem Dr

City

Baton Rouge

State

LA

Zip Code

70814-7357

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 5 / 0 7 / 2 0 0 8

Transaction ID: SA11AI.13558

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Ms. Janet R Buss

Mailing Address 902 Althausen Ave

City

Dubuque

State

IA

Zip Code

52001-2078

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

301.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 5 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.13421

Amount of Each Receipt this Period

201.00

C.

Full Name (Last, First, Middle Initial)

Mr Jack A Buzbee

Mailing Address 200 E Douglas St
220 West Hill

City

De Soto

State

IL

Zip Code

62924-1512

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

Retired

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 6 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.14309

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

501.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 16 / 139

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Bruce J Campbell

Mailing Address 518 Buttevant Dr

City

Munroe Falls

State

OH

Zip Code

44262-1741

FEC ID number of contributing
federal political committee.

C

Name of Employer
Campbell & Associates, In-
c.7

Occupation

Corporate Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.13346

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

Mr. Charles R. Caylor

Mailing Address 1435 E Ireland Rd

City

South Bend

State

IN

Zip Code

46614-3453

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.13329

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Mr. Charles R. Caylor

Mailing Address 1435 E Ireland Rd

City

South Bend

State

IN

Zip Code

46614-3453

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

401.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.13327

Amount of Each Receipt this Period

101.00

SUBTOTAL of Receipts This Page (optional)

401.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 17 / 139

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Dr. M Donald Coleman, MD

Mailing Address 1030 Greachen Point Rd

City

Mamaroneck

State

NY

Zip Code

10543-0543

FEC ID number of contributing
federal political committee.

C

Name of Employer
M.D.

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 25 / 2008

Transaction ID: SA11AI.13510

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Rev. John Conte

Mailing Address 1325 Prospect Ave

City

Bethlehem

State

PA

Zip Code

18018-4916

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

04 / 22 / 2008

Transaction ID: SA11AI.13340

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Mrs. Michele Coppoc, Md

Mailing Address 921 Shady Grove Rd Apt F3

City

Hot Springs Nation

State

AR

Zip Code

71901-8083

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

05 / 14 / 2008

Transaction ID: SA11AI.13500

Amount of Each Receipt this Period

51.00

SUBTOTAL of Receipts This Page (optional)

401.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 139

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION**A.**

Full Name (Last, First, Middle Initial)

Mr Thomas J Cote

Mailing Address 6300 SE Winged Foot Dr

City

Stuart

State

FL

Zip Code

34997-8656

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	8	/	2	0	0	8

Transaction ID: SA11AI.13268

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Robert C Cowen

Mailing Address 2756 Indian Springs Rd

City

Marianna

State

FL

Zip Code

32446-6889

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	0	5	/	2	0	0	8

Transaction ID: SA11AI.13222

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Mr. Robert C Cowen

Mailing Address 2756 Indian Springs Rd

City

Marianna

State

FL

Zip Code

32446-6889

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	7	/	2	0	0	8

Transaction ID: SA11AI.13223

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 19 / 139

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Mr. Robert C Cowen

Mailing Address 2756 Indian Springs Rd

City

Marianna

State

FL

Zip Code

32446-6889

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 04 / 2008

Transaction ID: SA11AI.13224

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Mr. John P Craig, Jr

Mailing Address 871 Springton Rd

City

Glenmoore

State

PA

Zip Code

19343-1211

FEC ID number of contributing
federal political committee.

C

Name of Employer
Planco, Inc.

Occupation

Sales Management

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 27 / 2008

Transaction ID: SA11AI.13185

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Mr John Crilly

Mailing Address 118 Summer Ridge Ln

City

Georgetown

State

TX

Zip Code

78633-5174

FEC ID number of contributing
federal political committee.

C

Name of Employer
Solarcom

Occupation

Executive

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 08 / 2008

Transaction ID: SA11AI.12980

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2100.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 20 / 139

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Mr. John H Crilly

Mailing Address 116 Summer Ridge Ln

City

Georgetown

State

TX

Zip Code

78633-5174

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Ret.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.12982

Amount of Each Receipt this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Mr Thomas Cusick

Mailing Address 3601 Johnson Ave

City

Bronx

State

NY

Zip Code

10463-1633

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.13355

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

Mr. Fred N Dailey

Mailing Address 122 Bowne Station Rd

City

Stockton

State

NJ

Zip Code

08559-1907

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.13625

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

5300.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 21 / 139

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Mr. Jeanette T Dekay

Mailing Address 6201 Foothills Dr

City

Farmington

State

NM

Zip Code

87402-7402

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mesa Family Practice

Occupation

Finance Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 24 / 2008

Transaction ID: SA11AI.13400

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mrs Dorothy Digiallorenzo

Mailing Address 1607 Ulster Ln

City

West Chester

State

PA

Zip Code

19380-6846

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

0

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

05 / 19 / 2008

Transaction ID: SA11AI.13438

Amount of Each Receipt this Period

75.00

C.

Full Name (Last, First, Middle Initial)

Mr. Kenneth L Dobson

Mailing Address 525 NE 78th St

City

Seattle

State

WA

Zip Code

98115-4122

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 09 / 2008

Transaction ID: SA11AI.13567

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

575.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 22 / 139

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Ms Kathlyn Dunagan

Mailing Address 1107 S Dwight Ave

City

Monahans

State

TX

Zip Code

79756-5523

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 6 / 2 0 0 8

Transaction ID: SA11AI.13253

Amount of Each Receipt this Period

251.00

B.

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Carolyn Eldridge

Mailing Address 607 3rd Key Dr

City

Fort Lauderdale

State

FL

Zip Code

33304-3805

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.13285

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Marcus Epperson

Mailing Address 1507 Saddlecreek Dr

City

Houston

State

TX

Zip Code

77090-2135

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 7 / 2 0 0 8

Transaction ID: SA11AI.13446

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

851.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 23 / 139

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Mrs Mary H Fallon

Mailing Address 3 Ocean Dr

City

Seabrook

State

NH

Zip Code

03874-5102

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.13422

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Rosemary Faraj

Mailing Address 3360 N Booth St

City

Milwaukee

State

WI

Zip Code

53212-1646

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.13441

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Mr Robert L Field

Mailing Address PO Box 428

City

La Grange

State

TX

Zip Code

78945-0428

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 8 / 2 0 0 8

Transaction ID: SA11AI.13276

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
 Donna M Fluehr

Mailing Address 1408 Plymouth Blvd.

City State Zip Code
 Plymouth Meeting PA 19462

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Tot-Time Child Dev. Ctrs.
 Inc.

Occupation
 CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 4 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.25982

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)
 Mr. Patrick Franje

Mailing Address 424 College Hill Ave

City State Zip Code
 Oskaloosa IA 52577-1721

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Ottawa Regional Health Ce-
 nter

Occupation
 Social Work

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 6 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.13599

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)
 Mr. J Fuson

Mailing Address 3630 NW 47th St

City State Zip Code
 Oklahoma City OK 73112-6105

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Retired

Occupation
 Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 4 / 1 6 / 2 0 0 8

Transaction ID: SA11AI.13356

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 25 / 139

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
 Mr. John W Galbraith

Mailing Address 500 Crestwood Dr Apt 1604

City State Zip Code
Charlottesville VA 22903-4861

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
 Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.13189

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)
 Mr. John W Galbraith

Mailing Address 500 Crestwood Dr Apt 1604

City State Zip Code
Charlottesville VA 22903-4861

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
 Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.13195

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)
 William M Garrett

Mailing Address 464 Oak Court

City State Zip Code
Bensalem PA 19020

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Drinker Biddle & Reath LLP

Occupation
 Lawyer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.25959

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

2300.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 26 / 139

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Dr. & Mrs. Kenneth L. Garver

Mailing Address 101 Stephens Ln

City

Verona

State

PA

Zip Code

15147-3035

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.13258

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

James Geary

Mailing Address 113 Meadowbrook

City

Randolph

State

NJ

Zip Code

07869

FEC ID number of contributing
federal political committee.

C

Name of Employer
PricewaterhouseCoopers

Occupation

Accountant

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.26256

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Ms. Mary E Gehr

Mailing Address 518 Fairview Way

City

Shawano

State

WI

Zip Code

54166-2232

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested per
Best Efforts

Occupation

Information Requested per Best Efforts

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.13270

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Thomas J Gerg

Mailing Address 550 N Michael St

City

Saint Marys

State

PA

Zip Code

15857-1156

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.13636

Amount of Each Receipt this Period

101.00

B.

Full Name (Last, First, Middle Initial)

Ms Teresa L Gery

Mailing Address 1307 Belasco Ave

City

Pittsburgh

State

PA

Zip Code

15216-3347

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

251.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.13320

Amount of Each Receipt this Period

51.00

C.

Full Name (Last, First, Middle Initial)

Mrs Sandra E. Goodstein

Mailing Address 1770 Melmar Rd

City

Huntingdon Valley

State

PA

Zip Code

19006-7981

FEC ID number of contributing
federal political committee.

C

Name of Employer
Goodstein & Associates LLC

Occupation

Financial Advisor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.13263

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

652.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
 Ms. Susan R Gordon

Mailing Address 1212 NW 12th St

City State Zip Code
Andrews TX 79714-2708

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Brian Gordon, M.D.

Occupation
 Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.13540

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
 Ms Brenda J Gottlieb

Mailing Address 8801 Hunting Trl

City State Zip Code
Indianapolis IN 46217-4616

FEC ID number of contributing
federal political committee.

C

Name of Employer
 GMG Motors, Inc.

Occupation
 Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 1 / 2 0 0 8

Transaction ID: SA11AI.13247

Amount of Each Receipt this Period

400.00

C.

Full Name (Last, First, Middle Initial)
 Ms Brenda J Gottlieb

Mailing Address 8801 Hunting Trl

City State Zip Code
Indianapolis IN 46217-4616

FEC ID number of contributing
federal political committee.

C

Name of Employer
 GMG Motors, Inc.

Occupation
 Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.25933

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

950.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Mr Richard T Gregg

Mailing Address 80 Tromind Dr

City

Mahwah

State

NJ

Zip Code

07430-7430

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Gregg Company, Ltd

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 13 / 2008

Transaction ID: SA11AI.13171

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Mr J Tyler Griffin

Mailing Address 77 Middle Rd Apt 360

City

Bryn Mawr

State

PA

Zip Code

19010-1779

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 30 / 2008

Transaction ID: SA11AI.13467

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Mr. Richard Standifer Griffith

Mailing Address PO Box 91610

City

Lafayette

State

LA

Zip Code

70509-1610

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

04 / 20 / 2008

Transaction ID: SA11AI.26012

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1550.00

TOTAL This Period (last page this line number only)

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
 Mr. Richard Standifer Griffith

Mailing Address PO Box 91610

City State Zip Code
Lafayette LA 70509-1610

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.13819

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)
 Mr. Richard Standifer Griffith

Mailing Address PO Box 91610

City State Zip Code
Lafayette LA 70509-1610

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.13818

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)
 Mrs. Shirley Griffiths

Mailing Address 2216 Graffius Avenue Ext

City State Zip Code
Punxsutawney PA 15767-3916

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

281.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.13230

Amount of Each Receipt this Period

141.00

SUBTOTAL of Receipts This Page (optional)

341.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Mrs. Shirley Griffiths

Mailing Address 2216 Graffius Avenue Ext

City

Punxsutawney

State

PA

Zip Code

15767-3916

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

306.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.13231

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Shirley Griffiths

Mailing Address 2216 Graffius Avenue Ext

City

Punxsutawney

State

PA

Zip Code

15767-3916

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

517.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.13232

Amount of Each Receipt this Period

211.00

C.

Full Name (Last, First, Middle Initial)

Timothy Griffiths

Mailing Address 4291 State Rd.

City

Phoenixville

State

PA

Zip Code

19460

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fios, Inc.

Occupation

Sales Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 2 / 2 0 0 8

Transaction ID: SA11AI.25950

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

486.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Mr Tom Gutshall

Mailing Address 24968 Okeefe Ln

City

Los Altos

State

CA

Zip Code

94022-4612

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cepheid

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.13544

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Leu E Hammerl

Mailing Address 69 Ohara Rd

City

Tonawanda

State

NY

Zip Code

14150-6227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.13549

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mrs. Violet B Hanna

Mailing Address 4123 Mary Ellen Ave

City

Studio City

State

CA

Zip Code

91604-2212

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 6 / 2 0 0 8

Transaction ID: SA11AI.13542

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Mrs. Rosemary L Hegenbart

Mailing Address 6266 Altura Ave

City

La Crescenta

State

CA

Zip Code

91214-2325

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.13302

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Rosemary L Hegenbart

Mailing Address 6266 Altura Ave

City

La Crescenta

State

CA

Zip Code

91214-2325

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.13303

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Daniel K Hennessy

Mailing Address 4405 Beverly Dr

City

Dallas

State

TX

Zip Code

75205-3001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hughes Luce LLP

Occupation

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 7 / 2 0 0 8

Transaction ID: SA11AI.13538

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

375.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 34 / 139

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Mr. Brian J Henry

Mailing Address 500 Old Academy Rd

City

Fairfield

State

CT

Zip Code

06824-7140

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested per
Best Efforts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Information Requested per Best Efforts

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.13424

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Noelle J Hidalla

Mailing Address 308 Ravilla Ave

City

Staples

State

MN

Zip Code

56479-3309

FEC ID number of contributing
federal political committee.

C

Name of Employer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Homemaker

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.13225

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

Mr. Reynard Hoffmann

Mailing Address 5146 Belden Ave Apt C2

City

Downers Grove

State

IL

Zip Code

60515-4766

FEC ID number of contributing
federal political committee.

C

Name of Employer
L P A

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Ret

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.13226

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

400.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 35 / 139

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
 Mr. Reynard Hoffmann

Mailing Address 5146 Belden Ave Apt C2

City State Zip Code
 Downers Grove IL 60515-4766

FEC ID number of contributing
federal political committee.

C

Name of Employer
 L P A

Occupation
 Ret

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 5 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.13227

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)
 Ms Seraphine A Holker

Mailing Address 1301 E 7th St

City State Zip Code
 Monticello MN 55362-8823

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
 Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

206.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 6 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.13591

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)
 Mrs. Patsy L Holland

Mailing Address 12409 Springwood Dr

City State Zip Code
 Oklahoma City OK 73120-1725

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
 Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 6 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.13654

Amount of Each Receipt this Period

101.00

SUBTOTAL of Receipts This Page (optional)

321.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 36 / 139

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Mr. Bruce H Hooper

Mailing Address 412 Inveraray Rd

City

Villanova

State

PA

Zip Code

19085-1138

FEC ID number of contributing
federal political committee.

C

Name of Employer
US Marine Corps

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.13183

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Mr. Thomas E Humphreys

Mailing Address 4006 SW 21st St

City

Gainesville

State

FL

Zip Code

32608-3318

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.13306

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Mr. Thomas E Humphreys

Mailing Address 4006 SW 21st St

City

Gainesville

State

FL

Zip Code

32608-3318

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

311.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.13307

Amount of Each Receipt this Period

71.00

SUBTOTAL of Receipts This Page (optional)

1121.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 37 / 139

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Mr. Thomas E Humphreys

Mailing Address 4006 SW 21st St

City

Gainesville

State

FL

Zip Code

32608-3318

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

382.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 7 / 2 0 0 8

Transaction ID: SA11AI.13308

Amount of Each Receipt this Period

71.00

B.

Full Name (Last, First, Middle Initial)

Mr & Mrs Philip Jakeway, Jr

Mailing Address 17 Forbes Blvd

City

Eastchester

State

NY

Zip Code

10709-1534

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Supporting Cast

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.13461

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Mr. C. Lee Johnson

Mailing Address 8129 E Carefree Drive

City

Carefree

State

AZ

Zip Code

85377-5377

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.13560

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

621.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 38 / 139

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
 Mr. Eldridge R Johnson, II

Mailing Address PO Box 467

City State Zip Code
Edgemont PA 19028-0467

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Retired

Occupation
 Ret

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

05 / 14 / 2008

Transaction ID: SA11AI.13235

Amount of Each Receipt this Period

201.00

B.

Full Name (Last, First, Middle Initial)
 Mr. Eldridge R Johnson, II

Mailing Address PO Box 467

City State Zip Code
Edgemont PA 19028-0467

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Retired

Occupation
 Ret

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

502.00

Date of Receipt

06 / 19 / 2008

Transaction ID: SA11AI.13234

Amount of Each Receipt this Period

301.00

C.

Full Name (Last, First, Middle Initial)
 Ms. Myrtle E. Jones

Mailing Address PO Box 205

City State Zip Code
Telford PA 18969-0205

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Solar Atmospher

Occupation
 Electrical Engi

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

401.00

Date of Receipt

05 / 12 / 2008

Transaction ID: SA11AI.13326

Amount of Each Receipt this Period

401.00

SUBTOTAL of Receipts This Page (optional)

903.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 139

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION**A.**

Full Name (Last, First, Middle Initial)

Mrs. Mary C Jordan

Mailing Address 321 W South St

City

Grayville

State

IL

Zip Code

62844-1534

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	0	1	/	2	0	0	8

Transaction ID: SA11AI.13272

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Mr. Joseph S. Keilty

Mailing Address 1011 Winding Way

City

Baltimore

State

MD

Zip Code

21210-1232

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	4	/	2	0	0	8

Transaction ID: SA11AI.12997

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Mr. Thomas Kelly

Mailing Address 5211 Arquilla Dr

City

Richton Park

State

IL

Zip Code

60471-1519

FEC ID number of contributing
federal political committee.

C

Name of Employer
Governors State Univ

Occupation

Prof

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	9	/	2	0	0	8

Transaction ID: SA11AI.13198

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

1300.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Mr. Thomas Kelly

Mailing Address 5211 Arquilla Dr

City

Richton Park

State

IL

Zip Code

60471-1519

FEC ID number of contributing
federal political committee.

C

Name of Employer
Governors State Univ

Occupation
Prof

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.13199

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

Miss Katherine M Kernicky

Mailing Address 544 S Wycombe Ave

City

Yeadon

State

PA

Zip Code

19050-2846

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.13522

Amount of Each Receipt this Period

75.00

C.

Full Name (Last, First, Middle Initial)

Mr. Richard L Knoebel

Mailing Address 206 Knoebels Blvd

City

Elysburg

State

PA

Zip Code

17824-7125

FEC ID number of contributing
federal political committee.

C

Name of Employer
H.H. Knoebel & Sons

Occupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.13305

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

375.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 41 / 139

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Mrs. Deborah Jean Kolb

Mailing Address 4105 Inspiration St

City

Schwenksville

State

PA

Zip Code

19473-2066

FEC ID number of contributing
federal political committee.

C

Name of Employer
CompuWorks

Occupation
DBA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.13469

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Mr. Michael Krasnerman

Mailing Address 7 Partridge Hollow Rd

City

Greenwich

State

CT

Zip Code

06831-2662

FEC ID number of contributing
federal political committee.

C

Name of Employer
All Settled Group

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 9 / 2 0 0 8

Transaction ID: SA11AI.13283

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr Kenneth L. Kreuz

Mailing Address 2276 Catherine St

City

Cortlandt Manor

State

NY

Zip Code

10567-7260

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.13967

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 42 / 139

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Mr Kenneth L. Kreuz

Mailing Address 2276 Catherine St

City

Cortlandt Manor

State

NY

Zip Code

10567-7260

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.13409

Amount of Each Receipt this Period

60.00

B.

Full Name (Last, First, Middle Initial)

Mr Kenneth L. Kreuz

Mailing Address 2276 Catherine St

City

Cortlandt Manor

State

NY

Zip Code

10567-7260

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

495.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.13410

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

Ms Mildred Kuhn

Mailing Address 5005 Relleum Ave

City

Cincinnati

State

OH

Zip Code

45238-3807

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 8 / 2 0 0 8

Transaction ID: SA11AI.13293

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

710.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 43 / 139

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Mrs. Mary J Kurtz

Mailing Address 846 Leid Rd

City

East Earl

State

PA

Zip Code

17519-9795

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.13324

Amount of Each Receipt this Period

101.00

B.

Full Name (Last, First, Middle Initial)

Mr Morton S Landy

Mailing Address PO Box 126

City

Mahaffey

State

PA

Zip Code

15757-0126

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.13380

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

Mr Clinton W Lane, Jr

Mailing Address 4 Oakleigh Ln

City

Saint Louis

State

MO

Zip Code

63124-1361

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Business Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.13274

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

751.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 44 / 139

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Mr John W Lapp

Mailing Address 41 Ridge View Dr

City

Leola

State

PA

Zip Code

17540-1119

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Trucker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 7 / 2 0 0 8

Transaction ID: SA11AI.13357

Amount of Each Receipt this Period

110.00

B.

Full Name (Last, First, Middle Initial)

Mr John W Lapp

Mailing Address 41 Ridge View Dr

City

Leola

State

PA

Zip Code

17540-1119

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Trucker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

331.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 7 / 2 0 0 8

Transaction ID: SA11AI.13358

Amount of Each Receipt this Period

1.00

C.

Full Name (Last, First, Middle Initial)

Mr Andy Larson

Mailing Address 8740 Arbor St

City

Duluth

State

MN

Zip Code

55808-1436

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.13556

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

211.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 45 / 139

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Mr Charles E Lazure

Mailing Address 2725 N 45th Ave

City

Omaha

State

NE

Zip Code

68104-4526

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Ret.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 0 / 2 0 0 8

Transaction ID: SA11AI.13248

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Mr Charles E Lazure

Mailing Address 2725 N 45th Ave

City

Omaha

State

NE

Zip Code

68104-4526

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Ret.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.13249

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Mr. Charles J Lemont

Mailing Address 54698 Bellingham Dr

City

Shelby Township

State

MI

Zip Code

48316-1298

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.13374

Amount of Each Receipt this Period

51.00

SUBTOTAL of Receipts This Page (optional)

201.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 46 / 139

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Mr. Charles J Lemont

Mailing Address 54698 Bellingham Dr

City

Shelby Township

State

MI

Zip Code

48316-1298

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

301.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 6 / 2 0 0 8

Transaction ID: SA11AI.13375

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Mr Alan L Lewitzke

Mailing Address PO Box 249

City

Mosinee

State

WI

Zip Code

54455-0249

FEC ID number of contributing
federal political committee.

C

Name of Employer
L. & S. Electric, Inc.

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 0 / 2 0 0 8

Transaction ID: SA11AI.13192

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Mr. James M Lysaght

Mailing Address PO Box 1697
82 Albertson Placea

City

Mineola

State

NY

Zip Code

11501-0904

FEC ID number of contributing
federal political committee.

C

Name of Employer
none

Occupation

retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.13254

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

1150.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 47 / 139

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Mr. Richard Mace

Mailing Address 39 Round Top Ln

City

Gettysburg

State

PA

Zip Code

17325-8746

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Ret.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.13517

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Theresa A Malany

Mailing Address 435 Misty Patch Rd

City

Coatesville

State

PA

Zip Code

19320-4613

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.13405

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

Theresa A Malany

Mailing Address 435 Misty Patch Rd

City

Coatesville

State

PA

Zip Code

19320-4613

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

321.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.13406

Amount of Each Receipt this Period

1.00

SUBTOTAL of Receipts This Page (optional)

451.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 48 / 139

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Mr. Frederick R Marcus

Mailing Address 1094 Stillwood Dr NE

City

Atlanta

State

GA

Zip Code

30306-3536

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emory University

Occupation
Lecturer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.13527

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Joel Masiko

Mailing Address 7522 Flint Hill Rd

City

New Tripoli

State

PA

Zip Code

18066-3646

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.13417

Amount of Each Receipt this Period

101.00

C.

Full Name (Last, First, Middle Initial)

Ms. Cynthia P Matthews

Mailing Address 7299 Dillman Dr

City

Hudson

State

OH

Zip Code

44236-2442

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.13289

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

851.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 139

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

John M McCarthy

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested per
Best Efforts

Occupation

Information Requested per Best Efforts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.13458

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Mr William A McGuire, Jr

Mailing Address 3913 Modlin St

City

State

Zip Code

Mesquite

TX

75150-2235

FEC ID number of contributing
federal political committee.

C

Name of Employer
Clements Realtors

Occupation

Real Estate Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.13404

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mrs. Garratt McLellan

Mailing Address 270 Atheron Ave

City

State

Zip Code

Atherton

CA

94027-5438

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Housewife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 9 / 2 0 0 8

Transaction ID: SA11AI.13546

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
 Mr. Martin Miller

Mailing Address 780 Amaryllis Ave

City State Zip Code
 Oradell NJ 07649-1457

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 5 / 1 6 / 2 0 0 8

Transaction ID: SA11AI.13334

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)
 Mr. Martin Miller

Mailing Address 780 Amaryllis Ave

City State Zip Code
 Oradell NJ 07649-1457

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 6 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.13335

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)
 Joel And Molly Gilley

Mailing Address 6298 Domarray Street

City State Zip Code
 Coopersburg PA 18036

FEC ID number of contributing
federal political committee.

C

Name of Employer
Promus Financial

Occupation
Executive Compensation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 5 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.25952

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Mr. John D Moynahan, Jr

Mailing Address 21 Cross Rd

City

Darien

State

CT

Zip Code

06820-6107

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.13459

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

Mr. John Mumford

Mailing Address 2925 Woodside Rd

City

Woodside

State

CA

Zip Code

94062-2443

FEC ID number of contributing
federal political committee.

C

Name of Employer
Crosspoint Venture Capital

Occupation

Self-Employed

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.12984

Amount of Each Receipt this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

Mr Steven M Napolitano

Mailing Address 633 3rd Ave

City

New York

State

NY

Zip Code

10017-6706

FEC ID number of contributing
federal political committee.

C

Name of Employer
First American Title Insurance

Occupation

Senior Executive Vice Presiden

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.13177

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

6200.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
 Mary Naugle

Mailing Address 1605 N 10th St

City State Zip Code
 Reading PA 19604-1706

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
 Unemployed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 4 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.13265

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)
 Ms. Irene Neale

Mailing Address 8325 SW Mohawk St Apt 119

City State Zip Code
 Tualatin OR 97062-9141

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Self Employed

Occupation
 Registered Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 6 / 2 7 / 2 0 0 8

Transaction ID: SA11AI.13565

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)
 Mrs Rachel A Nickel

Mailing Address 854 Stonebridge Dr

City State Zip Code
 Lancaster PA 17601-1478

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Armstrong World Industrie-
 s, Inc

Occupation
 Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 6 / 2 7 / 2 0 0 8

Transaction ID: SA11AI.13429

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 53 / 139

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Mr. Reade B Nimick

Mailing Address 1101 Lincoln Dr

City

West Chester

State

PA

Zip Code

19380-5721

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Ret

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.13418

Amount of Each Receipt this Period

101.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Roberta R O'leary

Mailing Address 360 River Rd

City

Beaver

State

PA

Zip Code

15009-2816

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Homemaker

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.13626

Amount of Each Receipt this Period

101.00

C.

Full Name (Last, First, Middle Initial)

Ms Helen V O'Reilly

Mailing Address 4565 NW 3rd St Apt C

City

Delray Beach

State

FL

Zip Code

33445-2760

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Ret.

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.13342

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)

602.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Mr. Ray P Oden, Jr

Mailing Address 702 Thora Blvd

City

Shreveport

State

LA

Zip Code

71106-1824

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.13167

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Ms. Eileen Ormond

Mailing Address 6549 Lyceum Ct

City

Cincinnati

State

OH

Zip Code

45230-2402

FEC ID number of contributing
federal political committee.

C

Name of Employer
re

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.13291

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mrs. Suzanne A Palmer

Mailing Address 108 S 300th PI

City

Federal Way

State

WA

Zip Code

98003-4310

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 7 / 2 0 0 8

Transaction ID: SA11AI.13168

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 55 / 139

(check only one)

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

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NAME OF COMMITTEE (In Full)
 AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
 Mrs. Lisa W Pandelidis

Mailing Address 1871 Grantley Rd

City State Zip Code
 York PA 17403-4440

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
 Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.13163

Amount of Each Receipt this Period

1500.00

B.

Full Name (Last, First, Middle Initial)
 Mr Michael C Pascucci

Mailing Address 392 Duck Pond Rd

City State Zip Code
 Locust Valley NY 11560-2405

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Self-Employed

Occupation
 Self-Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.13513

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
 Mr. John T Pearson

Mailing Address 51 Pine St

City State Zip Code
 Rye NH 03870-2641

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
 Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.13607

Amount of Each Receipt this Period

106.00

SUBTOTAL of Receipts This Page (optional)

1856.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 / 139

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION**A.**

Full Name (Last, First, Middle Initial)

Mr John G. Penson

Mailing Address 1201 Elm St Ste 4240

City

Dallas

State

TX

Zip Code

75270-2024

FEC ID number of contributing
federal political committee.

C

Name of Employer
Penson Properties IncOccupation
Investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.13229

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. George O Pfaff

Mailing Address 16 Beaver Creek Ln

City

Asheville

State

NC

Zip Code

28804-2765

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.13190

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Thomas J. Posaatko

Mailing Address 110 Neptune Dr

City

Newark

State

DE

Zip Code

19711-3011

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested per
Best EffortsOccupation
Information Requested per Best Efforts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.13267

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 / 139

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION**A.**

Full Name (Last, First, Middle Initial)

Mrs. Katherine Pryor

Mailing Address 544 Innsbruck Ave

City

Great Falls

State

VA

Zip Code

22066-2632

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Housewife

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	0		2	0	0	8

Transaction ID: SA11AI.13187

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Mr. Travis Rankin

Mailing Address 425 Alcatraz Ave Apt 1

City

Oakland

State

CA

Zip Code

94609-1152

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allied Barton Protective
Servi

Occupation

Security Guard

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

251.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	7		2	0	0	8

Transaction ID: SA11AI.13379

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Paul Reynolds

Mailing Address 6930 Cahaba Valley Road
Suite 202

City

Birmingham

State

AL

Zip Code

35242

FEC ID number of contributing
federal political committee.

C

Name of Employer
Reynolds Technical Associ-
ates, LLC

Occupation

Broadcast Development

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	3		2	0	0	8

Transaction ID: SA11AI.25942

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1350.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 58 / 139

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Mr. Richard D. Richardson

Mailing Address 9 Foxtail Ln

City

Chadds Ford

State

PA

Zip Code

19317-9778

FEC ID number of contributing
federal political committee.

C

Name of Employer
Solid State Equipment

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.12988

Amount of Each Receipt this Period

3000.00

B.

Full Name (Last, First, Middle Initial)

Mr. Daniel L. Root

Mailing Address 5201 College Blvd

City

Overland Park

State

KS

Zip Code

66211-1623

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rootlab

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.12986

Amount of Each Receipt this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

Ms Ellen C Routson

Mailing Address 1401 Hermits Way

City

The Dalles

State

OR

Zip Code

97058-3807

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.13507

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

8100.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 59 / 139

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Mrs Shirley A Rowold

Mailing Address 18480 Fm 3204

City

Brownsboro

State

TX

Zip Code

75756-4048

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Landman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 9 / 2 0 0 8

Transaction ID: SA11AI.13601

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Mr George J Russ

Mailing Address 204 Aqueduct Rd

City

Washington Crossin

State

PA

Zip Code

18977-1328

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.13201

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Mr George J Russ

Mailing Address 204 Aqueduct Rd

City

Washington Crossin

State

PA

Zip Code

18977-1328

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.13202

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 60 / 139

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION**A.**

Full Name (Last, First, Middle Initial)

Mr George J Russ

Mailing Address 204 Aqueduct Rd

City

Washington Crossin

State

PA

Zip Code

18977-1328

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

701.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	4	/	2	0	0	8

Transaction ID: SA11AI.13200

Amount of Each Receipt this Period

101.00

B.

Full Name (Last, First, Middle Initial)

Mr. C Andrew Russell

Mailing Address 625 Liberty Ave

City

Pittsburgh

State

PA

Zip Code

15222-3110

FEC ID number of contributing
federal political committee.

C

Name of Employer
Laurel Mountain Partners

Occupation

Investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	0	9	/	2	0	0	8

Transaction ID: SA11AI.13179

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Daniel D. Sahakian

Mailing Address PO Box 649

City

State College

State

PA

Zip Code

16804-0649

FEC ID number of contributing
federal political committee.

C

Name of Employer
H.F.L. Corporation

Occupation

Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	2	/	2	0	0	8

Transaction ID: SA11AI.13322

Amount of Each Receipt this Period

1.00

SUBTOTAL of Receipts This Page (optional)

1102.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 61 / 139

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Mr Vincent Schmitz

Mailing Address 4207 Montview Blvd

City

Denver

State

CO

Zip Code

80207-3725

FEC ID number of contributing
federal political committee.

C

Name of Employer
Citywide Banks

Occupation
Banker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.13448

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Ms. Margaret A. Schuhmann

Mailing Address 1622 Dauphin Ave

City

Wyomissing

State

PA

Zip Code

19610-2314

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

601.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.13239

Amount of Each Receipt this Period

301.00

C.

Full Name (Last, First, Middle Initial)

Mr. Robert E Shanahan

Mailing Address 4554 Brownsville Rd

City

Pittsburgh

State

PA

Zip Code

15236-1910

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 9 / 2 0 0 8

Transaction ID: SA11AI.13551

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

851.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 62 / 139

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Mr Thomas P Sharky

Mailing Address 6230 Brushrun Rd

City

Bethel Park

State

PA

Zip Code

15102-2214

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested per
Best Efforts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Information Requested per Best Efforts

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 8 / 2 0 0 8

Transaction ID: SA11AI.13194

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Mr. Leonard M Sigurdson

Mailing Address 4169 W Birchview Rd

City

Grasston

State

MN

Zip Code

55030-2106

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Farmer

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.13271

Amount of Each Receipt this Period

175.00

C.

Full Name (Last, First, Middle Initial)

L. Jane Silverthorn

Mailing Address 646 Wagner Rd

City

Lafayette Hill

State

PA

Zip Code

19444-2039

FEC ID number of contributing
federal political committee.

C

Name of Employer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Retired

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.13211

Amount of Each Receipt this Period

800.00

SUBTOTAL of Receipts This Page (optional)

1975.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 63 / 139

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Mr Jerry T Simpson

Mailing Address 210 E Lisburn Rd

City

Mechanicsburg

State

PA

Zip Code

17055-5541

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Ret.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

05 / 21 / 2008

Transaction ID: SA11AI.13338

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Miss Diane F Skiles

Mailing Address PO Box 128

City

New Oxford

State

PA

Zip Code

17350-0128

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested per
Best Efforts

Occupation

Information Requested per Best Efforts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

05 / 29 / 2008

Transaction ID: SA11AI.13463

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Mr. Edward Slack

Mailing Address 4248 Hermitage Ct

City

Allison Park

State

PA

Zip Code

15101-2973

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

05 / 14 / 2008

Transaction ID: SA11AI.13319

Amount of Each Receipt this Period

201.00

SUBTOTAL of Receipts This Page (optional)

601.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 64 / 139

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Mr Daniel G. Smith

Mailing Address 7 Woodbine Rd

City

Florham Park

State

NJ

Zip Code

07932-2649

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.13304

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Carolyn Snyder

Mailing Address 2294 Manistique Lakes Dr

City

Lebanon

State

OH

Zip Code

45036-8979

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested per
Best Efforts

Occupation

Information Requested per Best Efforts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 8 / 2 0 0 8

Transaction ID: SA11AI.13212

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Mr. Paul Songer, Sr.

Mailing Address PO Box 76

City

Washington

State

PA

Zip Code

15301-0076

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.13634

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 65 / 139

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Ms Corinne Spence

Mailing Address 22834 E Cliff Dr

City

Santa Cruz

State

CA

Zip Code

95062-5449

FEC ID number of contributing
federal political committee.**C**Name of Employer
RetiredOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.13278

Amount of Each Receipt this Period

400.00

B.

Full Name (Last, First, Middle Initial)

Ms Dian Graves Stai

Mailing Address 400 Pine St Ste 1000

City

Abilene

State

TX

Zip Code

79601-5142

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

Name of Employer

Occupation
Ret.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 7 / 2 0 0 8

Transaction ID: SA11AI.12991

Amount of Each Receipt this Period

3000.00

C.

Full Name (Last, First, Middle Initial)

Mr. Franklin A Stauffer

Mailing Address 620 E Arch St

City

Palmyra

State

PA

Zip Code

17078-1805

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

Name of Employer

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.13416

Amount of Each Receipt this Period

51.00

SUBTOTAL of Receipts This Page (optional)

3451.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 66 / 139

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Mrs. Virginia J Steele

Mailing Address 6382 Jackson St

City

Pittsburgh

State

PA

Zip Code

15206-2232

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.13428

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Mr. William Stewart

Mailing Address PO Box 159

City

Stevenson

State

MD

Zip Code

21153-0159

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Investment Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.13497

Amount of Each Receipt this Period

151.00

C.

Full Name (Last, First, Middle Initial)

Mr. Joey Storer

Mailing Address 4500 Linden Dr

City

Midland

State

MI

Zip Code

48640-2673

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dow Chemical Comp.

Occupation

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.13555

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

501.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 67 / 139

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
 Mrs. Ada A. Strassenburgh

Mailing Address PO Box 608

City State Zip Code
 Ocean View NJ 08230-0608

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 4 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.13215

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)
 Mrs. Ada A. Strassenburgh

Mailing Address PO Box 608

City State Zip Code
 Ocean View NJ 08230-0608

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 5 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.13213

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)
 Mrs. Ada A. Strassenburgh

Mailing Address PO Box 608

City State Zip Code
 Ocean View NJ 08230-0608

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 5 / 2 0 / 2 0 0 8

Transaction ID: SA11AI.13214

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 68 / 139

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
 Mr. Zdzislaw K. Strzalkowski

Mailing Address 6 Dandelion Dr

City State Zip Code
Boiling Springs PA 17007-9735

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
 Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.13159

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)
 Mr. Zdzislaw K. Strzalkowski

Mailing Address 6 Dandelion Dr

City State Zip Code
Boiling Springs PA 17007-9735

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
 Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.13160

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)
 Mr. Zdzislaw K. Strzalkowski

Mailing Address 6 Dandelion Dr

City State Zip Code
Boiling Springs PA 17007-9735

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
 Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.13161

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1600.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 69 / 139

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Mr Robert Sunderland

Mailing Address 953 Pyrite Ave

City

Henderson

State

NV

Zip Code

89011-3059

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

301.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.13250

Amount of Each Receipt this Period

101.00

B.

Full Name (Last, First, Middle Initial)

Mr Robert Sunderland

Mailing Address 953 Pyrite Ave

City

Henderson

State

NV

Zip Code

89011-3059

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

351.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.17567

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Mr Robert Sunderland

Mailing Address 953 Pyrite Ave

City

Henderson

State

NV

Zip Code

89011-3059

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

401.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 7 / 2 0 0 8

Transaction ID: SA11AI.13251

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

201.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 70 / 139

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Wilson H. Taylor

Mailing Address 1732 Kimberton Rd

City

Phoenixville

State

PA

Zip Code

19460-1627

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Ret

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.12989

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Dr. Ana M. Thompson

Mailing Address 8730 Birch Bark Dr

City

Sylvania

State

OH

Zip Code

43560-8933

FEC ID number of contributing
federal political committee.

C

Name of Employer
Anders Dermatology

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 2 / 2 0 0 8

Transaction ID: SA11AI.13287

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr Robert L Toner

Mailing Address 969 Horsham Rd

City

Horsham

State

PA

Zip Code

19044-1326

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Landscaper

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2501.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.12993

Amount of Each Receipt this Period

2501.00

SUBTOTAL of Receipts This Page (optional)

4001.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
 Mr. P Tracy

Mailing Address 1025 Park Pl Apt 159

City State Zip Code
Mishawaka IN 46545-3551

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Ret.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 5 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.13331

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)
 Mr. P Tracy

Mailing Address 1025 Park Pl Apt 159

City State Zip Code
Mishawaka IN 46545-3551

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Ret.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

401.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 5 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.13333

Amount of Each Receipt this Period

101.00

C.

Full Name (Last, First, Middle Initial)
 Mr Robert S Troth

Mailing Address 3003 Gulf Shore Blvd N

City State Zip Code
Naples FL 34103-3942

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 5 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.13499

Amount of Each Receipt this Period

251.00

SUBTOTAL of Receipts This Page (optional)

452.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 72 / 139

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
 Mr. John Turnbull

Mailing Address PO Box 407

City State Zip Code
 Hubbard OR 97032-0407

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Parker Buildings, Inc.

Occupation
 General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 6 / 2 0 0 8

Transaction ID: SA11AI.13280

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
 Mr. John Turnbull

Mailing Address PO Box 407

City State Zip Code
 Hubbard OR 97032-0407

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Parker Buildings, Inc.

Occupation
 General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 1 1 / 2 0 0 8

Transaction ID: SA11AI.13281

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
 Mrs. Kathleen Tyndall

Mailing Address 11229 W Dora Ct

City State Zip Code
 Wichita KS 67209-1280

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Information Requested per
 Best Efforts

Occupation
 Information Requested per Best Efforts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 2 / 2 0 0 8

Transaction ID: SA11AI.13575

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

525.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 73 / 139

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Mrs. Kathleen Tyndall

Mailing Address 11229 W Dora Ct

City

Wichita

State

KS

Zip Code

67209-1280

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested per
Best Efforts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Information Requested per Best Efforts

Aggregate Year-to-Date ▼

226.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.13574

Amount of Each Receipt this Period

1.00

B.

Full Name (Last, First, Middle Initial)

Mrs Julie Ungarino

Mailing Address 424 W Livingston Pl

City

Metairie

State

LA

Zip Code

70005-0005

FEC ID number of contributing
federal political committee.

C

Name of Employer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Homemaker

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.13652

Amount of Each Receipt this Period

201.00

C.

Full Name (Last, First, Middle Initial)

Mr. James D Vargo

Mailing Address 6306 Deacon Cir

City

Windermere

State

FL

Zip Code

34786-8938

FEC ID number of contributing
federal political committee.

C

Name of Employer
Daniels Mfg Corp

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Bus Exec

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.13173

Amount of Each Receipt this Period

1200.00

SUBTOTAL of Receipts This Page (optional)

1402.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 74 / 139

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Mr Howard Varner

Mailing Address 222 Valhalla Dr

City

Solvang

State

CA

Zip Code

93463-3101

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.13474

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Marlys Veeh

Mailing Address 1122 Castlegate Ln

City

Santa Ana

State

CA

Zip Code

92705-2944

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.13297

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Daniel J. Walsh

Mailing Address 4 N 32nd Ave

City

Longport

State

NJ

Zip Code

08403-1524

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medimmune, Inc.

Occupation

Project Mgr.

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 1 / 2 0 0 8

Transaction ID: SA11AI.13238

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 75 / 139

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Mr. Daniel J. Walsh

Mailing Address 4 N 32nd Ave

City

Longport

State

NJ

Zip Code

08403-1524

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medimmune, Inc.

Occupation

Project Mgr.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.13237

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

Mr. Daniel J. Walsh

Mailing Address 4 N 32nd Ave

City

Longport

State

NJ

Zip Code

08403-1524

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medimmune, Inc.

Occupation

Project Mgr.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

601.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 6 / 2 0 0 8

Transaction ID: SA11AI.13236

Amount of Each Receipt this Period

151.00

C.

Full Name (Last, First, Middle Initial)

Mr Michael A Warehime

Mailing Address 6663 Moulstown Rd E

City

Hanover

State

PA

Zip Code

17331-6819

FEC ID number of contributing
federal political committee.

C

Name of Employer
Snyder's Of Hanover

Occupation

Chairman/C.E.O.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.13181

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1301.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 76 / 139

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
 Mr & Mrs Arthur Weiner

Mailing Address 101 Piney Woods Ct Apt 222

City State Zip Code
Houston TX 77077-5285

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested per
Best Efforts

Occupation
Information Requested per Best Efforts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 8 / 2 0 0 8

Transaction ID: SA11AI.13295

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)
 Mrs. Nancy C Weiss

Mailing Address 1742 Cortland Ln

City State Zip Code
Bethlehem PA 18015-9065

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

206.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 0 / 2 0 0 8

Transaction ID: SA11AI.13411

Amount of Each Receipt this Period

6.00

C.

Full Name (Last, First, Middle Initial)
 Father Thomas J Welsh

Mailing Address 1325 Prospect Ave

City State Zip Code
Bethlehem PA 18018-4916

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 2 / 2 0 0 8

Transaction ID: SA11AI.13339

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

556.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 77 / 139

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
 Ms. Linda White

Mailing Address PO Box 469

City State Zip Code
 Franklin NC 28744-0469

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
 Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 6 / 2 7 / 2 0 0 8

Transaction ID: SA11AI.13614

Amount of Each Receipt this Period

10.00

B.

Full Name (Last, First, Middle Initial)
 Ms Mona Rae Williams

Mailing Address 314 9th St

City State Zip Code
 Monongahela PA 15063-2820

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
 Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

226.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 6 / 1 0 / 2 0 0 8

Transaction ID: SA11AI.13492

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)
 Ms Carol K Wilson

Mailing Address PO Box 2366

City State Zip Code
 Wichita KS 67201-2366

FEC ID number of contributing
federal political committee.

C

Name of Employer
 The Slope

Occupation
 Small Business Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 6 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.13169

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1110.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 78 / 139

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION**A.**

Full Name (Last, First, Middle Initial)

Ms. Betty Wolfe

Mailing Address 1600 Texas St Apt 1611

City

Fort Worth

State

TX

Zip Code

76102-7500

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

601.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	2	/	2	0	0	8

Transaction ID: SA11AI.13240

Amount of Each Receipt this Period

1.00

B.

Full Name (Last, First, Middle Initial)

Ms. Josephine E Wood

Mailing Address 1400 Enterprise Dr Apt N330

City

Lynchburg

State

VA

Zip Code

24502-5769

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	4	/	2	0	0	8

Transaction ID: SA11AI.13209

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Ms. Josephine Wood

Mailing Address 1400 Enterprise Dr Apt N330

City

Lynchburg

State

VA

Zip Code

24502-5769

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	2	/	2	0	0	8

Transaction ID: SA11AI.13206

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

601.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 79 / 139

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Ms. Josephine Wood

Mailing Address 1400 Enterprise Dr Apt N330

City

Lynchburg

State

VA

Zip Code

24502-5769

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

301.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.13207

Amount of Each Receipt this Period

1.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Anne Wunsche

Mailing Address 261 E Line St Apt G

City

Bishop

State

CA

Zip Code

93514-3551

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.13203

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Mrs. Anne Wunsche

Mailing Address 261 E Line St Apt G

City

Bishop

State

CA

Zip Code

93514-3551

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.13204

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

601.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 80 / 139

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
Mr. James H Wurz, Jr

Mailing Address 6301 Sutliff Rd

City State Zip Code
Oriskany NY 13424-4326

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 0 8

Transaction ID: SA11AI.12995

Amount of Each Receipt this Period

2300.00

B.

Full Name (Last, First, Middle Initial)
Mrs. Jeanette F Yandow

Mailing Address 1133 Long Pond Rd

City State Zip Code
Rochester NY 14626-1123

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.13242

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
Mr Richard Young

Mailing Address 205 Hudson Trce # B

City State Zip Code
Augusta GA 30907-2010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Investment Advisor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.13553

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

2800.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 81 / 139

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Mr Donald E Zakman

Mailing Address 103 Catalpa Ridge Rd

City

Pittsburgh

State

PA

Zip Code

15238-2213

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.13261

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Frank M. Zielinski

Mailing Address 126 E Wing St Apt 211

City

Arlington Heights

State

IL

Zip Code

60004-6064

FEC ID number of contributing
federal political committee.

C

Name of Employer
Barnaby's of Northbrook

Occupation

Restaurant Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

226.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.13298

Amount of Each Receipt this Period

51.00

C.

Full Name (Last, First, Middle Initial)

Mr. Frank M. Zielinski

Mailing Address 126 E Wing St Apt 211

City

Arlington Heights

State

IL

Zip Code

60004-6064

FEC ID number of contributing
federal political committee.

C

Name of Employer
Barnaby's of Northbrook

Occupation

Restaurant Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

276.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.13300

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

601.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 82 / 139

(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Mr. Frank M. Zielinski

Mailing Address 126 E Wing St Apt 211

City

Arlington Heights

State

IL

Zip Code

60004-6064

FEC ID number of contributing
federal political committee.

C

Name of Employer
Barnaby's of Northbrook

Occupation

Restaurant Owner

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

326.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 0 / 2 0 0 8

Transaction ID: SA11AI.13301

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Mr. Dennis Zimmerman

Mailing Address 10343 Oak Ridge Dr

City

Zionsville

State

IN

Zip Code

46077-8313

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.13349

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

85197.00

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

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

FOR LINE NUMBER: PAGE 83 / 139

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

MDI Mail & Imaging

Mailing Address 21721-A Filigree Court

City

Adhburn

State

VA

Zip Code

20147

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ ☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

4299.50

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 7 / 2 0 0 8

Transaction ID: SA15.26029

Amount of Each Receipt this Period

4299.50

Postage Refund

SUBTOTAL of Receipts This Page (optional)

4299.50

TOTAL This Period (last page this line number only)

4299.50

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

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

FOR LINE NUMBER: PAGE 84 / 139

(check only one)

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

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NAME OF COMMITTEE (In Full)
 AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
 Conrad Direct, Inc.

Mailing Address 300 Knickerbocker Road

City State Zip Code
 Cresskill NJ 07626

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

19662.24

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 9 / 2 0 0 8

Transaction ID: SA17.26026

Amount of Each Receipt this Period

10459.72

List Rental Income

B.

Full Name (Last, First, Middle Initial)
 Conrad Direct, Inc.

Mailing Address 300 Knickerbocker Road

City State Zip Code
 Cresskill NJ 07626

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

28941.15

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 0 3 / 2 0 0 8

Transaction ID: SA17.26027

Amount of Each Receipt this Period

9278.91

List Rental Income

SUBTOTAL of Receipts This Page (optional)

19738.63

TOTAL This Period (last page this line number only)

19738.63

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)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Advanced Mailing Services

Mailing Address 14970 Farm Creek Drive

City Woodbridge State VA Zip Code 22191

Purpose of Disbursement

Direct Mail Expenses

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.26223

Date of Disbursement

/ /

Amount of Each Disbursement this Period

7556.12

B.

Full Name (Last, First, Middle Initial)

Advanced Mailing Services

Mailing Address 14970 Farm Creek Drive

City Woodbridge State VA Zip Code 22191

Purpose of Disbursement

Direct Mail Expenses

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.26135

Date of Disbursement

/ /

Amount of Each Disbursement this Period

147.65

C.

Full Name (Last, First, Middle Initial)

Advanced Mailing Services

Mailing Address 14970 Farm Creek Drive

City Woodbridge State VA Zip Code 22191

Purpose of Disbursement

Direct Mail Expenses

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.26140

Date of Disbursement

/ /

Amount of Each Disbursement this Period

6388.47

SUBTOTAL of Disbursements This Page (optional)

14092.24

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)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) Advanced Mailing Seivices	Transaction ID: SB21B.26181 Date of Disbursement
Mailing Address 14970 Farm Creek Drive	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 1 / 2 0 0 8</div> </div>
City Woodbridge State VA Zip Code 22191	Amount of Each Disbursement this Period
Purpose of Disbursement Direct Mail Expenses Candidate Name	<div>1111.84</div>
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) Advanced Mailing Seivices	Transaction ID: SB21B.26184 Date of Disbursement
Mailing Address 14970 Farm Creek Drive	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 2 / 2 0 0 8</div> </div>
City Woodbridge State VA Zip Code 22191	Amount of Each Disbursement this Period
Purpose of Disbursement Direct Mail Expenses Candidate Name	<div>1889.65</div>
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) Allied Printing Resources	Transaction ID: SB21B.26186 Date of Disbursement
Mailing Address 455 Washington Ave.	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 2 / 2 0 0 8</div> </div>
City Carlstadt State NJ Zip Code 07072	Amount of Each Disbursement this Period
Purpose of Disbursement Printing & Reproduction Candidate Name	<div>1441.50</div>
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)

4442.99

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)

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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)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) American Express	Transaction ID: SB21B.26033 Date of Disbursement																				
Mailing Address P.O. Box 53852	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	1		2	0	0	8												
City Phoenix State AZ Zip Code 85072-3852	Amount of Each Disbursement this Period																				
Purpose of Disbursement Merchant Credit Card Fees Candidate Name	<table border="1"> <tr> <td colspan="10">4.50</td> </tr> </table>	4.50																			
4.50																					
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) American Express	Transaction ID: SB21B.26037 Date of Disbursement																				
Mailing Address P.O. Box 53852	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	7		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	7		2	0	0	8												
City Phoenix State AZ Zip Code 85072-3852	Amount of Each Disbursement this Period																				
Purpose of Disbursement Merchant Credit Card Fees Candidate Name	<table border="1"> <tr> <td colspan="10">340.21</td> </tr> </table>	340.21																			
340.21																					
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) American Express	Transaction ID: SB21B.26038 Date of Disbursement																				
Mailing Address Suite 0002	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	4		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	4		2	0	0	8												
City Chicago State IL Zip Code 60679-0002	Amount of Each Disbursement this Period																				
Purpose of Disbursement Credit Card Payment Candidate Name	<table border="1"> <tr> <td colspan="10">676.21</td> </tr> </table>	676.21																			
676.21																					
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)

1020.92

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)

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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)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) Amtrak	Transaction ID: SB21B.26038.0 Date of Disbursement																				
Mailing Address 30th and Market St, Fl. 5	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	4		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	4		2	0	0	8												
City Philadelphia State PA Zip Code 19102	Amount of Each Disbursement this Period																				
Purpose of Disbursement Travel Expenses	<table border="1"> <tr> <td colspan="10">289.00</td> </tr> </table>	289.00																			
289.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Amtrak	Transaction ID: SB21B.26038.3 Date of Disbursement																				
Mailing Address 30th and Market St, Fl. 5	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	4		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	4		2	0	0	8												
City Philadelphia State PA Zip Code 19102	Amount of Each Disbursement this Period																				
Purpose of Disbursement Travel Expenses	<table border="1"> <tr> <td colspan="10">209.00</td> </tr> </table>	209.00																			
209.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) American Express	Transaction ID: SB21B.26052 Date of Disbursement																				
Mailing Address P.O. Box 53852	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		0	1		2	0	0	8												
City Phoenix State AZ Zip Code 85072-3852	Amount of Each Disbursement this Period																				
Purpose of Disbursement Merchant Credit Card Fees	<table border="1"> <tr> <td colspan="10">4.50</td> </tr> </table>	4.50																			
4.50																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

4.50

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)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) American Express	Transaction ID: SB21B.26065																				
Mailing Address P.O. Box 53852	Date of Disbursement																				
City Phoenix	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		0	5		2	0	0	8												
State AZ Zip Code 85072-3852	Amount of Each Disbursement this Period																				
Purpose of Disbursement Merchant Credit Card Fees	<table border="1"> <tr> <td colspan="10">42.56</td> </tr> </table>	42.56																			
42.56																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: District:																					
B. Full Name (Last, First, Middle Initial) American Express	Transaction ID: SB21B.26071																				
Mailing Address P.O. Box 53852	Date of Disbursement																				
City Phoenix	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	2		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		0	2		2	0	0	8												
State AZ Zip Code 85072-3852	Amount of Each Disbursement this Period																				
Purpose of Disbursement Merchant Credit Card Fees	<table border="1"> <tr> <td colspan="10">4.50</td> </tr> </table>	4.50																			
4.50																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: District:																					
C. Full Name (Last, First, Middle Initial) American Express	Transaction ID: SB21B.26094																				
Mailing Address P.O. Box 53852	Date of Disbursement																				
City Phoenix	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		0	5		2	0	0	8												
State AZ Zip Code 85072-3852	Amount of Each Disbursement this Period																				
Purpose of Disbursement Merchant Credit Card Fees	<table border="1"> <tr> <td colspan="10">130.60</td> </tr> </table>	130.60																			
130.60																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: District:																					

SUBTOTAL of Disbursements This Page (optional)

177.66

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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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) American Express Mailing Address Suite 0002	Transaction ID: SB21B.26101 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 6 / 2 0 0 8</div> </div>
City Chicago State IL Zip Code 60679-0002 Purpose of Disbursement Credit Card Payment 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) ▼	Amount of Each Disbursement this Period <div>700.29</div> <div>Category/Type</div>
B. Full Name (Last, First, Middle Initial) Amtrak Mailing Address 30th and Market St, Fl. 5 City Philadelphia State PA Zip Code 19102 Purpose of Disbursement Travel Expenses 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: SB21B.26101.0 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 6 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>243.17</div> <div>Category/Type</div> <p>[MEMO ITEM]</p>
C. Full Name (Last, First, Middle Initial) Staples Mailing Address 755 W. Lancaster Ave. City Bryn Mawr State PA Zip Code 19010 Purpose of Disbursement Office Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.26101.1 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 6 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>449.51</div> <div>Category/Type</div> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional) ►

700.29

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)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial)
American Heritage Credit Union

Mailing Address P.O. Box 67001

City Harrisburg State PA Zip Code 17106-7001

Purpose of Disbursement
Credit Card Payment

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.26039

Date of Disbursement

04 / 24 / 2008

Amount of Each Disbursement this Period

2500.00

B. Full Name (Last, First, Middle Initial)
Amtrak

Mailing Address 30th and Market St, Fl. 5

City Philadelphia State PA Zip Code 19102

Purpose of Disbursement
Travel Expenses

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.26039.0

Date of Disbursement

04 / 24 / 2008

Amount of Each Disbursement this Period

1918.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Robertson's Florist

Mailing Address 859 W Lancaster Ave

City Bryn Mawr State PA Zip Code 19010

Purpose of Disbursement
PAC Fundraising Event Costs

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.26039.1

Date of Disbursement

04 / 24 / 2008

Amount of Each Disbursement this Period

267.73

[MEMO ITEM]

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)

PAGE 92 / 139

<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)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
American Heritage Credit Union

Mailing Address P.O. Box 67001

City Harrisburg State PA Zip Code 17106-7001

Purpose of Disbursement
Credit Card Payment

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.26081

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)
Enterprise Car Rental

Mailing Address 600 Corporate Park Drive

City St. Louis State MO Zip Code 63105

Purpose of Disbursement
Travel Expenses

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.26081.0

Date of Disbursement

/ /

Amount of Each Disbursement this Period

281.33

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
US Airways

Mailing Address 4000 E Sky Harbor Blvd

City Phoenix State AZ Zip Code 85034

Purpose of Disbursement
Travel Expenses

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.26081.1

Date of Disbursement

/ /

Amount of Each Disbursement this Period

683.12

[MEMO ITEM]

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)

PAGE 93 / 139

<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)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) Federal Express Mailing Address P.O. Box 1140	Transaction ID: SB21B.26081.2 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 3 / 2 0 0 8</div> </div>
City Memphis State TN Zip Code 38101 Purpose of Disbursement Postage & Delivery 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) ▼	Amount of Each Disbursement this Period <div>152.44</div> [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) Amtrak Mailing Address 30th and Market St, Fl. 5 City Philadelphia State PA Zip Code 19102 Purpose of Disbursement Travel Expenses 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: SB21B.26081.4 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 3 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>822.00</div> [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) Verizon Wireless Mailing Address P.O. Box 41556 City Philadelphia State PA Zip Code 19101-1464 Purpose of Disbursement Telephone Expenses 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: SB21B.26081.5 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 3 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>294.39</div> [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)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
American Heritage Credit Union

Mailing Address P.O. Box 67001

City Harrisburg State PA Zip Code 17106-7001

Purpose of Disbursement
Credit Card Payment

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.26102

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)
Amtrak

Mailing Address 30th and Market St, Fl. 5

City Philadelphia State PA Zip Code 19102

Purpose of Disbursement
Travel Expenses

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.26102.0

Date of Disbursement

/ /

Amount of Each Disbursement this Period

548.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Pitney Bowes

Mailing Address PO Box 856390

City Louisville State PA Zip Code 40285-6390

Purpose of Disbursement
Postage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.26102.1

Date of Disbursement

/ /

Amount of Each Disbursement this Period

228.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

1000.00

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)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
Federal Express

Mailing Address P.O. Box 1140

City State Zip Code
Memphis TN 38101

Purpose of Disbursement
Postage & Delivery

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.26102.2
Date of Disbursement

/ /

Amount of Each Disbursement this Period

74.86

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Atlas Container Corp

Mailing Address 8140 Telegraph Road

City State Zip Code
Severn MD 21144

Purpose of Disbursement
Direct Mail Expenses

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.26221
Date of Disbursement

/ /

Amount of Each Disbursement this Period

2054.09

C.

Full Name (Last, First, Middle Initial)
Bankcard MTOT Discount

Mailing Address P.O. Box 189

City State Zip Code
Hagerstown MD 21741-0189

Purpose of Disbursement
Merchant Credit Card Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.26146
Date of Disbursement

/ /

Amount of Each Disbursement this Period

220.74

SUBTOTAL of Disbursements This Page (optional)

2274.83

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)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
Barna Advisory Services, PC

Mailing Address 270 S. Woodmont Drive

City State Zip Code
Downingtown PA 19335

Purpose of Disbursement
Accounting Fees
Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.26050
Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)
Barna Advisory Services, PC

Mailing Address 270 S. Woodmont Drive

City State Zip Code
Downingtown PA 19335

Purpose of Disbursement
Accounting Fees
Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.26067
Date of Disbursement

/ /

Amount of Each Disbursement this Period

516.00

C.

Full Name (Last, First, Middle Initial)
Barna Advisory Services, PC

Mailing Address 270 S. Woodmont Drive

City State Zip Code
Downingtown PA 19335

Purpose of Disbursement
Accounting Fees
Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.26127
Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

8016.00

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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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) BB&T Mailing Address PO Box 200	Transaction ID: SB21B.26145 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 3 0 / 2 0 0 8</div> </div>
City Wilson State NC Zip Code 27894-0020 Purpose of Disbursement Bank Service Charges 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) ▼	Amount of Each Disbursement this Period <div>15.00</div> <div>Category/Type</div>
B. Full Name (Last, First, Middle Initial) BB&T Mailing Address PO Box 200 City Wilson State NC Zip Code 27894-0020 Purpose of Disbursement Merchant Credit Card 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: SB21B.26148 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 3 0 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>312.00</div> <div>Category/Type</div>
C. Full Name (Last, First, Middle Initial) BB&T Mailing Address PO Box 200 City Wilson State NC Zip Code 27894-0020 Purpose of Disbursement Bank Service Charge 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: SB21B.26161 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 2 3 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>7.50</div> <div>Category/Type</div>

SUBTOTAL of Disbursements This Page (optional)

334.50

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)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) BB&T	Transaction ID: SB21B.26166 Date of Disbursement																				
Mailing Address PO Box 200	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		3	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		3	0		2	0	0	8												
City Wilson State NC Zip Code 27894-0020	Amount of Each Disbursement this Period																				
Purpose of Disbursement Bank Service Charge Candidate Name	<table border="1"> <tr> <td colspan="10">7.50</td> </tr> </table>	7.50																			
7.50																					
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) BB&T	Transaction ID: SB21B.26168 Date of Disbursement																				
Mailing Address PO Box 200	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		3	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		3	0		2	0	0	8												
City Wilson State NC Zip Code 27894-0020	Amount of Each Disbursement this Period																				
Purpose of Disbursement Merchant Credit Card Fees Candidate Name	<table border="1"> <tr> <td colspan="10">110.70</td> </tr> </table>	110.70																			
110.70																					
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) BB&T	Transaction ID: SB21B.26169 Date of Disbursement																				
Mailing Address PO Box 200	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		3	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		3	0		2	0	0	8												
City Wilson State NC Zip Code 27894-0020	Amount of Each Disbursement this Period																				
Purpose of Disbursement Merchant Credit Card Fees Candidate Name	<table border="1"> <tr> <td colspan="10">183.97</td> </tr> </table>	183.97																			
183.97																					
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)

302.17

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)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
BB&T

Mailing Address PO Box 200

City Wilson State NC Zip Code 27894-0020

Purpose of Disbursement
Bank Service Charges
Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.26198
Date of Disbursement

/ /

Amount of Each Disbursement this Period

B.

Full Name (Last, First, Middle Initial)
BB&T

Mailing Address PO Box 200

City Wilson State NC Zip Code 27894-0020

Purpose of Disbursement
Bank Service Charges
Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.26209
Date of Disbursement

/ /

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)
Bryn Mawr Trust Company

Mailing Address 801 Lancaster Avenue

City Bryn Mawr State PA Zip Code 19010

Purpose of Disbursement
Bank Service Charges
Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.26036
Date of Disbursement

/ /

Amount of Each Disbursement this Period

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)

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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)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) Bryn Mawr Trust Company Mailing Address 801 Lancaster Avenue	Transaction ID: SB21B.26051 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 3 0 / 2 0 0 8</div> </div>
City State Zip Code Bryn Mawr PA 19010 Purpose of Disbursement Bank Service Charges Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	Amount of Each Disbursement this Period <div>75.00</div>
B. Full Name (Last, First, Middle Initial) Bryn Mawr Trust Company Mailing Address 801 Lancaster Avenue City State Zip Code Bryn Mawr PA 19010 Purpose of Disbursement Bank Service Charges Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	Transaction ID: SB21B.26066 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 0 5 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>50.27</div>
C. Full Name (Last, First, Middle Initial) Bryn Mawr Trust Company Mailing Address 801 Lancaster Avenue City State Zip Code Bryn Mawr PA 19010 Purpose of Disbursement Bank Service Charges Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	Transaction ID: SB21B.26070 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 3 1 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>75.00</div>

SUBTOTAL of Disbursements This Page (optional)

200.27

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)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) Bryn Mawr Trust Company	Transaction ID: SB21B.26095 Date of Disbursement
Mailing Address 801 Lancaster Avenue	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 5 / 2 0 0 8</div> </div>
City State Zip Code Bryn Mawr PA 19010	Amount of Each Disbursement this Period
Purpose of Disbursement Bank Service Charges Candidate Name	<div> <div>49.60</div> <div>Category/Type</div> </div>
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) Bryn Mawr Trust Company	Transaction ID: SB21B.26128 Date of Disbursement
Mailing Address 801 Lancaster Avenue	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 3 0 / 2 0 0 8</div> </div>
City State Zip Code Bryn Mawr PA 19010	Amount of Each Disbursement this Period
Purpose of Disbursement Bank Service Charges Candidate Name	<div> <div>75.00</div> <div>Category/Type</div> </div>
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) Capitol Resource Group, Inc.	Transaction ID: SB21B.26076 Date of Disbursement
Mailing Address One Tower Bridge, Suite 1440 One Hundred Front Street	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 3 / 2 0 0 8</div> </div>
City State Zip Code West Conshohocken PA 19428	Amount of Each Disbursement this Period
Purpose of Disbursement Management Fees Candidate Name	<div> <div>5000.00</div> <div>Category/Type</div> </div>
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)

5124.60

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)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) Catterton Printing	Transaction ID: SB21B.26213 Date of Disbursement																				
Mailing Address 100 Post Office Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	2		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	2		2	0	0	8												
City Waldorf State MD Zip Code 20602	Amount of Each Disbursement this Period																				
Purpose of Disbursement Direct Mail Expenses Candidate Name	<table border="1"> <tr> <td colspan="10">3865.00</td> </tr> </table>	3865.00																			
3865.00																					
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) ▼																				
B. Full Name (Last, First, Middle Initial) cmdi	Transaction ID: SB21B.26055 Date of Disbursement																				
Mailing Address 7704 Leesburg Pike	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	2		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		0	2		2	0	0	8												
City Falls Church State VA Zip Code 22043	Amount of Each Disbursement this Period																				
Purpose of Disbursement Database Maintenance Services Candidate Name	<table border="1"> <tr> <td colspan="10">1243.87</td> </tr> </table>	1243.87																			
1243.87																					
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) Colortree	Transaction ID: SB21B.26171 Date of Disbursement																				
Mailing Address P.O. Box 18160	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		0	5		2	0	0	8												
City Merrifield State VA Zip Code 22118-0160	Amount of Each Disbursement this Period																				
Purpose of Disbursement Printing & Reproduction Candidate Name	<table border="1"> <tr> <td colspan="10">1874.25</td> </tr> </table>	1874.25																			
1874.25																					
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)

6983.12

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)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) Colortree Mailing Address P.O. Box 18160	Transaction ID: SB21B.26187 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 2 / 2 0 0 8</div> </div>
City Merrifield State VA Zip Code 22118-0160 Purpose of Disbursement Printing & Reproduction Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	Amount of Each Disbursement this Period <div>5443.91</div>
B. Full Name (Last, First, Middle Initial) Colortree Mailing Address P.O. Box 18160 City Merrifield State VA Zip Code 22118-0160 Purpose of Disbursement Printing & Reproduction Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	Transaction ID: SB21B.26202 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 0 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>8838.00</div>
C. Full Name (Last, First, Middle Initial) Conrad Direct, Inc. Mailing Address 300 Knickerbocker Road City Cresskill State NJ Zip Code 07626 Purpose of Disbursement Direct Mail Expenses Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	Transaction ID: SB21B.26130 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 1 1 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>11271.27</div>

SUBTOTAL of Disbursements This Page (optional)

25553.18

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)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) Conrad Direct, Inc.	Transaction ID: SB21B.26172 Date of Disbursement
Mailing Address 300 Knickerbocker Road	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 5 / 2 0 0 8</div> </div>
City Cresskill State NJ Zip Code 07626	Amount of Each Disbursement this Period
Purpose of Disbursement List Rental Expenses	<div> <div></div> <div>2851.45</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
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) Conrad Direct, Inc.	Transaction ID: SB21B.26188 Date of Disbursement
Mailing Address 300 Knickerbocker Road	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 2 / 2 0 0 8</div> </div>
City Cresskill State NJ Zip Code 07626	Amount of Each Disbursement this Period
Purpose of Disbursement List Rental Expenses	<div> <div></div> <div>6008.56</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
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) Conrad Direct, Inc.	Transaction ID: SB21B.26203 Date of Disbursement
Mailing Address 300 Knickerbocker Road	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 0 / 2 0 0 8</div> </div>
City Cresskill State NJ Zip Code 07626	Amount of Each Disbursement this Period
Purpose of Disbursement List Rental Expenses	<div> <div></div> <div>4981.45</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
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)

13841.46

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) Consolidated Mailing Services	Transaction ID: SB21B.26159 Date of Disbursement
Mailing Address 504 Shaw Rd. Suite 206	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 2 1 / 2 0 0 8</div> </div>
City State Zip Code Sterling VA 20166	Amount of Each Disbursement this Period
Purpose of Disbursement Direct Mail Expenses	<div>500.00</div>
Candidate Name	<div>Category/Type</div>
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) Consolidated Mailing Services	Transaction ID: SB21B.26183 Date of Disbursement
Mailing Address 504 Shaw Rd. Suite 206	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 1 / 2 0 0 8</div> </div>
City State Zip Code Sterling VA 20166	Amount of Each Disbursement this Period
Purpose of Disbursement Direct Mail Expenses	<div>250.00</div>
Candidate Name	<div>Category/Type</div>
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) Convention 2008	Transaction ID: SB21B.26252 Date of Disbursement
Mailing Address 425 SECOND STREET NE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 3 / 2 0 0 8</div> </div>
City State Zip Code Washington DC 20002	Amount of Each Disbursement this Period
Purpose of Disbursement Meeting Expense	<div>350.00</div>
Candidate Name	<div>Category/Type</div>
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)

1100.00

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)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
Crawford Gardner Communications

Mailing Address 2812 West Island Loop

City State Zip Code
Rio Rancho NM 87124

Purpose of Disbursement
Direct Mail Expenses

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.26057

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)
Direct Impressions, Inc.

Mailing Address 2100 Tomlynn Street

City State Zip Code
Richmond VA 23230

Purpose of Disbursement
Direct Mail Expenses

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.26214

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2047.50

C.

Full Name (Last, First, Middle Initial)
Direct Impressions, Inc.

Mailing Address 2100 Tomlynn Street

City State Zip Code
Richmond VA 23230

Purpose of Disbursement
Printing & Reproduction

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.26190

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2858.94

SUBTOTAL of Disbursements This Page (optional)

7406.44

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)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) DLT Direct, Inc. Mailing Address 202 Lane Court	Transaction ID: SB21B.26205 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	0		2	0	0	8												
City Sterling State VA Zip Code 20166 Purpose of Disbursement Direct Mail Expenses 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) ▼	Amount of Each Disbursement this Period <table border="1"> <tr> <td>2022.83</td> </tr> </table>	2022.83																			
2022.83																					
B. Full Name (Last, First, Middle Initial) DSG, Inc. Mailing Address 2923-B Olney-Sandy Spring Rd	Transaction ID: SB21B.26043 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	4		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	4		2	0	0	8												
City Olney State MD Zip Code 20832 Purpose of Disbursement Printing & Reproduction 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) ▼	Amount of Each Disbursement this Period <table border="1"> <tr> <td>5000.00</td> </tr> </table>	5000.00																			
5000.00																					
C. Full Name (Last, First, Middle Initial) DSG, Inc. Mailing Address 2923-B Olney-Sandy Spring Rd	Transaction ID: SB21B.26096 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	9		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	9		2	0	0	8												
City Olney State MD Zip Code 20832 Purpose of Disbursement Direct Mail Expenses 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) ▼	Amount of Each Disbursement this Period <table border="1"> <tr> <td>2550.00</td> </tr> </table>	2550.00																			
2550.00																					

SUBTOTAL of Disbursements This Page (optional)

9572.83

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)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
Foley & Lardner, LLP

Mailing Address 3000 K St, NW Ste. 500

City Washington State DC Zip Code 20007

Purpose of Disbursement
Legal Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.26044

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)
Foley & Lardner, LLP

Mailing Address 3000 K St, NW Ste. 500

City Washington State DC Zip Code 20007

Purpose of Disbursement
Legal Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.26084

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

C.

Full Name (Last, First, Middle Initial)
Foley & Lardner, LLP

Mailing Address 3000 K St, NW Ste. 500

City Washington State DC Zip Code 20007

Purpose of Disbursement
Legal Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.26108

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

7500.00

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)
AMERICA'S FOUNDATION

<p>A.</p> <p>Full Name (Last, First, Middle Initial) HSP Direct</p> <p>Mailing Address 13755 Sunrise Valley Drive Suite 450</p> <p>City Herndon State VA Zip Code 20171</p> <p>Purpose of Disbursement Direct Mail 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>Transaction ID: SB21B.26215</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period 10824.48</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) HSP Direct</p> <p>Mailing Address 13755 Sunrise Valley Drive Suite 450</p> <p>City Herndon State VA Zip Code 20171</p> <p>Purpose of Disbursement Postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.26222</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period 4142.43</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) HSP Direct</p> <p>Mailing Address 13755 Sunrise Valley Drive Suite 450</p> <p>City Herndon State VA Zip Code 20171</p> <p>Purpose of Disbursement Direct Mail 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>Transaction ID: SB21B.26225</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period 403.65</p>

SUBTOTAL of Disbursements This Page (optional)

15370.56

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
AMERICA'S FOUNDATION

<p>A.</p> <p>Full Name (Last, First, Middle Initial) HSP Direct</p> <p>Mailing Address 13755 Sunrise Valley Drive Suite 450</p> <p>City Herndon State VA Zip Code 20171</p> <p>Purpose of Disbursement Direct Mail 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>Transaction ID: SB21B.26154 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 2 / 2 0 0 8</div> </div> </p> <p>Amount of Each Disbursement this Period <div>13132.71</div> </p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) HSP Direct</p> <p>Mailing Address 13755 Sunrise Valley Drive Suite 450</p> <p>City Herndon State VA Zip Code 20171</p> <p>Purpose of Disbursement Direct Mail 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>Transaction ID: SB21B.26164 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 2 9 / 2 0 0 8</div> </div> </p> <p>Amount of Each Disbursement this Period <div>12216.51</div> </p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) HSP Direct</p> <p>Mailing Address 13755 Sunrise Valley Drive Suite 450</p> <p>City Herndon State VA Zip Code 20171</p> <p>Purpose of Disbursement Direct Mail 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>Transaction ID: SB21B.26173 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 5 / 2 0 0 8</div> </div> </p> <p>Amount of Each Disbursement this Period <div>3871.53</div> </p>

SUBTOTAL of Disbursements This Page (optional)

29220.75

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)
AMERICA'S FOUNDATION

<p>A.</p> <p>Full Name (Last, First, Middle Initial) HSP Direct</p> <p>Mailing Address 13755 Sunrise Valley Drive Suite 450</p> <p>City Herndon State VA Zip Code 20171</p> <p>Purpose of Disbursement Direct Mail 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>Transaction ID: SB21B.26191</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 2 / 2 0 0 8</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div></div> <div>5414.29</div> </div> </p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Integram</p> <p>Mailing Address 8421 Hilltop Rd.</p> <p>City Fairfax State VA Zip Code 22031</p> <p>Purpose of Disbursement Direct Mail 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>Transaction ID: SB21B.26224</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 0 9 / 2 0 0 8</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div></div> <div>8432.50</div> </div> </p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Intercollegiate Studies Institute, Inc.</p> <p>Mailing Address 3901 Centreville Rd PO BOX 4431</p> <p>City Wilmington State DE Zip Code 19807</p> <p>Purpose of Disbursement Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.26193</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 2 / 2 0 0 8</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div></div> <div>1200.00</div> </div> </p>

SUBTOTAL of Disbursements This Page (optional)

15046.79

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)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) Irides, LLC	Transaction ID: SB21B.26075 Date of Disbursement																				
Mailing Address 1000 Wilson Blve, Suite 601	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	3		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		0	3		2	0	0	8												
City Arlington State VA Zip Code 22209	Amount of Each Disbursement this Period																				
Purpose of Disbursement Web Hosting	<table border="1"> <tr> <td colspan="10">150.00</td> </tr> </table>	150.00																			
150.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Iron Mountain	Transaction ID: SB21B.26046 Date of Disbursement																				
Mailing Address PO Box 27128	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	4		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	4		2	0	0	8												
City New York State NY Zip Code 10087-7128	Amount of Each Disbursement this Period																				
Purpose of Disbursement Storage Rental	<table border="1"> <tr> <td colspan="10">697.20</td> </tr> </table>	697.20																			
697.20																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Jen Capone Photography	Transaction ID: SB21B.26078 Date of Disbursement																				
Mailing Address 17 North 4th Avenue	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	3		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		0	3		2	0	0	8												
City Royersford State PA Zip Code 19468	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAC Fundraising Event Costs	<table border="1"> <tr> <td colspan="10">1528.00</td> </tr> </table>	1528.00																			
1528.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

2375.20

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)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) Konica	Transaction ID: SB21B.26116 Date of Disbursement																				
Mailing Address 103 Gibraltar Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	6		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	6		2	0	0	8												
City Horsham State PA Zip Code 19044	Amount of Each Disbursement this Period																				
Purpose of Disbursement Equipment Rental	<table border="1"> <tr> <td colspan="10">306.00</td> </tr> </table>	306.00																			
306.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) MDI Mail & Imaging	Transaction ID: SB21B.26147 Date of Disbursement																				
Mailing Address 21721-A Filigree Court	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		3	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		3	0		2	0	0	8												
City Adhburn State VA Zip Code 20147	Amount of Each Disbursement this Period																				
Purpose of Disbursement Direct Mail Expenses	<table border="1"> <tr> <td colspan="10">11121.50</td> </tr> </table>	11121.50																			
11121.50																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) MDI Mail & Imaging	Transaction ID: SB21B.26177 Date of Disbursement																				
Mailing Address 21721-A Filigree Court	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	6		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		0	6		2	0	0	8												
City Adhburn State VA Zip Code 20147	Amount of Each Disbursement this Period																				
Purpose of Disbursement Direct Mail Costs - Printing & Postage	<table border="1"> <tr> <td colspan="10">14673.70</td> </tr> </table>	14673.70																			
14673.70																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

26101.20

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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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)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
Miller Investment Management, LP

Transaction ID: SB21B.26074

Date of Disbursement

/ /

Mailing Address One Tower Bridge
100 Front Street, Suite 1500

Amount of Each Disbursement this Period

City State Zip Code
West Conshohocken PA 19428

Purpose of Disbursement
Rent Expense

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
Miller Investment Management, LP

Transaction ID: SB21B.26117

Date of Disbursement

/ /

Mailing Address One Tower Bridge
100 Front Street, Suite 1500

Amount of Each Disbursement this Period

City State Zip Code
West Conshohocken PA 19428

Purpose of Disbursement
Rent

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
Christopher Minkler

Transaction ID: SB21B.26041

Date of Disbursement

/ /

Mailing Address 371 Spruce Street

Amount of Each Disbursement this Period

City State Zip Code
Pottstown PA 19464

Purpose of Disbursement
Mailing Services

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

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)
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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)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) New Media Communications, Inc.	Transaction ID: SB21B.26072 Date of Disbursement
Mailing Address Summit of Richfield II 3046 Brecksville Road	<input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/>
City Richfield State OH Zip Code 44286	Amount of Each Disbursement this Period
Purpose of Disbursement Website Design & Maintenance Candidate Name	<input type="text" value="2500.00"/>
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) ▼
B. Full Name (Last, First, Middle Initial) Patton-Kiehl Group, Inc.	Transaction ID: SB21B.26216 Date of Disbursement
Mailing Address 17026 Bull Church Road	<input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/>
City Woodford State VA Zip Code 22580	Amount of Each Disbursement this Period
Purpose of Disbursement Direct Mail Expenses Candidate Name	<input type="text" value="1554.48"/>
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) Patton-Kiehl Group, Inc.	Transaction ID: SB21B.26136 Date of Disbursement
Mailing Address 17026 Bull Church Road	<input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="1"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/>
City Woodford State VA Zip Code 22580	Amount of Each Disbursement this Period
Purpose of Disbursement Direct Mail Expenses Candidate Name	<input type="text" value="2536.85"/>
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)

6591.33

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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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)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) Patton-Kiehl Group, Inc.	Transaction ID: SB21B.26139 Date of Disbursement																				
Mailing Address 17026 Bull Church Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	8		2	0	0	8												
City Woodford State VA Zip Code 22580	Amount of Each Disbursement this Period																				
Purpose of Disbursement Direct Mail Expenses Candidate Name	<table border="1"> <tr> <td colspan="10">9595.63</td> </tr> </table>	9595.63																			
9595.63																					
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) Patton-Kiehl Group, Inc.	Transaction ID: SB21B.26141 Date of Disbursement																				
Mailing Address 17026 Bull Church Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	5		2	0	0	8												
City Woodford State VA Zip Code 22580	Amount of Each Disbursement this Period																				
Purpose of Disbursement Printing Costs Candidate Name	<table border="1"> <tr> <td colspan="10">5247.88</td> </tr> </table>	5247.88																			
5247.88																					
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) Patton-Kiehl Group, Inc.	Transaction ID: SB21B.26152 Date of Disbursement																				
Mailing Address 17026 Bull Church Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	7		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		0	7		2	0	0	8												
City Woodford State VA Zip Code 22580	Amount of Each Disbursement this Period																				
Purpose of Disbursement Direct Mail Expenses Candidate Name	<table border="1"> <tr> <td colspan="10">684.66</td> </tr> </table>	684.66																			
684.66																					
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)

15528.17

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 117 / 139

<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)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) Patton-Kiehl Group, Inc.	Transaction ID: SB21B.26167 Date of Disbursement																				
Mailing Address 17026 Bull Church Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		3	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		3	0		2	0	0	8												
City Woodford State VA Zip Code 22580	Amount of Each Disbursement this Period																				
Purpose of Disbursement Direct Mail Expenses Candidate Name	<table border="1"> <tr> <td colspan="10">4105.58</td> </tr> </table>	4105.58																			
4105.58																					
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) Patton-Kiehl Group, Inc.	Transaction ID: SB21B.26170 Date of Disbursement																				
Mailing Address 17026 Bull Church Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	4		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		0	4		2	0	0	8												
City Woodford State VA Zip Code 22580	Amount of Each Disbursement this Period																				
Purpose of Disbursement Direct Mail Expenses Candidate Name	<table border="1"> <tr> <td colspan="10">4082.31</td> </tr> </table>	4082.31																			
4082.31																					
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) Patton-Kiehl Group, Inc.	Transaction ID: SB21B.26179 Date of Disbursement																				
Mailing Address 17026 Bull Church Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	1		2	0	0	8												
City Woodford State VA Zip Code 22580	Amount of Each Disbursement this Period																				
Purpose of Disbursement Direct Mail Costs - Printing & Postage Candidate Name	<table border="1"> <tr> <td colspan="10">3190.37</td> </tr> </table>	3190.37																			
3190.37																					
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)

11378.26

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 118 / 139

<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)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) Patton-Kiehl Group, Inc.	Transaction ID: SB21B.26194 Date of Disbursement																				
Mailing Address 17026 Bull Church Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	2		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	2		2	0	0	8												
City Woodford State VA Zip Code 22580	Amount of Each Disbursement this Period																				
Purpose of Disbursement Printing & Reproduction Candidate Name	<table border="1"> <tr> <td>315.52</td> </tr> </table>	315.52																			
315.52																					
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) Patton-Kiehl Group, Inc.	Transaction ID: SB21B.26200 Date of Disbursement																				
Mailing Address 17026 Bull Church Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	8		2	0	0	8												
City Woodford State VA Zip Code 22580	Amount of Each Disbursement this Period																				
Purpose of Disbursement Printing & Reproduction Candidate Name	<table border="1"> <tr> <td>999.40</td> </tr> </table>	999.40																			
999.40																					
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) Patton-Kiehl Group, Inc.	Transaction ID: SB21B.26201 Date of Disbursement																				
Mailing Address 17026 Bull Church Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	8		2	0	0	8												
City Woodford State VA Zip Code 22580	Amount of Each Disbursement this Period																				
Purpose of Disbursement Direct Mail Costs - Printing Candidate Name	<table border="1"> <tr> <td>2444.20</td> </tr> </table>	2444.20																			
2444.20																					
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)

3759.12

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)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) Patton-Kiehl Group, Inc.	Transaction ID: SB21B.26206 Date of Disbursement
Mailing Address 17026 Bull Church Road	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 0 / 2 0 0 8</div> </div>
City Woodford State VA Zip Code 22580	Amount of Each Disbursement this Period
Purpose of Disbursement Direct Mail Expenses Candidate Name	<div>1224.05</div>
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) Pitney Bowes	Transaction ID: SB21B.26061 Date of Disbursement
Mailing Address PO Box 856390	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 0 2 / 2 0 0 8</div> </div>
City Louisville State PA Zip Code 40285-6390	Amount of Each Disbursement this Period
Purpose of Disbursement Postage Candidate Name	<div>254.97</div>
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) Pitney Bowes	Transaction ID: SB21B.26080 Date of Disbursement
Mailing Address PO Box 856390	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 3 / 2 0 0 8</div> </div>
City Louisville State PA Zip Code 40285-6390	Amount of Each Disbursement this Period
Purpose of Disbursement Postage Candidate Name	<div>194.00</div>
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)

1673.02

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)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
Premiere Fulfillment & Processing, Inc.

Mailing Address 4841 Dillon Drive

City Pueblo State CO Zip Code 81008

Purpose of Disbursement
Direct Mail Expenses

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.26138

Date of Disbursement

/ /

Amount of Each Disbursement this Period

500.00

B.

Full Name (Last, First, Middle Initial)
Premiere Fulfillment & Processing, Inc.

Mailing Address 4841 Dillon Drive

City Pueblo State CO Zip Code 81008

Purpose of Disbursement
Direct Mail Expenses

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.26142

Date of Disbursement

/ /

Amount of Each Disbursement this Period

500.00

C.

Full Name (Last, First, Middle Initial)
Premiere Fulfillment & Processing, Inc.

Mailing Address 4841 Dillon Drive

City Pueblo State CO Zip Code 81008

Purpose of Disbursement
Direct Mail Expenses

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.26153

Date of Disbursement

/ /

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

1500.00

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)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
Premiere Fulfillment & Processing, Inc.

Mailing Address 4841 Dillon Drive

City Pueblo State CO Zip Code 81008

Purpose of Disbursement

Direct Mail Expenses

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.26163

Date of Disbursement

05 / 28 / 2008

Amount of Each Disbursement this Period

500.00

B.

Full Name (Last, First, Middle Initial)
Premiere Fulfillment & Processing, Inc.

Mailing Address 4841 Dillon Drive

City Pueblo State CO Zip Code 81008

Purpose of Disbursement

Direct Mail Expenses

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.26174

Date of Disbursement

06 / 05 / 2008

Amount of Each Disbursement this Period

719.50

C.

Full Name (Last, First, Middle Initial)
Premiere Fulfillment & Processing, Inc.

Mailing Address 4841 Dillon Drive

City Pueblo State CO Zip Code 81008

Purpose of Disbursement

Direct Mail Expenses

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.26182

Date of Disbursement

06 / 11 / 2008

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

1719.50

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)

PAGE 122 / 139

<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)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) PrintBiz Mailing Address 601 Grant St.	Transaction ID: SB21B.26048 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	4		2	0	0	8	
M	M	/	D	D	/	Y	Y	Y	Y													
0	4		2	4		2	0	0	8													
City Pittsburgh State PA Zip Code 15219 Purpose of Disbursement Printing & Reproduction 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) ▼	Amount of Each Disbursement this Period <table border="1"> <tr> <td>1041.00</td> </tr> </table>	1041.00																				
1041.00																						
B. Full Name (Last, First, Middle Initial) RST Marketing Associates, Inc. Mailing Address P.O. Box 228 City Forest State VA Zip Code 24551 Purpose of Disbursement Direct Mail Expenses 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: SB21B.26217 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td>9594.75</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	2		2	0	0	8	9594.75
M	M	/	D	D	/	Y	Y	Y	Y													
0	4		0	2		2	0	0	8													
9594.75																						
C. Full Name (Last, First, Middle Initial) Sisk Mailing Service, Inc. Mailing Address 203 Log Canoe Circle City Stevensville State MD Zip Code 21666 Purpose of Disbursement Direct Mail Expenses 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: SB21B.26211 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td>2908.29</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	2		2	0	0	8	2908.29
M	M	/	D	D	/	Y	Y	Y	Y													
0	4		0	2		2	0	0	8													
2908.29																						

SUBTOTAL of Disbursements This Page (optional)

13544.04

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 123 / 139

<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)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) Sisk Mailing Service, Inc.	Transaction ID: SB21B.26150 Date of Disbursement																				
Mailing Address 203 Log Canoe Circle	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	2		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		0	2		2	0	0	8												
City State Zip Code Stevensville MD 21666	Amount of Each Disbursement this Period																				
Purpose of Disbursement Direct Mail Expenses	<table border="1"> <tr> <td colspan="10">2090.12</td> </tr> </table>	2090.12																			
2090.12																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Sisk Mailing Service, Inc.	Transaction ID: SB21B.26151 Date of Disbursement																				
Mailing Address 203 Log Canoe Circle	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	7		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		0	7		2	0	0	8												
City State Zip Code Stevensville MD 21666	Amount of Each Disbursement this Period																				
Purpose of Disbursement Direct Mail Expenses	<table border="1"> <tr> <td colspan="10">3360.51</td> </tr> </table>	3360.51																			
3360.51																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Sisk Mailing Service, Inc.	Transaction ID: SB21B.26155 Date of Disbursement																				
Mailing Address 203 Log Canoe Circle	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	4		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	4		2	0	0	8												
City State Zip Code Stevensville MD 21666	Amount of Each Disbursement this Period																				
Purpose of Disbursement Direct Mail Expenses	<table border="1"> <tr> <td colspan="10">1658.03</td> </tr> </table>	1658.03																			
1658.03																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

7108.66

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)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) Sisk Mailing Service, Inc.	Transaction ID: SB21B.26157 Date of Disbursement																				
Mailing Address 203 Log Canoe Circle	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		2	1		2	0	0	8												
City State Zip Code Stevensville MD 21666	Amount of Each Disbursement this Period																				
Purpose of Disbursement Direct Mail Expenses	<table border="1"> <tr> <td colspan="10">1202.17</td> </tr> </table>	1202.17																			
1202.17																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Sisk Mailing Service, Inc.	Transaction ID: SB21B.26162 Date of Disbursement																				
Mailing Address 203 Log Canoe Circle	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		2	8		2	0	0	8												
City State Zip Code Stevensville MD 21666	Amount of Each Disbursement this Period																				
Purpose of Disbursement Direct Mail Expenses	<table border="1"> <tr> <td colspan="10">1862.84</td> </tr> </table>	1862.84																			
1862.84																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Sisk Mailing Service, Inc.	Transaction ID: SB21B.26180 Date of Disbursement																				
Mailing Address 203 Log Canoe Circle	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	1		2	0	0	8												
City State Zip Code Stevensville MD 21666	Amount of Each Disbursement this Period																				
Purpose of Disbursement Direct Mail Expenses	<table border="1"> <tr> <td colspan="10">2663.54</td> </tr> </table>	2663.54																			
2663.54																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

5728.55

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 125 / 139

<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)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

Sisk Mailing Service, Inc.

Mailing Address 203 Log Canoe Circle

City State Zip Code
Stevensville MD 21666

Purpose of Disbursement

Direct Mail Expenses

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.26195

Date of Disbursement

/ /

Amount of Each Disbursement this Period

3015.13

B.

Full Name (Last, First, Middle Initial)

Sunrise Data Services

Mailing Address 13755 Sunrise Valley Drive
Suite 450

City State Zip Code
Herndon VA 20171

Purpose of Disbursement

Database Maintenance

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.26218

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2294.16

C.

Full Name (Last, First, Middle Initial)

Sunrise Data Services

Mailing Address 13755 Sunrise Valley Drive
Suite 450

City State Zip Code
Herndon VA 20171

Purpose of Disbursement

Database Maintenance Services

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.26129

Date of Disbursement

/ /

Amount of Each Disbursement this Period

536.23

SUBTOTAL of Disbursements This Page (optional)

5845.52

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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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)
AMERICA'S FOUNDATION

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Sunrise Data Services</p> <p>Mailing Address 13755 Sunrise Valley Drive Suite 450</p> <p>City Herndon State VA Zip Code 20171</p> <p>Purpose of Disbursement Database Maintenance Costs</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.26175</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 5 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period 566.83</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Sunrise Data Services</p> <p>Mailing Address 13755 Sunrise Valley Drive Suite 450</p> <p>City Herndon State VA Zip Code 20171</p> <p>Purpose of Disbursement Direct Mail 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>Transaction ID: SB21B.26196</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period 388.32</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Sunrise Data Services</p> <p>Mailing Address 13755 Sunrise Valley Drive Suite 450</p> <p>City Herndon State VA Zip Code 20171</p> <p>Purpose of Disbursement Database Maintenance Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.26207</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 0 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period 1165.07</p>

SUBTOTAL of Disbursements This Page (optional)

2120.22

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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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)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) Union League of Philadelphia	Transaction ID: SB21B.26049 Date of Disbursement																				
Mailing Address 140 South Broad Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	4		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	4		2	0	0	8												
City Philadelphia State PA Zip Code 19102-3083	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAC Fundraising Event Costs Candidate Name	<table border="1"> <tr> <td colspan="10">1065.72</td> </tr> </table>	1065.72																			
1065.72																					
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) Union League of Philadelphia	Transaction ID: SB21B.26088 Date of Disbursement																				
Mailing Address 140 South Broad Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	3		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		0	3		2	0	0	8												
City Philadelphia State PA Zip Code 19102-3083	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAC Fundraising Event Costs Candidate Name	<table border="1"> <tr> <td colspan="10">1097.22</td> </tr> </table>	1097.22																			
1097.22																					
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) Union League of Philadelphia	Transaction ID: SB21B.26124 Date of Disbursement																				
Mailing Address 140 South Broad Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	6		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	6		2	0	0	8												
City Philadelphia State PA Zip Code 19102-3083	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAC Fundraising Event Costs Candidate Name	<table border="1"> <tr> <td colspan="10">762.18</td> </tr> </table>	762.18																			
762.18																					
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)

2925.12

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)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) United States Treasury	Transaction ID: SB21B.26069 Date of Disbursement																				
Mailing Address 1500 Pennsylvania Ave, NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	5		2	0	0	8												
City Washington State DC Zip Code 20220	Amount of Each Disbursement this Period																				
Purpose of Disbursement Tax Payment	<table border="1"> <tr> <td colspan="10">8882.00</td> </tr> </table>	8882.00																			
8882.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) USPS	Transaction ID: SB21B.26212 Date of Disbursement																				
Mailing Address 900 Brentwood Rd, NE #118	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	2		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	2		2	0	0	8												
City Washington State DC Zip Code 20066-9612	Amount of Each Disbursement this Period																				
Purpose of Disbursement Postage	<table border="1"> <tr> <td colspan="10">1200.00</td> </tr> </table>	1200.00																			
1200.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) USPS	Transaction ID: SB21B.26143 Date of Disbursement																				
Mailing Address 900 Brentwood Rd, NE #118	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	5		2	0	0	8												
City Washington State DC Zip Code 20066-9612	Amount of Each Disbursement this Period																				
Purpose of Disbursement Postage	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

11082.00

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 PageFOR LINE NUMBER:
(check only one)

PAGE 129 / 139

<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)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
USPS

Mailing Address 900 Brentwood Rd, NE #118

City Washington State DC Zip Code 20066-9612

Purpose of Disbursement
Postage

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.26149

Date of Disbursement

M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 0 8

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)
USPS

Mailing Address 900 Brentwood Rd, NE #118

City Washington State DC Zip Code 20066-9612

Purpose of Disbursement
Postage

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.26156

Date of Disbursement

M M / D D / Y Y Y Y
0 5 / 1 6 / 2 0 0 8

Amount of Each Disbursement this Period

1500.00

C.

Full Name (Last, First, Middle Initial)
USPS

Mailing Address 900 Brentwood Rd, NE #118

City Washington State DC Zip Code 20066-9612

Purpose of Disbursement
Postage

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.26178

Date of Disbursement

M M / D D / Y Y Y Y
0 6 / 0 6 / 2 0 0 8

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

3000.00

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

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)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) USPS	Transaction ID: SB21B.26199 Date of Disbursement
Mailing Address 900 Brentwood Rd, NE #118	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 3 / 2 0 0 8</div> </div>
City Washington State DC Zip Code 20066-9612	Amount of Each Disbursement this Period
Purpose of Disbursement Postage	<div>200.00</div>
Candidate Name	<div>Category/Type</div>
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) USPS	Transaction ID: SB21B.26208 Date of Disbursement
Mailing Address 900 Brentwood Rd, NE #118	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 7 / 2 0 0 8</div> </div>
City Washington State DC Zip Code 20066-9612	Amount of Each Disbursement this Period
Purpose of Disbursement Postage	<div>500.00</div>
Candidate Name	<div>Category/Type</div>
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) Verizon	Transaction ID: SB21B.26089 Date of Disbursement
Mailing Address P.O. Box 28000	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 3 / 2 0 0 8</div> </div>
City Lehigh Valley State PA Zip Code 18002-0646	Amount of Each Disbursement this Period
Purpose of Disbursement Telephone Expenses	<div>475.00</div>
Candidate Name	<div>Category/Type</div>
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)

1175.00

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)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) Verizon Mailing Address P.O. Box 28000	Transaction ID: SB21B.26125 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 6 / 2 0 0 8</div> </div>
City Lehigh Valley State PA Zip Code 18002-0646 Purpose of Disbursement Telephone Expenses 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) ▼	Amount of Each Disbursement this Period <div>215.95</div>
B. Full Name (Last, First, Middle Initial) Verizon Wireless Mailing Address P.O. Box 41556 City Philadelphia State PA Zip Code 19101-1464 Purpose of Disbursement Telephone Expenses 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: SB21B.26062 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 0 2 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>268.62</div>
C. Full Name (Last, First, Middle Initial) Virginia Davis Partners, LLC Mailing Address 834 Beechwood Dr. City Havertown State PA Zip Code 19083 Purpose of Disbursement Management 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: SB21B.26064 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 0 2 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>1136.50</div>

SUBTOTAL of Disbursements This Page (optional)

1621.07

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)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) Virginia Davis Partners, LLC	Transaction ID: SB21B.26079 Date of Disbursement
Mailing Address 834 Beechwood Dr.	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 3 / 2 0 0 8</div> </div>
City Havertown State PA Zip Code 19083	Amount of Each Disbursement this Period
Purpose of Disbursement Management Fees Candidate Name	<div> <div>1089.50</div> <div>Category/Type</div> </div>
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) Washington Intelligence Bureau	Transaction ID: SB21B.26219 Date of Disbursement
Mailing Address 4128 Pepsi Place	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 0 3 / 2 0 0 8</div> </div>
City Chantilly State VA Zip Code 20151	Amount of Each Disbursement this Period
Purpose of Disbursement Direct Mail Expenses Candidate Name	<div> <div>1535.97</div> <div>Category/Type</div> </div>
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) Washington Intelligence Bureau	Transaction ID: SB21B.26176 Date of Disbursement
Mailing Address 4128 Pepsi Place	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 5 / 2 0 0 8</div> </div>
City Chantilly State VA Zip Code 20151	Amount of Each Disbursement this Period
Purpose of Disbursement Direct Mail Costs - Caging Services Candidate Name	<div> <div>3192.71</div> <div>Category/Type</div> </div>
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)

5818.18

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)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)

William & Jensen, PLLC

Mailing Address 1155 21st Street, NW

City Washington State DC Zip Code 20036-3308

Purpose of Disbursement

Legal Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.26091

Date of Disbursement

06 / 03 / 2008

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

William & Jensen, PLLC

Mailing Address 1155 21st Street, NW

City Washington State DC Zip Code 20036-3308

Purpose of Disbursement

Legal Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.26126

Date of Disbursement

06 / 26 / 2008

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional) ►

5000.00

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

316449.83

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR 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)
AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) Citizens for Arlen Specter	Transaction ID: SB23.26103 Date of Disbursement
Mailing Address 426 C Street, NE Rear Building	<input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/>
City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period
Purpose of Disbursement Campaign Contribution - General Candidate Name	<input type="text" value="2500.00"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Craig Williams for Congress	Transaction ID: SB23.26098 Date of Disbursement
Mailing Address 5035 Township Line Road	<input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/>
City Drexel Hill State PA Zip Code 19026	Amount of Each Disbursement this Period
Purpose of Disbursement Campaign Contribution - General Candidate Name	<input type="text" value="2500.00"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) McCain Victory Committee	Transaction ID: SB23.26100 Date of Disbursement
Mailing Address c/o Lisa Lisker 228 S. Washington St, Ste 115	<input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/>
City Alexandria State VA Zip Code 22314	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution Candidate Name	<input type="text" value="2500.00"/>
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) ▼

SUBTOTAL of Disbursements This Page (optional)

7500.00

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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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) People With Hart, Inc. Mailing Address P.O. Box 435	Transaction ID: SB23.26119 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 6 / 2 0 0 8</div> </div>
City Wexford State PA Zip Code 15090 Purpose of Disbursement Campaign Contribution - General Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Amount of Each Disbursement this Period <div>2500.00</div>
B. Full Name (Last, First, Middle Initial) Texans for Senator John Cornyn, Inc. Mailing Address 6850 Austin Centre Blvd Suite 180 City Austin State TX Zip Code 78731 Purpose of Disbursement Campaign Contribution - General Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB23.26121 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 6 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>2500.00</div>
C. Full Name (Last, First, Middle Initial) Tom Manion for Congress Mailing Address City State Zip Code Purpose of Disbursement Campaign Contribution - General Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB23.26087 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 3 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>2500.00</div>

SUBTOTAL of Disbursements This Page (optional)

7500.00

TOTAL This Period (last page this line number only)

15000.00

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

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

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) Citizens for Sam Smith	Transaction ID: SB29.26105
Mailing Address 826 Ridge Rd	Date of Disbursement
City Punxsutawney State PA Zip Code 15767	<div> <div>06</div> <div>26</div> <div>2008</div> </div>
Purpose of Disbursement Campaign Contribution Candidate Name	Amount of Each Disbursement this Period
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div>1000.00</div>
State: District:	Category/ Type
B. Full Name (Last, First, Middle Initial) Committee to Elect John Taylor	Transaction ID: SB29.26083
Mailing Address c/o Carl Ciglar 3316 Belgrade Street	Date of Disbursement
City Philadelphia State PA Zip Code 19134	<div> <div>06</div> <div>03</div> <div>2008</div> </div>
Purpose of Disbursement Campaign Contribution Candidate Name	Amount of Each Disbursement this Period
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div>1000.00</div>
State: District:	Category/ Type
C. Full Name (Last, First, Middle Initial) Friends of Dominic Pileggi	Transaction ID: SB29.26110
Mailing Address 101 W Baltimore Ave, 2nd Floor	Date of Disbursement
City Media State PA Zip Code 19063	<div> <div>06</div> <div>26</div> <div>2008</div> </div>
Purpose of Disbursement Campaign Contribution Candidate Name	Amount of Each Disbursement this Period
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div>1000.00</div>
State: District:	Category/ Type

SUBTOTAL of Disbursements This Page (optional)

3000.00

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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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 AMERICA'S FOUNDATION

A. Full Name (Last, First, Middle Initial) Friends of Joseph Scarnati Mailing Address PO Box 177	Transaction ID: SB29.26112 Date of Disbursement <div> <div>06</div> <div>26</div> <div>2008</div> </div>
City State Zip Code Brockway PA 15824 Purpose of Disbursement Campaign Contribution 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) ▼	Amount of Each Disbursement this Period <div>1000.00</div>
B. Full Name (Last, First, Middle Initial) Friends of Mike Turzai Mailing Address PO Box 721 City State Zip Code Wexford PA 15090 Purpose of Disbursement Campaign Contribution 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: SB29.26114 Date of Disbursement <div> <div>06</div> <div>26</div> <div>2008</div> </div> Amount of Each Disbursement this Period <div>1000.00</div>
C. Full Name (Last, First, Middle Initial) Friends of Tom Corbett Mailing Address PO Box 181 City State Zip Code Harrisburg PA 17108 Purpose of Disbursement Campaign Contribution 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: SB29.26086 Date of Disbursement <div> <div>06</div> <div>03</div> <div>2008</div> </div> Amount of Each Disbursement this Period <div>2500.00</div>

SUBTOTAL of Disbursements This Page (optional) ►

4500.00

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)
AMERICA'S FOUNDATION

A.

Full Name (Last, First, Middle Initial)
Lance Rogers for State Senate

Mailing Address 22 West Lancaster Avenue

City Ardmore State PA Zip Code 19003

Purpose of Disbursement
Campaign Contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB29.26035

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)
Tom Killion for State Representative

Mailing Address 3 Laura Lynn Lane

City Glen Mills State PA Zip Code 19342

Purpose of Disbursement
Campaign Contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB29.26123

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

9500.00

Form/Schedule: **F3XA**

Transaction ID:

1.- America's Foundation received payments from Conrad Direct, Inc. for list rental services, and these payments did not exceed the 'usual and normal charge' for these services. We assessed the usual and normal charge for these services by comparing the amounts received to previous amounts America's Foundation has either researched, or been charged to purchase or rent lists from Conrad Direct, Inc. and other list brokerage firms the PAC has used. 2.- All of the expenditures listed on Schedule B, Line 21 were operational expenditures for America's Foundation, including those expenditures with descriptions such as 'Direct Mail Costs,' 'Direct Mail Expenses,' 'Printing Costs,' 'Printing & Reproduction,' 'Postage and Delivery,' and 'Postage,' etc. None of the expenditures listed on Schedule B were for public communications or voter drive activity that contained express advocacy.
