

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
America's Families First Action Fund

Report Covering the Period: From:

M	M
1	0

D	D
1	4

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		0.00
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	3004694.18									
(c) Total Receipts (from Line 19)	2858010.00	7083010.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	5862704.18	7083010.00								
7. Total Disbursements (from Line 31)	5792491.33	7012797.15								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	70212.85	70212.85								
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

America's Families First Action Fund

Report Covering the Period:

From:

M M
1 0

D D
1 4

Y Y Y Y
2 0 1 0

To:

M M
1 1

D D
2 2

Y Y Y Y
2 0 1 0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	2683000.00	5608000.00
(ii) Unitemized	10.00	10.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	2683010.00	5608010.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	175000.00	1475000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	2858010.00	7083010.00
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	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	2858010.00	7083010.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	2858010.00	7083010.00

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.....	759048.91	823822.33
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	759048.91	823822.33
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	150000.00	170000.00
24. Independent Expenditure (use Schedule E)	4883442.42	6018974.82
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))..	5792491.33	7012797.15
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5792491.33	7012797.15

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)	2858010.00	7083010.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2858010.00	7083010.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	759048.91	823822.33
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	759048.91	823822.33

**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 / 50
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
America's Families First Action Fund

A.	Full Name (Last, First, Middle Initial) Daniel Berger	Date of Receipt MM / DD / YYYY 10 / 28 / 2010
	Mailing Address 1622 Locust Street	Transaction ID: SA11AI.4259
	City Philadelphia State PA Zip Code 19103	Amount of Each Receipt this Period 50000.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Berger & Montague	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 50000.00	

B.	Full Name (Last, First, Middle Initial) League of Conservation Voters	Date of Receipt MM / DD / YYYY 10 / 19 / 2010
	Mailing Address 1920 L Street NW Suite 800	Transaction ID: SA11AI.4427
	City Washington State DC Zip Code 20036	Amount of Each Receipt this Period 20000.00
	FEC ID number of contributing federal political committee. C	
Name of Employer n/a	Occupation n/a	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 20000.00	

C.	Full Name (Last, First, Middle Initial) Southwest Regional Council of Carpenters	Date of Receipt MM / DD / YYYY 10 / 15 / 2010
	Mailing Address 533 S Fremont Ave FL 10	Transaction ID: SA11AI.4436
	City Los Angeles State CA Zip Code 90071	Amount of Each Receipt this Period 500000.00
	FEC ID number of contributing federal political committee. C	
Name of Employer n/a	Occupation n/a	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500000.00	

SUBTOTAL of Receipts This Page (optional)	570000.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
America's Families First Action Fund

A.	Full Name (Last, First, Middle Initial) Paul Egerman	Date of Receipt MM / DD / YYYY 10 / 21 / 2010
	Mailing Address 77 Westcliff Road	Transaction ID: SA11AI.4268
	City State Zip Code Weston MA 02493	Amount of Each Receipt this Period 80000.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Scription Inc	Occupation Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230000.00	

B.	Full Name (Last, First, Middle Initial) Sheet Metal Workers Intern Assoc Political Ed Leag	Date of Receipt MM / DD / YYYY 10 / 19 / 2010
	Mailing Address 1750 New York Ave NW	Transaction ID: SA11AI.4440
	City State Zip Code Washington DC 20006	Amount of Each Receipt this Period 150000.00
	FEC ID number of contributing federal political committee. C	
Name of Employer n/a	Occupation n/a	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 150000.00	

C.	Full Name (Last, First, Middle Initial) Service Employees International Union	Date of Receipt MM / DD / YYYY 10 / 22 / 2010
	Mailing Address 1800 Massachusetts Ave NW	Transaction ID: SA11AI.4430
	City State Zip Code Washington DC 20005	Amount of Each Receipt this Period 30000.00
	FEC ID number of contributing federal political committee. C	
Name of Employer n/a	Occupation n/a	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 30000.00	

SUBTOTAL of Receipts This Page (optional)	260000.00
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 / 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
America's Families First Action Fund

A.	Full Name (Last, First, Middle Initial) Service Employees International Union		Date of Receipt
	Mailing Address 1800 Massachusetts Ave NW		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 2 / 2 0 1 0
	City	State	Zip Code
	Washington	DC	20005
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4432
Name of Employer n/a		Occupation n/a	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 55000.00
		<input type="text"/> 85000.00	

B.	Full Name (Last, First, Middle Initial) Service Employees International Union		Date of Receipt
	Mailing Address 1800 Massachusetts Ave NW		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 8 / 2 0 1 0
	City	State	Zip Code
	Washington	DC	20005
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4434
Name of Employer n/a		Occupation n/a	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 29000.00
		<input type="text"/> 114000.00	

C.	Full Name (Last, First, Middle Initial) Irwin Mark Jacobs		Date of Receipt
	Mailing Address 2710 Inverness Ct		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 6 / 2 0 1 0
	City	State	Zip Code
	La Jolla	CA	92037
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4263
Name of Employer Qualcomm		Occupation Chair	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 150000.00
		<input type="text"/> 150000.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 234000.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
America's Families First Action Fund

A.	Full Name (Last, First, Middle Initial) Laborers' Political League Education Fund		Date of Receipt	
	Mailing Address 905 16th Street NW		M M / D D / Y Y Y Y Y 1 0 / 1 8 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.4418
	Washington	DC	20006	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		230000.00	
Name of Employer n/a		Occupation n/a		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		230000.00		

B.	Full Name (Last, First, Middle Initial) Laborers' Political League Education Fund		Date of Receipt	
	Mailing Address 905 16th Street NW		M M / D D / Y Y Y Y Y 1 0 / 2 0 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.4419
	Washington	DC	20006	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		220000.00	
Name of Employer n/a		Occupation n/a		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		450000.00		

C.	Full Name (Last, First, Middle Initial) Laborers' Political League Education Fund		Date of Receipt	
	Mailing Address 905 16th Street NW		M M / D D / Y Y Y Y Y 1 0 / 2 8 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.4422
	Washington	DC	20006	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		150000.00	
Name of Employer n/a		Occupation n/a		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		600000.00		

SUBTOTAL of Receipts This Page (optional)	▶	600000.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 / 50
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
America's Families First Action Fund

A.	Full Name (Last, First, Middle Initial) Laborers' Political League Education Fund		Date of Receipt
	Mailing Address 905 16th Street NW		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 0 1 / 2 0 1 0
	City	State	Zip Code
	Washington	DC	20006
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4424
Name of Employer n/a		Occupation n/a	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250000.00
		<input type="text"/> 850000.00	

B.	Full Name (Last, First, Middle Initial) John Menke		Date of Receipt
	Mailing Address 255 California Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 1 5 / 2 0 1 0
	City	State	Zip Code
	San Francisco	CA	94111
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4447
Name of Employer Menke & Associates		Occupation Attorney	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 4000.00
		<input type="text"/> 4000.00	

C.	Full Name (Last, First, Middle Initial) Steve Mostyn		Date of Receipt
	Mailing Address 75 Phelan Boulevard		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 1 / 2 0 1 0
	City	State	Zip Code
	Beaumont	TX	77706
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4445
Name of Employer Mostyn Law Firm		Occupation Attorney	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 100000.00
		<input type="text"/> 100000.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 354000.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 11 / 50
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
America's Families First Action Fund

A.	Full Name (Last, First, Middle Initial) Communication Worker of America		Date of Receipt
	Mailing Address 501 3rd Street NW		<input type="text" value="10"/> / <input type="text" value="25"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Washington	DC	20001
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4414
Name of Employer N/A		Occupation N/A	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="10000.00"/>

B.	Full Name (Last, First, Middle Initial) n/a Red Apple Group		Date of Receipt
	Mailing Address 823 Eleventh Avenue		<input type="text" value="10"/> / <input type="text" value="25"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	New York	NY	10019
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4412
Name of Employer N/A		Occupation N/A	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="10000.00"/>

C.	Full Name (Last, First, Middle Initial) Pat Stryker		Date of Receipt
	Mailing Address 262 East Mountain Ave		<input type="text" value="10"/> / <input type="text" value="28"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Fort Collins	CO	80524
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4258
Name of Employer None		Occupation Retired	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="145000.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="165000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 12 / 50	
	(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"/> 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 Families First Action Fund

A.	Full Name (Last, First, Middle Initial) Working For Working Americans		Date of Receipt																					
	Mailing Address 6801 Placid 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>1</td><td>0</td><td></td><td>1</td><td>5</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	1	0		1	5		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	0		1	5		2	0	1	0														
	City	State	Zip Code	Transaction ID: SA11AI.4438																				
	Las Vegas	NV	89119	Amount of Each Receipt this Period																				
FEC ID number of contributing federal political committee.		C	500000.00																					
Name of Employer n/a		Occupation n/a																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	500000.00																					

SUBTOTAL of Receipts This Page (optional)	500000.00
TOTAL This Period (last page this line number only)	2683000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 13 / 50
	(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)
America's Families First Action Fund

A.

Full Name (Last, First, Middle Initial) LIUNA PAC		Date of Receipt
Mailing Address 905 16th Street NW		<input type="text" value="10"/> / <input type="text" value="20"/> / <input type="text" value="2010"/>
City	State	Zip Code
Washington	DC	20006
FEC ID number of contributing federal political committee.		Transaction ID: SA11C.4269
<input type="text" value="C"/> <input type="text" value="C00007922"/>		Amount of Each Receipt this Period
Name of Employer		<input type="text" value="150000.00"/>
Occupation		
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="150000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

B.

Full Name (Last, First, Middle Initial) Sierra Club Political Committee		Date of Receipt
Mailing Address 85 Second Street 2nd Floor		<input type="text" value="10"/> / <input type="text" value="26"/> / <input type="text" value="2010"/>
City	State	Zip Code
San Francisco	CA	94105
FEC ID number of contributing federal political committee.		Transaction ID: SA11C.4264
<input type="text" value="C"/> <input type="text" value="C00135368"/>		Amount of Each Receipt this Period
Name of Employer		<input type="text" value="25000.00"/>
Occupation		
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="25000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="175000.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="175000.00"/>

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

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

FOR LINE NUMBER:
(check only one)

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<input 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 Families First Action Fund

A. Full Name (Last, First, Middle Initial) Bank of America <hr/> Mailing Address PO Box 25118 <hr/> City Tampa State FL Zip Code 33622 <hr/> Purpose of Disbursement Bank Fees Candidate Name	Transaction ID: SB21B.4281 Date of Disbursement 10 / 15 / 2010
	Amount of Each Disbursement this Period 62.00
	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:

B. Full Name (Last, First, Middle Initial) Bank of America <hr/> Mailing Address PO Box 25118 <hr/> City Tampa State FL Zip Code 33622 <hr/> Purpose of Disbursement Bank Fees Candidate Name	Transaction ID: SB21B.4283 Date of Disbursement 10 / 18 / 2010
	Amount of Each Disbursement this Period 50.00
	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:

C. Full Name (Last, First, Middle Initial) Bank of America <hr/> Mailing Address PO Box 25118 <hr/> City Tampa State FL Zip Code 33622 <hr/> Purpose of Disbursement Bank Fees Candidate Name	Transaction ID: SB21B.4285 Date of Disbursement 10 / 19 / 2010
	Amount of Each Disbursement this Period 37.00
	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

149.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
America's Families First Action Fund

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Bank of America</p> <p>Mailing Address PO Box 25118</p> <p>City Tampa State FL Zip Code 33622</p> <p>Purpose of Disbursement Bank Fees Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.4286</p> <p>Date of Disbursement 10 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 12.00</p> <p>001 Category/ Type</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Bank of America</p> <p>Mailing Address PO Box 25118</p> <p>City Tampa State FL Zip Code 33622</p> <p>Purpose of Disbursement Bank Fees Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.4287</p> <p>Date of Disbursement 10 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 24.00</p> <p>001 Category/ Type</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Bank of America</p> <p>Mailing Address PO Box 25118</p> <p>City Tampa State FL Zip Code 33622</p> <p>Purpose of Disbursement Bank Fees Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.4288</p> <p>Date of Disbursement 10 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 37.00</p> <p>001 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

73.00

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 Families First Action Fund

A.	Full Name (Last, First, Middle Initial) Bank of America	Transaction ID: SB21B.4290 Date of Disbursement 10 / 26 / 2010
	Mailing Address PO Box 25118	Amount of Each Disbursement this Period 25.00
	City Tampa State FL Zip Code 33622	
	Purpose of Disbursement Bank Fees Candidate Name	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Bank of America	Transaction ID: SB21B.4291 Date of Disbursement 10 / 28 / 2010
	Mailing Address PO Box 25118	Amount of Each Disbursement this Period 37.00
	City Tampa State FL Zip Code 33622	
	Purpose of Disbursement Bank Fees Candidate Name	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Bank of America	Transaction ID: SB21B.4292 Date of Disbursement 10 / 29 / 2010
	Mailing Address PO Box 25118	Amount of Each Disbursement this Period 25.00
	City Tampa State FL Zip Code 33622	
	Purpose of Disbursement Bank Fees Candidate Name	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	87.00
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 Families First Action Fund

A.	Full Name (Last, First, Middle Initial) Bank of America Mailing Address PO Box 25118 City Tampa State FL Zip Code 33622 Purpose of Disbursement Bank Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4377 Date of Disbursement 11 / 02 / 2010 Amount of Each Disbursement this Period 25.00 Category/Type 001
B.	Full Name (Last, First, Middle Initial) Future Strategies Mailing Address 26 Hingham Street Suite 2 City Cambridge State MA Zip Code 02138 Purpose of Disbursement Travel & Accommodations Reimbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4315 Date of Disbursement 10 / 29 / 2010 Amount of Each Disbursement this Period 1105.74 Category/Type 002
C.	Full Name (Last, First, Middle Initial) IMS Inc Mailing Address 4809 Morgan Drive City Chevy Chase State MD Zip Code 20185 Purpose of Disbursement Consulting Research Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4449 Date of Disbursement 10 / 15 / 2010 Amount of Each Disbursement this Period 21000.00 Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶	22130.74
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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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 Families First Action Fund

A.	Full Name (Last, First, Middle Initial) IMS Inc Mailing Address 4809 Morgan Drive City Chevy Chase State MD Zip Code 20185 Purpose of Disbursement Consulting Research Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4311 Date of Disbursement 10 / 29 / 2010 Amount of Each Disbursement this Period 2000.00 Category/Type
B.	Full Name (Last, First, Middle Initial) National Education Association Mailing Address 1201 16th Street NW City Washington State DC Zip Code 20036 Purpose of Disbursement Staff Salary & Benefits Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4305 Date of Disbursement 10 / 21 / 2010 Amount of Each Disbursement this Period 9018.27 001 Category/Type
C.	Full Name (Last, First, Middle Initial) Park Hyatt Hotel Mailing Address 1201 24th Street NW City Washington State DC Zip Code 20037 Purpose of Disbursement Travel & Accommodations Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4385 Date of Disbursement 11 / 12 / 2010 Amount of Each Disbursement this Period 709.70 001 Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶	11727.97
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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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 Families First Action Fund

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Project New West</p> <p>Mailing Address 191 University Blvd Suite 831</p> <p>City Denver State CO Zip Code 80206</p> <p>Purpose of Disbursement Consulting Research</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: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.4450</p> <p>Date of Disbursement 10 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 19200.00</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Project New West</p> <p>Mailing Address 191 University Blvd Suite 831</p> <p>City Denver State CO Zip Code 80206</p> <p>Purpose of Disbursement Consulting Research</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: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.4375</p> <p>Date of Disbursement 10 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 11835.00</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Terris Barnes Walters</p> <p>Mailing Address 400 Montgomery 7th Floor</p> <p>City San Francisco State CA Zip Code 94104</p> <p>Purpose of Disbursement Mail House Generic</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: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.4448</p> <p>Date of Disbursement 10 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 82148.00</p>

SUBTOTAL of Disbursements This Page (optional)	113183.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
America's Families First Action Fund

<p>A. Full Name (Last, First, Middle Initial) The Bonner Group</p> <p>Mailing Address PO Box 523523</p> <p>City Springfield State VA Zip Code 22152</p> <p>Purpose of Disbursement Consulting Fundraising Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.4319 Date of Disbursement 11 / 12 / 2010</p> <p>Amount of Each Disbursement this Period 141750.00</p> <p>Category/Type 003</p>
<p>B. Full Name (Last, First, Middle Initial) The New Media Fund</p> <p>Mailing Address 1730 Rhode Island Ave NW</p> <p>City Washington State DC Zip Code 20036</p> <p>Purpose of Disbursement Media Consulting Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.4411 Date of Disbursement 10 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 460000.00</p> <p>Category/Type</p>
<p>C. Full Name (Last, First, Middle Initial) Cristina Uribe</p> <p>Mailing Address 3175 Texas Street</p> <p>City Oakland State CA Zip Code 94602</p> <p>Purpose of Disbursement Reimbursement Travel & Accommodations Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.4277 Date of Disbursement 10 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 492.75</p> <p>Category/Type 001</p>

SUBTOTAL of Disbursements This Page (optional) ▶

602242.75

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)

<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 Families First Action Fund

A.	Full Name (Last, First, Middle Initial) Utrecht & Phillips PLCC	Transaction ID: SB21B.4301 Date of Disbursement 10 / 25 / 2010
	Mailing Address 1900 M Street NW Suite 500	Amount of Each Disbursement this Period 1775.00
	City Washington State DC Zip Code 20036	
	Purpose of Disbursement Legal Services	001 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Utrecht & Phillips PLCC	Transaction ID: SB21B.4316 Date of Disbursement 10 / 29 / 2010
	Mailing Address 1900 M Street NW Suite 500	Amount of Each Disbursement this Period 2086.50
	City Washington State DC Zip Code 20036	
	Purpose of Disbursement Legal Services	001 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Winning Over Washington	Transaction ID: SB21B.4302 Date of Disbursement 10 / 25 / 2010
	Mailing Address 1501 Crystal Drive Suite 829	Amount of Each Disbursement this Period 5000.00
	City Arlington State VA Zip Code 22201	
	Purpose of Disbursement Consulting Communications	001 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	8861.50
TOTAL This Period (last page this line number only)	758454.96

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
America's Families First Action Fund

A.	Full Name (Last, First, Middle Initial) MAJORITY ACTION	Transaction ID: SB23.4442
	Mailing Address PO BOX 76187	Date of Disbursement 10 / 25 / 2010
	City WASHINGTON State DC Zip Code 20013	Amount of Each Disbursement this Period 150000.00
	Purpose of Disbursement Contribution 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) ►

150000.00

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

150000.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 23 / 50
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
America's Families First Action Fund

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Project New West	Nature of Debt (Purpose): Research
Mailing Address 191 University Blvd Suite 831	
City State ZIP Code Denver CO 80206	

Outstanding Balance Beginning This Period		Transaction ID: SD10.4154	
	11835.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	11835.00	0.00	

1) SUBTOTALS This Period This Page (optional).....	▶	0.00
2) TOTALS This Period (last page this line number only).....	▶	0.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	0.00

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

NAME OF COMMITTEE (In Full) America's Families First Action Fund	FEC IDENTIFICATION NUMBER C C00487744
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Buying Time

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

Mailing Address
650 Mass Ave NW #210

Amount
362273.00

City State Zip Code
Washington DC 20001

Transaction ID: SE.4342

Purpose of Expenditure
Media Buy Broadcast & Cable

Category/
Type

Office Sought: House State: FL
 Senate District: 02
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:
WILLIAM STEVE II SOUTHERLAND

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 362273.00

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

Full Name (Last, First, Middle, Initial) of Payee
Buying Time

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

Mailing Address
650 Mass Ave NW #210

Amount
400000.00

City State Zip Code
Washington DC 20001

Transaction ID: SE.4345

Purpose of Expenditure
Media Buy TV & Cable

Category/
Type

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

Name of Federal Candidate supported or Opposed by expenditure:
ANDREW P HARRIS

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 400000.00

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

(a) SUBTOTAL of Itemized Independent Expenditures	762273.00
(b) SUBTOTAL of Unitemized Independent Expenditures	_____
(c) TOTAL Independent Expenditures	_____

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

David Rudd
Signature

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

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) America's Families First Action Fund	FEC IDENTIFICATION NUMBER C C00487744
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Buying Time

Mailing Address
650 Mass Ave NW #210

City Washington State DC Zip Code 20001

Purpose of Expenditure
Media Buy TV & Cable Category/Type

Name of Federal Candidate supported or Opposed by expenditure:
REID RIBBLE

Calendar Year-To-Date Per Election for Office Sought **290000.00**

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

Amount
290000.00

Transaction ID: SE.4347

Office Sought: House State: WI
 Senate District: 08
 Presidential

Check One: Support Oppose

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

Full Name (Last, First, Middle, Initial) of Payee
Buying Time

Mailing Address
650 Mass Ave NW #210

City Washington State DC Zip Code 20001

Purpose of Expenditure
Media Buy Broadcast Category/Type

Name of Federal Candidate supported or Opposed by expenditure:
RICHARD A BERG

Calendar Year-To-Date Per Election for Office Sought **264106.00**

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

Amount
264106.00

Transaction ID: SE.4349

Office Sought: House State: ND
 Senate District: 00
 Presidential

Check One: Support Oppose

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

(a) SUBTOTAL of Itemized Independent Expenditures	554106.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

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

David Rudd
Signature

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

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) America's Families First Action Fund	FEC IDENTIFICATION NUMBER C C00487744
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Buying Time

Mailing Address
650 Mass Ave NW #210

City Washington	State DC	Zip Code 20001
Purpose of Expenditure Media Buy Cable		Category/ Type

Name of Federal Candidate supported or Opposed by expenditure:
ANDREW ROCKY RACZKOWSKI

Calendar Year-To-Date Per Election for Office Sought	130000.00
---	-----------

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

Amount
130000.00

Transaction ID: SE.4350

Office Sought: House State: MI
 Senate District: 09
 Presidential

Check One: Support Oppose

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

Full Name (Last, First, Middle, Initial) of Payee
Envision Communications

Mailing Address
2715 M Street Northwest

City Washington	State DC	Zip Code 20007
Purpose of Expenditure Production		Category/ Type

Name of Federal Candidate supported or Opposed by expenditure:
ANDREW P HARRIS

Calendar Year-To-Date Per Election for Office Sought	406805.65
---	-----------

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

Amount
6805.65

Transaction ID: SE.4387

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

Check One: Support Oppose

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

(a) SUBTOTAL of Itemized Independent Expenditures	136805.65
(b) SUBTOTAL of Unitemized Independent Expenditures	_____
(c) TOTAL Independent Expenditures	_____

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

David Rudd
Signature

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

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) America's Families First Action Fund	FEC IDENTIFICATION NUMBER C C00487744
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Envision Communications

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

Mailing Address
2715 M Street Northwest

Amount
5714.99

City State Zip Code
Washington DC 20007

Transaction ID: SE.4388

Purpose of Expenditure
Production

Category/Type

Office Sought: House State: ND
 Senate District: 00
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:
RICHARD A BERG

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
269820.99

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

Full Name (Last, First, Middle, Initial) of Payee
Envision Communications

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

Mailing Address
2715 M Street Northwest

Amount
5851.85

City State Zip Code
Washington DC 20007

Transaction ID: SE.4389

Purpose of Expenditure
Production

Category/Type

Office Sought: House State: WI
 Senate District: 08
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:
REID RIBBLE

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
295851.85

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

(a) SUBTOTAL of Itemized Independent Expenditures	11566.84
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

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

David Rudd
Signature

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

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) America's Families First Action Fund	FEC IDENTIFICATION NUMBER C C00487744
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Envision Communications

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

Mailing Address
2715 M Street Northwest

Amount
5918.05

City State Zip Code
Washington DC 20007

Transaction ID: SE.4390

Purpose of Expenditure
Production

Category/
Type

Office Sought: House State: FL
 Senate District: 02
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:
WILLIAM STEVE II SOUTHERLAND

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 461107.05

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

Full Name (Last, First, Middle, Initial) of Payee
Envision Communications

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

Mailing Address
2715 M Street Northwest

Amount
5988.11

City State Zip Code
Washington DC 20007

Transaction ID: SE.4391

Purpose of Expenditure
Producton

Category/
Type

Office Sought: House State: MI
 Senate District: 09
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:
ANDREW ROCKY RACZKOWSKI

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 135988.11

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

(a) SUBTOTAL of Itemized Independent Expenditures	11906.16
(b) SUBTOTAL of Unitemized Independent Expenditures	<input style="width:100%;" type="text"/>
(c) TOTAL Independent Expenditures	<input style="width:100%;" type="text"/>

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

David Rudd
Signature

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

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) America's Families First Action Fund	FEC IDENTIFICATION NUMBER C C00487744
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Envision Communications

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

Mailing Address
2715 M Street Northwest

Amount
6045.03

City State Zip Code
Washington DC 20007

Transaction ID: SE.4393

Purpose of Expenditure
Production

Category/Type

Office Sought: House State: NH
 Senate District: 02
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:
CHARLES F. BASS

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 406030.31

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

Full Name (Last, First, Middle, Initial) of Payee
Envision Communications

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

Mailing Address
2715 M Street Northwest

Amount
2307.00

City State Zip Code
Washington DC 20007

Transaction ID: SE.4394

Purpose of Expenditure
Production

Category/Type

Office Sought: House State: NM
 Senate District: 02
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:
STEVAN E. PEARCE

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 38007.00

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

(a) SUBTOTAL of Itemized Independent Expenditures	8352.03
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

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

David Rudd
Signature

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

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) America's Families First Action Fund	FEC IDENTIFICATION NUMBER C C00487744
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Envision Communications

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

Mailing Address
2715 M Street Northwest

Amount
2307.00

City State Zip Code
Washington DC 20007

Transaction ID: SE.4395
Office Sought: House State: CO
 Senate District: 03
 Presidential

Purpose of Expenditure
Production

Category/
Type

Check One: Support Oppose

Name of Federal Candidate supported or Opposed by expenditure:
SCOTT R TIPTON

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

Calendar Year-To-Date Per Election
for Office Sought 146761.00

Full Name (Last, First, Middle, Initial) of Payee
Envision Communications

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

Mailing Address
2715 M Street Northwest

Amount
2245.05

City State Zip Code
Washington DC 20007

Transaction ID: SE.4396
Office Sought: House State: AZ
 Senate District: 05
 Presidential

Purpose of Expenditure
Producton

Category/
Type

Check One: Support Oppose

Name of Federal Candidate supported or Opposed by expenditure:
DAVID SCHWEIKERT

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

Calendar Year-To-Date Per Election
for Office Sought 127437.05

(a) SUBTOTAL of Itemized Independent Expenditures	4552.05
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

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

David Rudd
Signature

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

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) America's Families First Action Fund	FEC IDENTIFICATION NUMBER C C00487744
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

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

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

Mailing Address
2929 University SE
Suite 100

Amount
190000.00

City State Zip Code
Minneapolis MN 55414

Transaction ID: SE.4364

Purpose of Expenditure
Canvass

Category/
Type

Office Sought: House State: VA
 Senate District: 05
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:
THOMAS STUART PRICE PERRIELLO

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 440983.72

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

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

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

Mailing Address
2929 University SE
Suite 100

Amount
4000.00

City State Zip Code
Minneapolis MN 55414

Transaction ID: SE.4365

Purpose of Expenditure
Canvass

Category/
Type

Office Sought: House State: VA
 Senate District: 05
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:
THOMAS STUART PRICE PERRIELLO

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 444983.72

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

(a) SUBTOTAL of Itemized Independent Expenditures	194000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

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

David Rudd
Signature

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

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) America's Families First Action Fund	FEC IDENTIFICATION NUMBER C C00487744
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

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

Mailing Address
PO Box 30084

City Seattle	State WA	Zip Code 98113-0084
-----------------	-------------	------------------------

Purpose of Expenditure Direct Mail	Category/ Type
---------------------------------------	-------------------

Name of Federal Candidate supported or Opposed by expenditure:
DAVID SCHWEIKERT

Calendar Year-To-Date Per Election for Office Sought	101246.00
---	-----------

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

Amount
101246.00

Transaction ID: SE.4341

Office Sought: House State: AZ
 Senate District: 05
 Presidential

Check One: Support Oppose

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

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

Mailing Address
PO Box 30084

City Seattle	State WA	Zip Code 98113-0084
-----------------	-------------	------------------------

Purpose of Expenditure Direct Mail	Category/ Type
---------------------------------------	-------------------

Name of Federal Candidate supported or Opposed by expenditure:
DAVID SCHWEIKERT

Calendar Year-To-Date Per Election for Office Sought	125192.00
---	-----------

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

Amount
23946.00

Transaction ID: SE.4369

Office Sought: House State: AZ
 Senate District: 05
 Presidential

Check One: Support Oppose

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

(a) SUBTOTAL of Itemized Independent Expenditures	125192.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

David Rudd
Signature

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

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) America's Families First Action Fund	FEC IDENTIFICATION NUMBER C C00487744
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Mundy Katowitz Media

Mailing Address
1322 G Street SE

City State Zip Code
Washington DC 20003

Purpose of Expenditure Category/Type
Media Buy TV & Cable

Name of Federal Candidate supported or Opposed by expenditure:
CHARLES F. BASS

Calendar Year-To-Date Per Election for Office Sought 399985.28

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

Amount
399985.28

Transaction ID: SE.4354

Office Sought: House State: NH
 Senate District: 02
 Presidential

Check One: Support Oppose

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

Full Name (Last, First, Middle, Initial) of Payee
Mundy Katowitz Media

Mailing Address
1322 G Street SE

City State Zip Code
Washington DC 20003

Purpose of Expenditure Category/Type
Media Buy & Production Radio

Name of Federal Candidate supported or Opposed by expenditure:
DAVID JEFFREY HARMER

Calendar Year-To-Date Per Election for Office Sought 149900.00

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

Amount
149900.00

Transaction ID: SE.4372

Office Sought: House State: CA
 Senate District: 11
 Presidential

Check One: Support Oppose

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

(a) SUBTOTAL of Itemized Independent Expenditures	549885.28
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

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

David Rudd
Signature

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

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) America's Families First Action Fund	FEC IDENTIFICATION NUMBER C C00487744
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Mundy Katowitz Media

Mailing Address
1322 G Street SE

City State Zip Code
Washington DC 20003

Purpose of Expenditure Category/Type
Media Buy Broadcast

Name of Federal Candidate supported or Opposed by expenditure:
CHARLES F. BASS

Calendar Year-To-Date Per Election for Office Sought **681030.31**

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

Amount
275000.00

Transaction ID: SE.4373

Office Sought: House State: NH
 Senate District: 02
 Presidential

Check One: Support Oppose

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

Full Name (Last, First, Middle, Initial) of Payee
Terris Barnes Walters

Mailing Address
400 Montgomery
7th Floor

City State Zip Code
San Francisco CA 94104

Purpose of Expenditure Category/Type
Direct Mail

Name of Federal Candidate supported or Opposed by expenditure:
WILLIAM STEVE II SOUTHERLAND

Calendar Year-To-Date Per Election for Office Sought **408731.00**

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

Amount
46458.00

Transaction ID: SE.4348

Office Sought: House State: FL
 Senate District: 02
 Presidential

Check One: Support Oppose

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

(a) SUBTOTAL of Itemized Independent Expenditures	321458.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

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

David Rudd
Signature

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

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) America's Families First Action Fund		FEC IDENTIFICATION NUMBER C C00487744
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice		

Full Name (Last, First, Middle, Initial) of Payee
Terris Barnes Walters

Mailing Address
400 Montgomery
7th Floor

City San Francisco	State CA	Zip Code 94104
-----------------------	-------------	-------------------

Purpose of Expenditure Direct Mail	Category/ Type
---------------------------------------	-------------------

Name of Federal Candidate supported or Opposed by expenditure:
ROBERT JAMES JR DOLD

Calendar Year-To-Date Per Election for Office Sought	125428.00
---	-----------

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

Amount
31357.00

Transaction ID: SE.4355

Office Sought: House State: IL
 Senate District: 10
 Presidential

Check One: Support Oppose

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

Full Name (Last, First, Middle, Initial) of Payee
Terris Barnes Walters

Mailing Address
400 Montgomery
7th Floor

City San Francisco	State CA	Zip Code 94104
-----------------------	-------------	-------------------

Purpose of Expenditure Direct Mail	Category/ Type
---------------------------------------	-------------------

Name of Federal Candidate supported or Opposed by expenditure:
MICHAEL G FITZPATRICK

Calendar Year-To-Date Per Election for Office Sought	156348.00
---	-----------

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

Amount
39087.00

Transaction ID: SE.4358

Office Sought: House State: PA
 Senate District: 08
 Presidential

Check One: Support Oppose

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

(a) SUBTOTAL of Itemized Independent Expenditures	70444.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

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

David Rudd
Signature

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

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) America's Families First Action Fund	FEC IDENTIFICATION NUMBER C C00487744
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Terris Barnes Walters

Mailing Address
400 Montgomery
7th Floor

City	State	Zip Code
San Francisco	CA	94104

Purpose of Expenditure Direct Mail	Category/ Type
---------------------------------------	-------------------

Name of Federal Candidate supported or Opposed by expenditure:
WILLIAM STEVE II SOUTHERLAND

Calendar Year-To-Date Per Election for Office Sought	431960.00
---	-----------

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

Amount
23229.00

Transaction ID: SE.4359

Office Sought: House State: FL
 Senate District: 02
 Presidential

Check One: Support Oppose

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

Full Name (Last, First, Middle, Initial) of Payee
Terris Barnes Walters

Mailing Address
400 Montgomery
7th Floor

City	State	Zip Code
San Francisco	CA	94104

Purpose of Expenditure Direct Mail	Category/ Type
---------------------------------------	-------------------

Name of Federal Candidate supported or Opposed by expenditure:
WILLIAM STEVE II SOUTHERLAND

Calendar Year-To-Date Per Election for Office Sought	455189.00
---	-----------

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

Amount
23229.00

Transaction ID: SE.4361

Office Sought: House State: FL
 Senate District: 02
 Presidential

Check One: Support Oppose

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

(a) SUBTOTAL of Itemized Independent Expenditures	46458.00
(b) SUBTOTAL of Unitemized Independent Expenditures	_____
(c) TOTAL Independent Expenditures	_____

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

David Rudd
Signature

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

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) America's Families First Action Fund	FEC IDENTIFICATION NUMBER C C00487744
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Terris Barnes Walters

Mailing Address
400 Montgomery
7th Floor

City State Zip Code
San Francisco CA 94104

Purpose of Expenditure Category/Type
Direct Mail

Name of Federal Candidate supported or Opposed by expenditure:
MICHAEL G FITZPATRICK

Calendar Year-To-Date Per Election for Office Sought 195435.00

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

Amount
39087.00

Transaction ID: SE.4368

Office Sought: House State: PA
 Senate District: 08
 Presidential

Check One: Support Oppose

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

Full Name (Last, First, Middle, Initial) of Payee
Terris Barnes Walters

Mailing Address
400 Montgomery
7th Floor

City State Zip Code
San Francisco CA 94104

Purpose of Expenditure Category/Type
Direct Mail

Name of Federal Candidate supported or Opposed by expenditure:
ROBERT JAMES JR DOLD

Calendar Year-To-Date Per Election for Office Sought 156785.00

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

Amount
31357.00

Transaction ID: SE.4370

Office Sought: House State: IL
 Senate District: 10
 Presidential

Check One: Support Oppose

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

(a) SUBTOTAL of Itemized Independent Expenditures	70444.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

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

David Rudd
Signature

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

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) America's Families First Action Fund	FEC IDENTIFICATION NUMBER C C00487744
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Terris Barnes Walters

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

Mailing Address
400 Montgomery
7th Floor

Amount
31357.00

City State Zip Code
San Francisco CA 94104

Transaction ID: SE.4371
Office Sought: House State: IL
 Senate District: 10
 Presidential

Purpose of Expenditure Category/Type
Direct Mail

Check One: Support Oppose

Name of Federal Candidate supported or Opposed by expenditure:
DANIEL JOSEPH SEALS

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

Calendar Year-To-Date Per Election for Office Sought
188142.00

Full Name (Last, First, Middle, Initial) of Payee
The New Media Fund

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

Mailing Address
1730 Rhode Island Ave NW

Amount
140847.28

City State Zip Code
Washington DC 20036

Transaction ID: SE.4340
Office Sought: House State: MA
 Senate District: 10
 Presidential

Purpose of Expenditure Category/Type
Media Buy Radio 004

Check One: Support Oppose

Name of Federal Candidate supported or Opposed by expenditure:
JEFFREY DAVIS PERRY

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

Calendar Year-To-Date Per Election for Office Sought
140847.28

(a) SUBTOTAL of Itemized Independent Expenditures	172204.28
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

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

David Rudd
Signature

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

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) America's Families First Action Fund	FEC IDENTIFICATION NUMBER C C00487744
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
The New Media Fund

Mailing Address
1730 Rhode Islnd Ave NW

City Washington	State DC	Zip Code 20036
--------------------	-------------	-------------------

Purpose of Expenditure Media Buy Cable & TV	Category/ Type
--	-------------------

Name of Federal Candidate supported or Opposed by expenditure:
RUTH CRAWFORD MCCLUNG

Calendar Year-To-Date Per Election for Office Sought	250595.40
---	-----------

Date

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

Amount

250595.40

Transaction ID: SE.4343

Office Sought: House State: AZ
 Senate District: 07
 Presidential

Check One: Support Oppose

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

Full Name (Last, First, Middle, Initial) of Payee
The New Media Fund

Mailing Address
1730 Rhode Islnd Ave NW

City Washington	State DC	Zip Code 20036
--------------------	-------------	-------------------

Purpose of Expenditure Media Buy TV, Cable & Radio	Category/ Type
--	-------------------

Name of Federal Candidate supported or Opposed by expenditure:
SEAN P DUFFY

Calendar Year-To-Date Per Election for Office Sought	375199.88
---	-----------

Date

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

Amount

375199.88

Transaction ID: SE.4344

Office Sought: House State: WI
 Senate District: 07
 Presidential

Check One: Support Oppose

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

(a) SUBTOTAL of Itemized Independent Expenditures	625795.28
(b) SUBTOTAL of Unitemized Independent Expenditures	[Empty Box]
(c) TOTAL Independent Expenditures	[Empty Box]

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

David Rudd
Signature

Date

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

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) America's Families First Action Fund	FEC IDENTIFICATION NUMBER C C00487744
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
The New Media Fund

Mailing Address
1730 Rhode Islnd Ave NW

City Washington	State DC	Zip Code 20036
--------------------	-------------	-------------------

Purpose of Expenditure Media Buy TV & Cable	Category/ Type
--	-------------------

Name of Federal Candidate supported or Opposed by expenditure:
ROBERT HURT

Calendar Year-To-Date Per Election for Office Sought	250983.72
---	-----------

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

Amount
250983.72

Transaction ID: SE.4346

Office Sought: House State: VA
 Senate District: 05
 Presidential

Check One: Support Oppose

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

Full Name (Last, First, Middle, Initial) of Payee
The New Media Fund

Mailing Address
1730 Rhode Islnd Ave NW

City Washington	State DC	Zip Code 20036
--------------------	-------------	-------------------

Purpose of Expenditure Media Buy TV & Radio	Category/ Type
--	-------------------

Name of Federal Candidate supported or Opposed by expenditure:
ROBERT TODD SCHILLING

Calendar Year-To-Date Per Election for Office Sought	348689.24
---	-----------

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

Amount
348689.24

Transaction ID: SE.4356

Office Sought: House State: IL
 Senate District: 17
 Presidential

Check One: Support Oppose

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

(a) SUBTOTAL of Itemized Independent Expenditures	599672.96
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

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

David Rudd
Signature

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

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

NAME OF COMMITTEE (In Full) America's Families First Action Fund	FEC IDENTIFICATION NUMBER C C00487744
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
The New Media Fund

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

Mailing Address
1730 Rhode Islnd Ave NW

Amount
55000.00

City State Zip Code
Washington DC 20036

Transaction ID: SE.4357

Purpose of Expenditure Category/Type
Media Buy Radio

Office Sought: House State: AZ
 Senate District: 07
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:
RUTH CRAWFORD MCCLUNG

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
305595.40

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

Full Name (Last, First, Middle, Initial) of Payee
The New Media Fund

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

Mailing Address
1730 Rhode Islnd Ave NW

Amount
201508.68

City State Zip Code
Washington DC 20036

Transaction ID: SE.4360

Purpose of Expenditure Category/Type
Media Buy Radio

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

Name of Federal Candidate supported or Opposed by expenditure:
RANDOLPH ALTSCHULER

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
201508.68

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

(a) SUBTOTAL of Itemized Independent Expenditures	256508.68
(b) SUBTOTAL of Unitemized Independent Expenditures	<input style="width:100%;" type="text"/>
(c) TOTAL Independent Expenditures	<input style="width:100%;" type="text"/>

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

David Rudd
Signature

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

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) America's Families First Action Fund	FEC IDENTIFICATION NUMBER C C00487744
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
The New Media Fund

Mailing Address
1730 Rhode Islnd Ave NW

City State Zip Code
Washington DC 20036

Purpose of Expenditure Category/Type
Media Buy Radio

Name of Federal Candidate supported or Opposed by expenditure:
JEFFREY DAVIS PERRY

Calendar Year-To-Date Per Election for Office Sought 244968.50

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

Amount
104121.22

Transaction ID: SE.4366

Office Sought: House State: MA
 Senate District: 10
 Presidential

Check One: Support Oppose

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

Full Name (Last, First, Middle, Initial) of Payee
The New Media Fund

Mailing Address
1730 Rhode Islnd Ave NW

City State Zip Code
Washington DC 20036

Purpose of Expenditure Category/Type
Media Buy Broadcast & Cable

Name of Federal Candidate supported or Opposed by expenditure:
TIMOTHY L. WALBERG

Calendar Year-To-Date Per Election for Office Sought 150000.72

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

Amount
150000.72

Transaction ID: SE.4367

Office Sought: House State: MI
 Senate District: 07
 Presidential

Check One: Support Oppose

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

(a) SUBTOTAL of Itemized Independent Expenditures	254121.94
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

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

David Rudd
Signature

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

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) America's Families First Action Fund	FEC IDENTIFICATION NUMBER C C00487744
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
The New Media Fund

Mailing Address
1730 Rhode Islnd Ave NW

City State Zip Code
Washington DC 20036

Purpose of Expenditure Category/Type
Media Buy Radio

Name of Federal Candidate supported or Opposed by expenditure:
ROBERT TODD SCHILLING

Calendar Year-To-Date Per Election for Office Sought 355201.16

Date
MM / DD / YYYY
10 / 30 / 2010

Amount
6511.92

Transaction ID: SE.4374

Office Sought: House State: IL
 Senate District: 17
 Presidential

Check One: Support Oppose

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

Full Name (Last, First, Middle, Initial) of Payee
The New Media Fund

Mailing Address
1730 Rhode Islnd Ave NW

City State Zip Code
Washington DC 20036

Purpose of Expenditure Category/Type
Production

Name of Federal Candidate supported or Opposed by expenditure:
RUTH CRAWFORD MCCLUNG

Calendar Year-To-Date Per Election for Office Sought 319707.98

Date
MM / DD / YYYY
11 / 12 / 2010

Amount
14112.58

Transaction ID: SE.4397

Office Sought: House State: AZ
 Senate District: 07
 Presidential

Check One: Support Oppose

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

(a) SUBTOTAL of Itemized Independent Expenditures	20624.50
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

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

David Rudd
Signature

Date MM / DD / YYYY
12 / 14 / 2010

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) America's Families First Action Fund	FEC IDENTIFICATION NUMBER C C00487744
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
The New Media Fund

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

Mailing Address
1730 Rhode Islnd Ave NW

Amount
13394.33

City State Zip Code
Washington DC 20036

Transaction ID: SE.4398

Purpose of Expenditure
Production

Category/Type

Office Sought: House State: FL
 Senate District: 25
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:
DAVID RIVERA

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
415456.73

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

Full Name (Last, First, Middle, Initial) of Payee
The New Media Fund

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

Mailing Address
1730 Rhode Islnd Ave NW

Amount
3737.37

City State Zip Code
Washington DC 20036

Transaction ID: SE.4399

Purpose of Expenditure
Production

Category/Type

Office Sought: House State: VA
 Senate District: 05
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:
ROBERT HURT

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
448721.09

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

(a) SUBTOTAL of Itemized Independent Expenditures	17131.70
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

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

David Rudd
Signature

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

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) America's Families First Action Fund	FEC IDENTIFICATION NUMBER C C00487744
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
The New Media Fund

Mailing Address
1730 Rhode Island Ave NW

City Washington	State DC	Zip Code 20036
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Purpose of Expenditure Production	Category/ Type
--------------------------------------	-------------------

Name of Federal Candidate supported or Opposed by expenditure:
ROBERT HURT

Calendar Year-To-Date Per Election for Office Sought	457113.76
---	-----------

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

Amount
8392.67

Transaction ID: SE.4400

Office Sought: House State: VA
 Senate District: 05
 Presidential

Check One: Support Oppose

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

Full Name (Last, First, Middle, Initial) of Payee
The New Media Fund

Mailing Address
1730 Rhode Island Ave NW

City Washington	State DC	Zip Code 20036
--------------------	-------------	-------------------

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

Name of Federal Candidate supported or Opposed by expenditure:
SEAN P DUFFY

Calendar Year-To-Date Per Election for Office Sought	378314.72
---	-----------

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

Amount
3114.84

Transaction ID: SE.4401

Office Sought: House State: WI
 Senate District: 07
 Presidential

Check One: Support Oppose

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

(a) SUBTOTAL of Itemized Independent Expenditures	11507.51
(b) SUBTOTAL of Unitemized Independent Expenditures	_____
(c) TOTAL Independent Expenditures	_____

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

David Rudd
Signature

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

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) America's Families First Action Fund	FEC IDENTIFICATION NUMBER C C00487744
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
The New Media Fund

Mailing Address
1730 Rhode Island Ave NW

City State Zip Code
Washington DC 20036

Purpose of Expenditure Category/Type
Production

Name of Federal Candidate supported or Opposed by expenditure:
RANDY HULTGREN

Calendar Year-To-Date Per Election for Office Sought 210923.09

Date
MM / DD / YYYY
11 / 12 / 2010

Amount
11045.09

Transaction ID: SE.4402

Office Sought: House State: IL
 Senate District: 14
 Presidential

Check One: Support Oppose

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

Full Name (Last, First, Middle, Initial) of Payee
The New Media Fund

Mailing Address
1730 Rhode Island Ave NW

City State Zip Code
Washington DC 20036

Purpose of Expenditure Category/Type
Production

Name of Federal Candidate supported or Opposed by expenditure:
SEAN P DUFFY

Calendar Year-To-Date Per Election for Office Sought 392067.53

Date
MM / DD / YYYY
11 / 12 / 2010

Amount
13752.81

Transaction ID: SE.4403

Office Sought: House State: WI
 Senate District: 07
 Presidential

Check One: Support Oppose

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

(a) SUBTOTAL of Itemized Independent Expenditures	24797.90
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

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

David Rudd
Signature

Date MM / DD / YYYY
12 / 14 / 2010

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) America's Families First Action Fund	FEC IDENTIFICATION NUMBER C C00487744
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
The New Media Fund

Mailing Address
1730 Rhode Islnd Ave NW

City Washington	State DC	Zip Code 20036
--------------------	-------------	-------------------

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

Name of Federal Candidate supported or Opposed by expenditure:
JEFFREY DAVIS PERRY

Calendar Year-To-Date Per Election for Office Sought	248155.41
---	-----------

Date

M M 1 1	D D 1 2	Y Y Y Y 2 0 1 0
------------	------------	--------------------

Amount

3186.91

Transaction ID: SE.4404

Office Sought: House State: MA
 Senate District: 10
 Presidential

Check One: Support Oppose

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

Full Name (Last, First, Middle, Initial) of Payee
The New Media Fund

Mailing Address
1730 Rhode Islnd Ave NW

City Washington	State DC	Zip Code 20036
--------------------	-------------	-------------------

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

Name of Federal Candidate supported or Opposed by expenditure:
ROBERT TODD SCHILLING

Calendar Year-To-Date Per Election for Office Sought	356516.36
---	-----------

Date

M M 1 1	D D 1 2	Y Y Y Y 2 0 1 0
------------	------------	--------------------

Amount

1315.20

Transaction ID: SE.4405

Office Sought: House State: IL
 Senate District: 17
 Presidential

Check One: Support Oppose

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

(a) SUBTOTAL of Itemized Independent Expenditures	4502.11
(b) SUBTOTAL of Unitemized Independent Expenditures	_____
(c) TOTAL Independent Expenditures	_____

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

David Rudd
Signature

Date

M M 1 2	D D 1 4	Y Y Y Y 2 0 1 0
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SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) America's Families First Action Fund	FEC IDENTIFICATION NUMBER C C00487744
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
The New Media Fund

Mailing Address
1730 Rhode Islnd Ave NW

City Washington	State DC	Zip Code 20036
--------------------	-------------	-------------------

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

Name of Federal Candidate supported or Opposed by expenditure:
JEFFREY DAVIS PERRY

Calendar Year-To-Date Per Election for Office Sought	251289.17
---	-----------

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

Amount
3133.76

Transaction ID: SE.4406

Office Sought: House State: MA
 Senate District: 10
 Presidential

Check One: Support Oppose

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

Full Name (Last, First, Middle, Initial) of Payee
The New Media Fund

Mailing Address
1730 Rhode Islnd Ave NW

City Washington	State DC	Zip Code 20036
--------------------	-------------	-------------------

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

Name of Federal Candidate supported or Opposed by expenditure:
RANDOLPH ALTSCHULER

Calendar Year-To-Date Per Election for Office Sought	203499.31
---	-----------

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

Amount
1990.63

Transaction ID: SE.4407

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

Check One: Support Oppose

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

(a) SUBTOTAL of Itemized Independent Expenditures	5124.39
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

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

David Rudd
Signature

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

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) America's Families First Action Fund	FEC IDENTIFICATION NUMBER C C00487744
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
The New Media Fund

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

Mailing Address
1730 Rhode Isalnd Ave NW

Amount
4633.78

City State Zip Code
Washington DC 20036

Transaction ID: SE.4408
Office Sought: House State: IL
 Senate District: 17
 Presidential

Purpose of Expenditure
Production

Category/
Type

Name of Federal Candidate supported or Opposed by expenditure:
ROBERT TODD SCHILLING

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 361150.14

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

Full Name (Last, First, Middle, Initial) of Payee
The New Media Fund

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

Mailing Address
1730 Rhode Isalnd Ave NW

Amount
4005.41

City State Zip Code
Washington DC 20036

Transaction ID: SE.4409
Office Sought: House State: MI
 Senate District: 07
 Presidential

Purpose of Expenditure
Production

Category/
Type

Name of Federal Candidate supported or Opposed by expenditure:
TIMOTHY L. WALBERG

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 154006.13

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

(a) SUBTOTAL of Itemized Independent Expenditures	8639.19
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

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

David Rudd
Signature

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

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

NAME OF COMMITTEE (In Full) America's Families First Action Fund		FEC IDENTIFICATION NUMBER C C00487744	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice		Date M M / D D / Y Y Y Y 1 1 / 1 2 / 2 0 1 0	
Full Name (Last, First, Middle, Initial) of Payee The New Media Fund		Amount 15368.97	
Mailing Address 1730 Rhode Island Ave NW		Transaction ID: SE.4410	
City Washington	State DC	Zip Code 20036	Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 25 <input type="checkbox"/> Presidential
Purpose of Expenditure Production		Category/ Type	Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Name of Federal Candidate supported or Opposed by expenditure: DAVID RIVERA		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Calendar Year-To-Date Per Election for Office Sought		430825.70	

(a) SUBTOTAL of Itemized Independent Expenditures	15368.97
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	4883442.42
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
David Rudd Signature	Date M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 1 0