

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
Fraternity & Sorority Political Action Committee

ADDRESS (number and street) PO Box 3435
 Check if different than previously reported. (ACC)
Alexandria VA 22302

2. **FEC IDENTIFICATION NUMBER** C00410068
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 08 01 2010 through 08 31 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Margee Clancy

Signature of Treasurer Electronically Filed by Margee Clancy Date 09 20 2010

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

Write or Type Committee Name
Fraternity & Sorority Political Action Committee

Report Covering the Period: From:

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		41795.33
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	45832.12									
(c) Total Receipts (from Line 19)	9250.00	178471.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	55082.12	220266.33								
7. Total Disbursements (from Line 31)	18034.60	183218.81								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	37047.52	37047.52								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name
Fraternity & Sorority Political Action Committee

Report Covering the Period: From:

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	7725.00	145100.00
(ii) Unitemized	1325.00	23755.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	9050.00	168855.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	200.00	3200.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	9250.00	172055.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	416.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	6000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	9250.00	178471.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	9250.00	178471.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	18034.60	91718.81
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	18034.60	91718.81
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	91500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
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))..	18034.60	183218.81
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	18034.60	183218.81

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	9250.00	172055.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9250.00	172055.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	18034.60	91718.81
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	416.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	18034.60	91302.81

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 13
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
Fraternity & Sorority Political Action Committee

A.	Full Name (Last, First, Middle Initial) Laurie Connor	Date of Receipt MM / DD / YYYY 08 / 19 / 2010
	Mailing Address 1688 Powell Road	Transaction ID: SA11AI.10752
	City State Zip Code Powell OH 43065	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Occupation Self-Employed Info Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

B.	Full Name (Last, First, Middle Initial) Ms. Elizabeth Corridan	Date of Receipt MM / DD / YYYY 08 / 05 / 2010
	Mailing Address 9185 Stonington Place	Transaction ID: SA11AI.10724
	City State Zip Code Zionsville IN 46077	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Occupation Kappa Alpha Theta Executive Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

C.	Full Name (Last, First, Middle Initial) Mr. William E. Dreyer	Date of Receipt MM / DD / YYYY 08 / 05 / 2010
	Mailing Address 10 Ironwood Road	Transaction ID: SA11AI.10725
	City State Zip Code San Antonio TX 78212-2540	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Occupation Retired Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

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 7 / 13
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Fraternity & Sorority Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Ken File

Mailing Address 13960 Conner Knoll

City State Zip Code
Fishers IN 46038

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

Name of Employer: Delta Tau Delta Educational Foundation
Occupation: Development Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt: 08 / 21 / 2010
Transaction ID: SA11AI.10753
 Amount of Each Receipt this Period: 200.00
 Contribution

B. Full Name (Last, First, Middle Initial)
Letitia Fulkerson

Mailing Address 3457 Whitekirk Way

City State Zip Code
Cincinnati OH 45245

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

Name of Employer: State Farm Insurance
Occupation: Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 08 / 22 / 2010
Transaction ID: SA11AI.10754
 Amount of Each Receipt this Period: 100.00
 Contribution

C. Full Name (Last, First, Middle Initial)
Mr. Marc Katz

Mailing Address 3585 Windward Way

City State Zip Code
Carmel IN 46032

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

Name of Employer: Law Offices of Mark Katz, LLC
Occupation: Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2100.00

Date of Receipt: 08 / 30 / 2010
Transaction ID: SA11AI.10763
 Amount of Each Receipt this Period: 600.00
 Contribution

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: (check only one)	PAGE 8 / 13
	<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)
Fraternity & Sorority Political Action Committee

A.	Full Name (Last, First, Middle Initial) Ms. Sarah C. Lindsay		Date of Receipt	
	Mailing Address 4964 N 35th Street		M M / D D / Y Y Y Y 08 / 12 / 2010	
	City	State	Zip Code	Transaction ID: SA11AI.10738
	Arlington	VA	22207	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		25.00	
Name of Employer Retired		Occupation Retired		Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 525.00		

B.	Full Name (Last, First, Middle Initial) Nikki Meneley		Date of Receipt	
	Mailing Address 3201 E 56th Street		M M / D D / Y Y Y Y 08 / 06 / 2010	
	City	State	Zip Code	Transaction ID: SA11AI.10726
	Indianapolis	IN	46220	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		125.00	
Name of Employer Nat'l Panhellenic Conference		Occupation Executive Director		Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00		

C.	Full Name (Last, First, Middle Initial) Mr. Kevin O'Neill		Date of Receipt	
	Mailing Address 264 Sir Thomas Lundsford Drive		M M / D D / Y Y Y Y 08 / 26 / 2010	
	City	State	Zip Code	Transaction ID: SA11AI.10758
	Williamsburg	VA	23185	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		1000.00	
Name of Employer PattonBoggs LLP		Occupation Lobbyist/Attorney		Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 3500.00		

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 9 / 13
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Fraternity & Sorority Political Action Committee

A. Full Name (Last, First, Middle Initial)
Jeanne Reese

Mailing Address 2401 Pennsylvania Avenue #807

City Washington State DC Zip Code 20037

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

Name of Employer Lincore Inc. Occupation Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2025.00

Date of Receipt 08 / 12 / 2010
Transaction ID: SA11AI.10737
Amount of Each Receipt this Period 25.00
Contribution

B. Full Name (Last, First, Middle Initial)
Peter Smithhisler

Mailing Address 6501 Sussex Drive

City Zionsville State IN Zip Code 46077

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

Name of Employer North American Interfraternity Occupation Executive Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 08 / 17 / 2010
Transaction ID: SA11AI.10751
Amount of Each Receipt this Period 100.00
Contribution

C. Full Name (Last, First, Middle Initial)
Mr. Scott Wiley

Mailing Address 11862 Latrobe Court

City Fishers State IN Zip Code 46037

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

Name of Employer Delta Sigma Phi Fraternity Occupation Executive Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 08 / 05 / 2010
Transaction ID: SA11AI.10723
Amount of Each Receipt this Period 250.00
Contribution

SUBTOTAL of Receipts This Page (optional) ► 375.00

TOTAL This Period (last page this line number only) ► 7725.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 / 13
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Fraternity & Sorority Political Action Committee

A.

Full Name (Last, First, Middle Initial) ZETEPAC		Date of Receipt
Mailing Address PO BOX 75021		<input type="text" value="08"/> / <input type="text" value="12"/> / <input type="text" value="2010"/>
City	State	Zip Code
WASHINGTON	DC	20013
FEC ID number of contributing federal political committee.		Transaction ID: SA11C.10732
<input type="text" value="C"/> <input type="text" value="C00468868"/>		Amount of Each Receipt this Period
Name of Employer		<input type="text" value="200.00"/>
Occupation		Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		<input type="text" value="2200.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="200.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="200.00"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Fraternity & Sorority Political Action Committee

A.	Full Name (Last, First, Middle Initial) Elavon Mailing Address One Concourse Parkway City Atlanta State GA Zip Code 30328 Purpose of Disbursement Credit Card Processing Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.10768 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 2 / 2 0 1 0	Amount of Each Disbursement this Period 79.99
B.	Full Name (Last, First, Middle Initial) MDC & Associates, Inc. Mailing Address 1701 Esquire Lane City McLean State VA Zip Code 22101 Purpose of Disbursement Compliance & Bookkeeping Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.10766 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 9 / 2 0 1 0	Amount of Each Disbursement this Period 7550.57
C.	Full Name (Last, First, Middle Initial) Omega Financial Inc. Mailing Address P. O. Box 2207 City Columbus State GA Zip Code 31902 Purpose of Disbursement Credit Card Processing Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.10769 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 1 0	Amount of Each Disbursement this Period 72.52

SUBTOTAL of Disbursements This Page (optional) ▶	7703.08
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Fraternity & Sorority Political Action Committee

A.	Full Name (Last, First, Middle Initial) PattonBoggs, LLP	Transaction ID: SB21B.10765 Date of Disbursement																			
	Mailing Address 2550 M Street, 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>8</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	1		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		0	1		2	0	1	0												
	City Washington State DC Zip Code 20037	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Legal Services	<table border="1"><tr><td>1229.24</td></tr></table>	1229.24																		
1229.24																					
	Candidate Name	<table border="1"><tr><td>001</td></tr></table> Category/Type	001																		
001																					
	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) Pennington & Co.	Transaction ID: SB21B.10764 Date of Disbursement																			
	Mailing Address 501 Gateway Drive Suite A	<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>8</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	1		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		0	1		2	0	1	0												
	City Lawrence State KS Zip Code 66049-2342	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Printing,Production,database & donor managment	<table border="1"><tr><td>8918.51</td></tr></table>	8918.51																		
8918.51																					
	Candidate Name	<table border="1"><tr><td>001</td></tr></table> Category/Type	001																		
001																					
	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) Pennington & Co.	Transaction ID: SB21B.10767 Date of Disbursement																			
	Mailing Address 501 Gateway Drive Suite A	<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>8</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	9		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	9		2	0	1	0												
	City Lawrence State KS Zip Code 66049-2342	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Printing & Production, Non-Candidate	<table border="1"><tr><td>183.77</td></tr></table>	183.77																		
183.77																					
	Candidate Name	<table border="1"><tr><td>001</td></tr></table> Category/Type	001																		
001																					
	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)	<table border="1"><tr><td>10331.52</td></tr></table>	10331.52
10331.52		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td>18034.60</td></tr></table>	18034.60
18034.60		

B. Form/Schedule : **SB21B**

Non-Candidate

Transaction ID : **SB21B.10764**