

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) 13421 MALENA DR  
 Check if different than previously reported. (ACC)  
SANTA ANA CA 92705

2. **FEC IDENTIFICATION NUMBER** C00442319  
**3. IS THIS REPORT**  NEW (N) **OR**  AMENDED (A)

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

5. Covering Period 07 01 2009 through 12 31 2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer Randy Goodwin  
Signature of Treasurer Electronically Filed by Randy Goodwin Date 01 31 2010

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

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

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

Write or Type Committee Name  
REPUBLICAN MAJORITY CAMPAIGN

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	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>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		155626.78
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period .....	49369.40									
(c) Total Receipts (from Line 19) .....	1092481.98	1698356.59								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	1141851.38	1853983.37								
7. Total Disbursements (from Line 31) .....	896261.66	1608393.65								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	245589.72	245589.72								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name  
REPUBLICAN MAJORITY CAMPAIGN

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

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) .....	15153.00	20279.06
(ii) Unitemized .....	1077328.98	1678077.53
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	1092481.98	1698356.59
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	1092481.98	1698356.59
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)) .....	1092481.98	1698356.59
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	1092481.98	1698356.59

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	876299.63	1577231.62
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	876299.63	1577231.62
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5000.00	15600.00
24. Independent Expenditure (use Schedule E) .....	14862.03	14862.03
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.....	100.00	700.00
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))..	896261.66	1608393.65
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	896261.66	1608393.65

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	1092481.98	1698356.59
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	1092481.98	1698356.59
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	876299.63	1577231.62
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	876299.63	1577231.62

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 100  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
REPUBLICAN MAJORITY CAMPAIGN

**A.**

Full Name (Last, First, Middle Initial)  
Michael Abdalla

Mailing Address 4022 E Rolling Green Lane

City State Zip Code  
Orange CA 92867

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

Name of Employer Refused Occupation Refused

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
MM / DD / YYYY  
10 / 28 / 2009

Transaction ID: SA11AI.5046

Amount of Each Receipt this Period  
210.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Gary Adams

Mailing Address 3420-H W MacArthur Blvd

City State Zip Code  
Santa Ana CA 92704

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

Name of Employer Adams Properties Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
263.00

Date of Receipt  
MM / DD / YYYY  
10 / 21 / 2009

Transaction ID: SA11AI.5088

Amount of Each Receipt this Period  
119.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
Gary Adams

Mailing Address 3420-H W MacArthur Blvd

City State Zip Code  
Santa Ana CA 92704

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

Name of Employer Adams Properties Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
382.00

Date of Receipt  
MM / DD / YYYY  
10 / 27 / 2009

Transaction ID: SA11AI.5089

Amount of Each Receipt this Period  
119.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **448.00**

**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 / 100
	<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)  
REPUBLICAN MAJORITY CAMPAIGN

<b>A.</b>	Full Name (Last, First, Middle Initial) Gary Adams		Date of Receipt
	Mailing Address 3420-H W MacArthur Blvd		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Santa Ana	CA	92704
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.5090
	C		Amount of Each Receipt this Period
		144.00	
Name of Employer Adams Properties		Occupation President	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		526.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Russell Alston		Date of Receipt
	Mailing Address 1523 Hollencrest Dr		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	West Covina	CA	91791
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.5032
	C		Amount of Each Receipt this Period
		100.00	
Name of Employer None		Occupation Retired	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		325.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dolores Arroyo		Date of Receipt
	Mailing Address 3327 Current Ct		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Reno	NV	89509
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.5071
	C		Amount of Each Receipt this Period
		1000.00	
Name of Employer None		Occupation Homemaker	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1244.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 100  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN MAJORITY CAMPAIGN

<p><b>A.</b> Full Name (Last, First, Middle Initial) Alexander Asprodites</p> <p>Mailing Address 1750 St. Charles Ave #413</p> <p>City State Zip Code New Orleans LA 70130</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Refused      Occupation Refused</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">250.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">09 / 09 / 2009</span></p> <p><b>Transaction ID:</b> SA11AI.5036</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">125.00</span></p> <p>Contribution</p>
---	--

<p><b>B.</b> Full Name (Last, First, Middle Initial) Byron Bader</p> <p>Mailing Address 38242 Redwood Terr</p> <p>City State Zip Code Fremont CA 94536</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer None      Occupation Retired</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">238.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">12 / 18 / 2009</span></p> <p><b>Transaction ID:</b> SA11AI.5215</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">119.00</span></p> <p>Contribution</p>
--	--

<p><b>C.</b> Full Name (Last, First, Middle Initial) Jo Ann Baughman</p> <p>Mailing Address P.O. Box 1269</p> <p>City State Zip Code Philomath OR 97370</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer None      Occupation Retired</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">237.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">11 / 07 / 2009</span></p> <p><b>Transaction ID:</b> SA11AI.5224</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">59.00</span></p> <p>Contribution</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">303.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 100

(check only one)

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

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN MAJORITY CAMPAIGN**

**A.** Full Name (Last, First, Middle Initial)  
Jo Ann Baughman

Mailing Address P.O. Box 1269

City Philomath State OR Zip Code 97370

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

Name of Employer None Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 276.00

Date of Receipt MM / DD / YYYY  
12 / 20 / 2009

**Transaction ID:** SA11AI.5226

Amount of Each Receipt this Period 39.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Gerald Bell

Mailing Address 8980 S Hollybrook Dr

City Pembroke Pines State FL Zip Code 33025

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

Name of Employer None Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 263.00

Date of Receipt MM / DD / YYYY  
12 / 20 / 2009

**Transaction ID:** SA11AI.5186

Amount of Each Receipt this Period 119.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Daniel Biery

Mailing Address 17 Needham Ave

City Phelps State NY Zip Code 14532

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

Name of Employer Self Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 238.00

Date of Receipt MM / DD / YYYY  
11 / 05 / 2009

**Transaction ID:** SA11AI.5148

Amount of Each Receipt this Period 119.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... 277.00

**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 10 / 100
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
REPUBLICAN MAJORITY CAMPAIGN

<b>A.</b>	Full Name (Last, First, Middle Initial) Edward Blackburne		Date of Receipt MM / DD / YYYY 11 / 07 / 2009
	Mailing Address PO Box 2039		Transaction ID: SA11AI.5161
	City Conroe	State TX	Zip Code 77305
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 119.00
	Name of Employer Tubular Perforating	Occupation President	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 263.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Kay Boie		Date of Receipt MM / DD / YYYY 12 / 24 / 2009
	Mailing Address 109 Highmore Ave		Transaction ID: SA11AI.5053
	City Anna	State IL	Zip Code 62906
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer None	Occupation Retired	Contributor
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Emily Bourne		Date of Receipt MM / DD / YYYY 10 / 29 / 2009
	Mailing Address 8 Wildhorse Lane		Transaction ID: SA11AI.5057
	City Rolling Hills Est	State CA	Zip Code 90274
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
	Name of Employer Refused	Occupation Refused	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	444.00
<b>TOTAL</b> 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 11 / 100  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
REPUBLICAN MAJORITY CAMPAIGN

**A.**

Full Name (Last, First, Middle Initial)  
Emily Bourne

Mailing Address 8 Wildhorse Lane

City State Zip Code  
Rolling Hills Est CA 90274

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

Name of Employer Refused Occupation Refused

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  
MM / DD / YYYY  
12 / 31 / 2009

**Transaction ID:** SA11AI.5058

Amount of Each Receipt this Period  
100.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Brian Broadwater

Mailing Address 5665 Middleburg Rd

City State Zip Code  
Union Bridge MD 21791

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

Name of Employer None Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
238.00

Date of Receipt  
MM / DD / YYYY  
12 / 17 / 2009

**Transaction ID:** SA11AI.5237

Amount of Each Receipt this Period  
119.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
Larry Brown

Mailing Address 801 Brentwood Point

City State Zip Code  
Naples FL 34110

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

Name of Employer Brown Distribution Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
12 / 20 / 2009

**Transaction ID:** SA11AI.5076

Amount of Each Receipt this Period  
500.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **719.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 100  
(check only one)

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

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)  
REPUBLICAN MAJORITY CAMPAIGN

**A.**

Full Name (Last, First, Middle Initial)  
Carol Franc Buck

Mailing Address PO Box 1307

City State Zip Code  
Crystal Bay NV 89402

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

Name of Employer Occupation  
Buck Foundation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 267.00

Date of Receipt  
MM / DD / YYYY  
12 / 21 / 2009

**Transaction ID:** SA11AI.5118

Amount of Each Receipt this Period  
119.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Clifford Cone

Mailing Address Post Office Drawer 1629

City State Zip Code  
Lovington NM 88260

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

Name of Employer Occupation  
Self CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 263.00

Date of Receipt  
MM / DD / YYYY  
12 / 19 / 2009

**Transaction ID:** SA11AI.5132

Amount of Each Receipt this Period  
119.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
Clifford Cone

Mailing Address Post Office Drawer 1629

City State Zip Code  
Lovington NM 88260

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

Name of Employer Occupation  
Self CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 382.00

Date of Receipt  
MM / DD / YYYY  
12 / 20 / 2009

**Transaction ID:** SA11AI.5131

Amount of Each Receipt this Period  
119.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **357.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 100  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
REPUBLICAN MAJORITY CAMPAIGN

**A.**

Full Name (Last, First, Middle Initial)  
Susan Costanzo

Mailing Address 3 Sailcrest

City State Zip Code  
Newport Coast CA 92657

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

Name of Employer None Occupation Homemaker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 203.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 6 / 2 0 0 9

**Transaction ID:** SA11AI.5211

Amount of Each Receipt this Period  
59.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Clifford Crane

Mailing Address 3610 Birch St

City State Zip Code  
Newport Beach CA 92660

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

Name of Employer Self Occupation Engineer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 238.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 6 / 2 0 0 9

**Transaction ID:** SA11AI.5121

Amount of Each Receipt this Period  
119.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
Dimples Crosby

Mailing Address PO Box 1489

City State Zip Code  
Larose LA 70373

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

Name of Employer CD Products Occupation Specialist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 288.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 6 / 2 0 0 9

**Transaction ID:** SA11AI.5142

Amount of Each Receipt this Period  
144.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **322.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 100  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
REPUBLICAN MAJORITY CAMPAIGN

**A.**

Full Name (Last, First, Middle Initial)  
William Davis

Mailing Address 2312 Estates Dr

City State Zip Code  
Fairfield CA 94533

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

Name of Employer None Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 207.00

Date of Receipt  
MM / DD / YYYY  
11 / 19 / 2009

**Transaction ID:** SA11AI.5108

Amount of Each Receipt this Period  
29.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Jolee Deaver

Mailing Address 3531 Timber Dr

City State Zip Code  
Amarillo TX 79121

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

Name of Employer None Occupation Retired Nurse

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
07 / 28 / 2009

**Transaction ID:** SA11AI.5040

Amount of Each Receipt this Period  
400.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
Randy Dittman

Mailing Address 4501 W41st St

City State Zip Code  
Tulsa OK 74107

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

Name of Employer None Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
08 / 11 / 2009

**Transaction ID:** SA11AI.5042

Amount of Each Receipt this Period  
350.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **779.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 100  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
REPUBLICAN MAJORITY CAMPAIGN

**A.**

Full Name (Last, First, Middle Initial)  
Anne Dornbush

Mailing Address 16365 Las Cumbres Dr

City State Zip Code  
Whittier CA 90603

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

Name of Employer None Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 316.00

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

Transaction ID: SA11AI.5234

Amount of Each Receipt this Period  
119.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Josie Falbo

Mailing Address 2847 S Buckingham

City State Zip Code  
Westchester IL 60154

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

Name of Employer Self Occupation Musician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 238.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 6 / 2 0 0 9

Transaction ID: SA11AI.5199

Amount of Each Receipt this Period  
119.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
Josie Falbo

Mailing Address 2847 S Buckingham

City State Zip Code  
Westchester IL 60154

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

Name of Employer Self Occupation Musician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 267.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 8 / 2 0 0 9

Transaction ID: SA11AI.5200

Amount of Each Receipt this Period  
29.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 267.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 100  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
REPUBLICAN MAJORITY CAMPAIGN

**A.**

Full Name (Last, First, Middle Initial) Josie Falbo		Date of Receipt MM / DD / YYYY 12 / 20 / 2009
Mailing Address 2847 S Buckingham		Transaction ID: SA11AI.5201
City Westchester	State IL	Zip Code 60154
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 19.00
Name of Employer Self	Occupation Musician	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 286.00	

**B.**

Full Name (Last, First, Middle Initial) Ida Fernandez		Date of Receipt MM / DD / YYYY 12 / 18 / 2009
Mailing Address 7000 Village Way		Transaction ID: SA11AI.5193
City Boothwyn	State PA	Zip Code 19061
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 144.00
Name of Employer None	Occupation Homemaker	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 288.00	

**C.**

Full Name (Last, First, Middle Initial) W. Claude Fillingim		Date of Receipt MM / DD / YYYY 11 / 06 / 2009
Mailing Address 275 Franklindale Rd		Transaction ID: SA11AI.5124
City Thomaston	State GA	Zip Code 30286
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 119.00
Name of Employer United Methodist Church	Occupation Minister	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 238.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	282.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 100  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
REPUBLICAN MAJORITY CAMPAIGN

**A.**

Full Name (Last, First, Middle Initial)  
William Thomas Flynn

Mailing Address 55-05 Woodside Ave

City Woodside State NY Zip Code 11377

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

Name of Employer None Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 288.00

Date of Receipt 12 / 18 / 2009

Transaction ID: SA11AI.5183

Amount of Each Receipt this Period 144.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Robert Gehring

Mailing Address 183 Sunset View

City Doylestown State PA Zip Code 18901

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

Name of Employer None Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 238.00

Date of Receipt 11 / 06 / 2009

Transaction ID: SA11AI.5229

Amount of Each Receipt this Period 119.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
Carlton Graziano

Mailing Address 425 E 58th St

City New York State NY Zip Code 10022

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

Name of Employer Self Occupation Business

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 09 / 2009

Transaction ID: SA11AI.5059

Amount of Each Receipt this Period 500.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **763.00**

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

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

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

FOR LINE NUMBER: PAGE 18 / 100  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN MAJORITY CAMPAIGN

**A.** Full Name (Last, First, Middle Initial)  
Richard Griffith  
 Mailing Address 3417 Milam St  
 City State Zip Code  
Houston TX 77002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Investor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 288.00  
 Date of Receipt: 12 / 22 / 2009  
**Transaction ID:** SA11AI.5189  
 Amount of Each Receipt this Period: 144.00  
 Contribution

**B.** Full Name (Last, First, Middle Initial)  
Richard Griffith  
 Mailing Address 3417 Milam St  
 City State Zip Code  
Houston TX 77002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Investor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 432.00  
 Date of Receipt: 12 / 22 / 2009  
**Transaction ID:** SA11AI.5190  
 Amount of Each Receipt this Period: 144.00  
 Contribution

**C.** Full Name (Last, First, Middle Initial)  
D. G. Gumpertz  
 Mailing Address PO Box 2450  
 City State Zip Code  
Toluca Lake CA 91610  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer None Occupation Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 263.00  
 Date of Receipt: 12 / 18 / 2009  
**Transaction ID:** SA11AI.5145  
 Amount of Each Receipt this Period: 144.00  
 Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 432.00  
**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 100  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
REPUBLICAN MAJORITY CAMPAIGN

**A.**

Full Name (Last, First, Middle Initial)  
Lester Hauri

Mailing Address 552 University Dr

City State Zip Code  
Woodland Park CO 80863

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

Name of Employer Self Occupation Appraiser

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 238.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.5240

Amount of Each Receipt this Period  
119.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Pamela Hazard

Mailing Address 6306 Napa Ave

City State Zip Code  
Alta Loma CA 91701

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

Name of Employer Union Bank Occupation Teller

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

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

Transaction ID: SA11AI.5063

Amount of Each Receipt this Period  
200.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
John Heinz

Mailing Address 518 Bell St

City State Zip Code  
Edmonds WA 98020

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

Name of Employer Info Requested Occupation Info Requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 238.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 6 / 2 0 0 9

Transaction ID: SA11AI.5205

Amount of Each Receipt this Period  
119.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **438.00**

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

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

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

FOR LINE NUMBER: PAGE 20 / 100  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN MAJORITY CAMPAIGN

**A.** Full Name (Last, First, Middle Initial)  
Lou Higginbotham  
Mailing Address 4304 Westway Ave  
City Dallas State TX Zip Code 75205  
FEC ID number of contributing federal political committee. **C**  
Name of Employer None Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00  
Date of Receipt 07 / 16 / 2009  
Transaction ID: SA11AI.5044  
Amount of Each Receipt this Period 500.00  
Contribution

**B.** Full Name (Last, First, Middle Initial)  
Lou Higginbotham  
Mailing Address 4304 Westway Ave  
City Dallas State TX Zip Code 75205  
FEC ID number of contributing federal political committee. **C**  
Name of Employer None Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 600.00  
Date of Receipt 12 / 18 / 2009  
Transaction ID: SA11AI.5064  
Amount of Each Receipt this Period 100.00  
Contribution

**C.** Full Name (Last, First, Middle Initial)  
Ronald Kelly  
Mailing Address 1428 Ox Bottom Rd  
City Tallahassee State FL Zip Code 32312  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Business  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00  
Date of Receipt 12 / 21 / 2009  
Transaction ID: SA11AI.5078  
Amount of Each Receipt this Period 500.00  
Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1100.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 100  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
REPUBLICAN MAJORITY CAMPAIGN

**A.**

Full Name (Last, First, Middle Initial)  
James Kent

Mailing Address 5201 Los Altos Dr

City State Zip Code  
Yorba Linda CA 92886

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

Name of Employer None Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 238.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 6 / 2 0 0 9

Transaction ID: SA11AI.5208

Amount of Each Receipt this Period  
119.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Robert Knabe

Mailing Address 710 Patchester

City State Zip Code  
Houston TX 77079

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

Name of Employer None Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 241.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.5252

Amount of Each Receipt this Period  
49.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
Robert Knabe

Mailing Address 710 Patchester

City State Zip Code  
Houston TX 77079

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

Name of Employer None Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 290.00

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

Transaction ID: SA11AI.5251

Amount of Each Receipt this Period  
49.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **217.00**

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

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

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

FOR LINE NUMBER: PAGE 22 / 100  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN MAJORITY CAMPAIGN

**A.** Full Name (Last, First, Middle Initial)  
Robert Kramer  
 Mailing Address 1233 N Gulfstream Ave Unit 140  
 City State Zip Code  
 Sarasota FL 34236  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Business  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00  
 Date of Receipt 10 / 02 / 2009  
**Transaction ID:** SA11AI.5065  
 Amount of Each Receipt this Period 600.00  
 Contribution

**B.** Full Name (Last, First, Middle Initial)  
Robert Kramer  
 Mailing Address 1233 N Gulfstream Ave Unit 140  
 City State Zip Code  
 Sarasota FL 34236  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Business  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00  
 Date of Receipt 10 / 20 / 2009  
**Transaction ID:** SA11AI.5067  
 Amount of Each Receipt this Period 100.00  
 Contributions

**C.** Full Name (Last, First, Middle Initial)  
Robert Kramer  
 Mailing Address 1233 N Gulfstream Ave Unit 140  
 City State Zip Code  
 Sarasota FL 34236  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Business  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1300.00  
 Date of Receipt 11 / 03 / 2009  
**Transaction ID:** SA11AI.5068  
 Amount of Each Receipt this Period 600.00  
 Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1300.00  
**TOTAL** This Period (last page this line number only) ..... ►

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

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

FOR LINE NUMBER: PAGE 23 / 100  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN MAJORITY CAMPAIGN

**A.** Full Name (Last, First, Middle Initial)  
Robert Kramer  
 Mailing Address 1233 N Gulfstream Ave Unit 140  
 City State Zip Code  
 Sarasota FL 34236  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Business  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1900.00  
 Date of Receipt 12 / 22 / 2009  
**Transaction ID:** SA11AI.5069  
 Amount of Each Receipt this Period 600.00  
 Contribution

**B.** Full Name (Last, First, Middle Initial)  
J. Orville Larsen  
 Mailing Address 1629 Japonica Lane  
 City State Zip Code  
 Plano TX 75074  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer None Occupation Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 263.00  
 Date of Receipt 11 / 08 / 2009  
**Transaction ID:** SA11AI.5093  
 Amount of Each Receipt this Period 144.00  
 Contribution

**C.** Full Name (Last, First, Middle Initial)  
J. Orville Larsen  
 Mailing Address 1629 Japonica Lane  
 City State Zip Code  
 Plano TX 75074  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer None Occupation Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 407.00  
 Date of Receipt 12 / 24 / 2009  
**Transaction ID:** SA11AI.5094  
 Amount of Each Receipt this Period 144.00  
 Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 888.00  
**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 24 / 100  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN MAJORITY CAMPAIGN

**A.** Full Name (Last, First, Middle Initial)  
Anita Manuel

Mailing Address 44 Coconut Row

City State Zip Code  
Palm Beach FL 33480

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

Name of Employer Occupation  
A E Manuel & Associates Tax Consultant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 238.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 3 / 2 0 0 9

**Transaction ID:** SA11AI.5085

Amount of Each Receipt this Period  
119.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Cecil Meadows

Mailing Address 930 Koae St

City State Zip Code  
Honolulu HI 96816

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

Name of Employer Occupation  
None Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

**Transaction ID:** SA11AI.5245

Amount of Each Receipt this Period  
100.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Cecil Meadows

Mailing Address 930 Koae St

City State Zip Code  
Honolulu HI 96816

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

Name of Employer Occupation  
None Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 444.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 8 / 2 0 0 9

**Transaction ID:** SA11AI.5241

Amount of Each Receipt this Period  
144.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **363.00**

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



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

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

FOR LINE NUMBER: PAGE 25 / 100  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN MAJORITY CAMPAIGN

**A.** Full Name (Last, First, Middle Initial)  
Edward Melberg

Mailing Address 1318 Breezy Bend Dr

City State Zip Code  
Katy TX 77494

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

Name of Employer Self Occupation CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 238.00

Date of Receipt: 11 / 07 / 2009  
Transaction ID: SA11AI.5103  
Amount of Each Receipt this Period: 119.00  
Contribution

**B.** Full Name (Last, First, Middle Initial)  
David Melville

Mailing Address 30 Colpitts Rd

City State Zip Code  
Weston MA 02493

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

Name of Employer Palmer & Corbett Occupation Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 218.00

Date of Receipt: 11 / 06 / 2009  
Transaction ID: SA11AI.5138  
Amount of Each Receipt this Period: 99.00  
Contribution

**C.** Full Name (Last, First, Middle Initial)  
David Melville

Mailing Address 30 Colpitts Rd

City State Zip Code  
Weston MA 02493

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

Name of Employer Palmer & Corbett Occupation Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 337.00

Date of Receipt: 12 / 18 / 2009  
Transaction ID: SA11AI.5139  
Amount of Each Receipt this Period: 119.00  
Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 337.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 100  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
REPUBLICAN MAJORITY CAMPAIGN

**A.**

Full Name (Last, First, Middle Initial) Carroll Mueller		Date of Receipt MM / DD / YYYY 12 / 18 / 2009
Mailing Address 2800 Mason Ave		Transaction ID: SA11AI.5114
City Las Vegas	State NV	Zip Code 89102
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 119.00
Name of Employer None	Occupation Homemaker	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 238.00	

**B.**

Full Name (Last, First, Middle Initial) Ernest Nicolay		Date of Receipt MM / DD / YYYY 10 / 27 / 2009
Mailing Address 29875 Bradmoor Ct		Transaction ID: SA11AI.5158
City Farmington Hills	State MI	Zip Code 48334
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 119.00
Name of Employer None	Occupation Retired	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 238.00	

**C.**

Full Name (Last, First, Middle Initial) Donna Noll		Date of Receipt MM / DD / YYYY 10 / 29 / 2009
Mailing Address 1905 Corta Bella Dr		Transaction ID: SA11AI.5154
City Las Vegas	State NV	Zip Code 89134
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 119.00
Name of Employer Century 21	Occupation Salesperson	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 238.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	357.00
<b>TOTAL</b> 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 27 / 100

(check only one)

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

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NAME OF COMMITTEE (In Full)  
REPUBLICAN MAJORITY CAMPAIGN

**A.**

Full Name (Last, First, Middle Initial)  
Donna Noll

Mailing Address 1905 Corta Bella Dr

City State Zip Code  
Las Vegas NV 89134

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

Name of Employer Occupation  
Century 21 Salesperson

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 267.00

Date of Receipt

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

Transaction ID: SA11AI.5155

Amount of Each Receipt this Period

29.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Dr. L L Pallos

Mailing Address 1872 St Timothy Dr

City State Zip Code  
Green Hills GA 30329

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

Name of Employer Occupation  
ATSDR Statistician/Engineer

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 238.00

Date of Receipt

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

Transaction ID: SA11AI.5216

Amount of Each Receipt this Period

119.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
Dr. L L Pallos

Mailing Address 1872 St Timothy Dr

City State Zip Code  
Green Hills GA 30329

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

Name of Employer Occupation  
ATSDR Statistician/Engineer

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 257.00

Date of Receipt

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

Transaction ID: SA11AI.5218

Amount of Each Receipt this Period

19.00

Contribution

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

167.00

**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 28 / 100  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN MAJORITY CAMPAIGN

**A.** Full Name (Last, First, Middle Initial)  
Charles Patterson

Mailing Address 284 Park Lane

City State Zip Code  
Roseburg OR 97471

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

Name of Employer Self Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 218.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 6 / 2 0 0 9

**Transaction ID:** SA11AI.5135

Amount of Each Receipt this Period  
99.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Paulette Perkins

Mailing Address 415 Lacet Lane

City State Zip Code  
Aspen CO 81611

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

Name of Employer None Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 288.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 4 / 2 0 0 9

**Transaction ID:** SA11AI.5258

Amount of Each Receipt this Period  
144.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Edward Phelan

Mailing Address 1049 Pecan Grove

City State Zip Code  
Lawrenceville GA 30046

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

Name of Employer None Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 267.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 8 / 2 0 0 9

**Transaction ID:** SA11AI.5165

Amount of Each Receipt this Period  
119.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **362.00**

**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 29 / 100  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN MAJORITY CAMPAIGN

**A.** Full Name (Last, First, Middle Initial)  
Verna Eileen Radcliffe  
Mailing Address 1212 Mohawk Lane

City State Zip Code  
St. Joseph MI 49085

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

Name of Employer None Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 263.00

Date of Receipt: 11 / 06 / 2009  
Transaction ID: SA11AI.5261  
Amount of Each Receipt this Period: 144.00  
Contribution

**B.** Full Name (Last, First, Middle Initial)  
Verna Eileen Radcliffe  
Mailing Address 1212 Mohawk Lane

City State Zip Code  
St. Joseph MI 49085

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

Name of Employer None Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 292.00

Date of Receipt: 11 / 21 / 2009  
Transaction ID: SA11AI.5262  
Amount of Each Receipt this Period: 29.00  
Contribution

**C.** Full Name (Last, First, Middle Initial)  
James Randle  
Mailing Address 2464 Bear Den Rd

City State Zip Code  
Frederick MD 21701

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

Name of Employer None Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 238.00

Date of Receipt: 12 / 20 / 2009  
Transaction ID: SA11AI.5168  
Amount of Each Receipt this Period: 119.00  
Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 292.00

**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 30 / 100

(check only one)

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

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NAME OF COMMITTEE (In Full)  
REPUBLICAN MAJORITY CAMPAIGN

<b>A.</b>	Full Name (Last, First, Middle Initial) Don Robertson		Date of Receipt	
	Mailing Address 1221 W Coast Hwy		M M / D D / Y Y Y Y Y 1 0 / 2 9 / 2 0 0 9	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.5151
	Newport Beach	CA	92663	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		119.00	
Name of Employer None		Occupation Retired		Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 238.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Cindy Rolence		Date of Receipt	
	Mailing Address 1774 215th St		M M / D D / Y Y Y Y Y 1 1 / 0 7 / 2 0 0 9	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.5196
	Red Oak	IA	51566	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		99.00	
Name of Employer None		Occupation Homemaker		Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 218.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Cliff Russell		Date of Receipt	
	Mailing Address Box 772809		M M / D D / Y Y Y Y Y 1 2 / 2 1 / 2 0 0 9	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.5127
	Steamboat Springs	CO	80477	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		144.00	
Name of Employer Self		Occupation CEO-R & R Leasing		Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 288.00		

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

**362.00**

**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 31 / 100  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
REPUBLICAN MAJORITY CAMPAIGN

**A.** Full Name (Last, First, Middle Initial)  
Britt Smith

Mailing Address 6424 Pemberton Dr

City State Zip Code  
Dallas TX 75230

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

Name of Employer Occupation  
Picasso Softward Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 238.00

Date of Receipt  
MM / DD / YYYY  
10 / 30 / 2009

**Transaction ID:** SA11AI.5255

Amount of Each Receipt this Period  
119.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Brian Spaulding

Mailing Address 1503 Stevens Creek Dr

City State Zip Code  
North Augusta SC 29860

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

Name of Employer Occupation  
None Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 263.00

Date of Receipt  
MM / DD / YYYY  
11 / 06 / 2009

**Transaction ID:** SA11AI.5111

Amount of Each Receipt this Period  
144.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Barbara Taylor

Mailing Address 2 River Bend Circle

City State Zip Code  
Exeter NH 03833

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

Name of Employer Occupation  
None Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 238.00

Date of Receipt  
MM / DD / YYYY  
08 / 01 / 2009

**Transaction ID:** SA11AI.5095

Amount of Each Receipt this Period  
119.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **382.00**

**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 32 / 100  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
REPUBLICAN MAJORITY CAMPAIGN

**A.**

Full Name (Last, First, Middle Initial)  
Barbara Taylor

Mailing Address 2 River Bend Circle

City Exeter State NH Zip Code 03833

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

Name of Employer None Occupation Homemaker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 297.00

Date of Receipt 11 / 07 / 2009

Transaction ID: SA11AI.5097

Amount of Each Receipt this Period 59.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Barbara Taylor

Mailing Address 2 River Bend Circle

City Exeter State NH Zip Code 03833

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

Name of Employer None Occupation Homemaker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 336.00

Date of Receipt 12 / 18 / 2009

Transaction ID: SA11AI.5099

Amount of Each Receipt this Period 39.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
Barbara Taylor

Mailing Address 2 River Bend Circle

City Exeter State NH Zip Code 03833

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

Name of Employer None Occupation Homemaker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 385.00

Date of Receipt 12 / 20 / 2009

Transaction ID: SA11AI.5098

Amount of Each Receipt this Period 49.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 147.00

**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 33 / 100  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
REPUBLICAN MAJORITY CAMPAIGN

**A.**

Full Name (Last, First, Middle Initial)  
Bradley Tillman

Mailing Address 3922 Grape Creek Rd

City San Angelo State TX Zip Code 76903

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

Name of Employer Info requested Occupation Info requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 219.00

Date of Receipt: 12 / 09 / 2009  
Transaction ID: SA11AI.5082  
Amount of Each Receipt this Period: 100.00  
Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Patricia Vazirani

Mailing Address 13260 E Summit Dr

City Scottsdale State AR Zip Code 85259

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

Name of Employer Self Occupation Real Estate

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 263.00

Date of Receipt: 11 / 06 / 2009  
Transaction ID: SA11AI.5171  
Amount of Each Receipt this Period: 144.00  
Contribution

**C.**

Full Name (Last, First, Middle Initial)  
Patricia Vazirani

Mailing Address 13260 E Summit Dr

City Scottsdale State AR Zip Code 85259

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

Name of Employer Self Occupation Real Estate

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 312.00

Date of Receipt: 12 / 19 / 2009  
Transaction ID: SA11AI.5172  
Amount of Each Receipt this Period: 49.00  
Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **293.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 100

(check only one)

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

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NAME OF COMMITTEE (In Full)  
REPUBLICAN MAJORITY CAMPAIGN

<b>A.</b>	Full Name (Last, First, Middle Initial) William C Vinet, Jr.		Date of Receipt MM / DD / YYYY 11 / 19 / 2009		
	Mailing Address 45-090		<b>Transaction ID:</b> SA11AI.5271		
	City Kaneohe	State HI	Zip Code 96744	Amount of Each Receipt this Period 29.00	
	FEC ID number of contributing federal political committee. C		Contribution		
	Name of Employer None	Occupation Retired	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Aggregate Year-to-Date ▼  
222.00

<b>B.</b>	Full Name (Last, First, Middle Initial) William C Vinet, Jr.		Date of Receipt MM / DD / YYYY 12 / 09 / 2009		
	Mailing Address 45-090		<b>Transaction ID:</b> SA11AI.5270		
	City Kaneohe	State HI	Zip Code 96744	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C		Contribution		
	Name of Employer None	Occupation Retired	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Aggregate Year-to-Date ▼  
322.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Ken Wilson		Date of Receipt MM / DD / YYYY 12 / 21 / 2009		
	Mailing Address 7015 Field Hill Rd		<b>Transaction ID:</b> SA11AI.5176		
	City Raleigh	State NC	Zip Code 27603	Amount of Each Receipt this Period 144.00	
	FEC ID number of contributing federal political committee. C		Contribution		
	Name of Employer None	Occupation Retired	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Aggregate Year-to-Date ▼  
292.00

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

273.00

**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 35 / 100
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**REPUBLICAN MAJORITY CAMPAIGN**

<b>A.</b>	Full Name (Last, First, Middle Initial) John F. Woodhouse		Date of Receipt
	Mailing Address 650 Ramblewood Rd		<input type="text" value="11"/> / <input type="text" value="16"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Houston	TX	77079
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.5073
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="1000.00"/>
		<input type="text" value="1000.00"/>	Contribution

<b>B.</b>	Full Name (Last, First, Middle Initial) James Hugh Wright		Date of Receipt
	Mailing Address 219 Eagle Pass Dr		<input type="text" value="11"/> / <input type="text" value="07"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	New Braunfels	TX	78130
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.5180
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="119.00"/>
		<input type="text" value="238.00"/>	Contribution

<b>C.</b>	Full Name (Last, First, Middle Initial) Vincent Zedler		Date of Receipt
	Mailing Address 8993 Acorn Landing		<input type="text" value="11"/> / <input type="text" value="07"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Germantown	TN	38139
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.5266
Name of Employer Federal Express		Occupation Pilot	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="119.00"/>
		<input type="text" value="238.00"/>	Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="1238.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="15153.00"/>

**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)

PAGE 36 / 100

<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)  
REPUBLICAN MAJORITY CAMPAIGN

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Amazon</p> <p>Mailing Address PO Box 81225</p> <p>City Seattle State WA Zip Code 98108</p> <p>Purpose of Disbursement Books</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.4817</p> <p>Date of Disbursement 07 / 03 / 2009</p> <p>Amount of Each Disbursement this Period 60.00</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Amazon</p> <p>Mailing Address PO Box 81225</p> <p>City Seattle State WA Zip Code 98108</p> <p>Purpose of Disbursement Book</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.4923</p> <p>Date of Disbursement 10 / 22 / 2009</p> <p>Amount of Each Disbursement this Period 21.72</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Amazon</p> <p>Mailing Address PO Box 81225</p> <p>City Seattle State WA Zip Code 98108</p> <p>Purpose of Disbursement Book</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.4926</p> <p>Date of Disbursement 10 / 26 / 2009</p> <p>Amount of Each Disbursement this Period 14.85</p>

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

96.57

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 37 / 100

<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)  
REPUBLICAN MAJORITY CAMPAIGN

A.	Full Name (Last, First, Middle Initial) Amazon Mailing Address PO Box 81225 City Seattle State WA Zip Code 98108 Purpose of Disbursement Software Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4927 Date of Disbursement 10 / 26 / 2009 Amount of Each Disbursement this Period 38.01 Category/Type
B.	Full Name (Last, First, Middle Initial) America Caging, Inc. Mailing Address 4850 Wright Rd City Stafford State TX Zip Code 77477 Purpose of Disbursement Caging Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.5273 Date of Disbursement 08 / 28 / 2009 Amount of Each Disbursement this Period 502.74 Category/Type
C.	Full Name (Last, First, Middle Initial) America Caging, Inc. Mailing Address 4850 Wright Rd City Stafford State TX Zip Code 77477 Purpose of Disbursement Postage, Mailing Service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.5275 Date of Disbursement 09 / 01 / 2009 Amount of Each Disbursement this Period 386.25 Category/Type

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

927.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 38 / 100

<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)  
REPUBLICAN MAJORITY CAMPAIGN

A.	Full Name (Last, First, Middle Initial) America Caging, Inc.	Transaction ID: SB21B.5277 Date of Disbursement 09 / 03 / 2009
	Mailing Address 4850 Wright Rd	
	City Stafford State TX Zip Code 77477	Amount of Each Disbursement this Period 523.63
	Purpose of Disbursement Caging Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) America Caging, Inc.	Transaction ID: SB21B.5280 Date of Disbursement 09 / 11 / 2009
	Mailing Address 4850 Wright Rd	
	City Stafford State TX Zip Code 77477	Amount of Each Disbursement this Period 241.61
	Purpose of Disbursement Caging Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) America Caging, Inc.	Transaction ID: SB21B.5281 Date of Disbursement 09 / 17 / 2009
	Mailing Address 4850 Wright Rd	
	City Stafford State TX Zip Code 77477	Amount of Each Disbursement this Period 380.52
	Purpose of Disbursement Caging Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1145.76
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: (check only one)

PAGE 39 / 100

<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)  
REPUBLICAN MAJORITY CAMPAIGN

A.	Full Name (Last, First, Middle Initial) America Caging, Inc.	Transaction ID: SB21B.5282 Date of Disbursement 10 / 01 / 2009
	Mailing Address 4850 Wright Rd	Amount of Each Disbursement this Period 437.89
	City Stafford State TX Zip Code 77477	
	Purpose of Disbursement Caging	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) America Caging, Inc.	Transaction ID: SB21B.5283 Date of Disbursement 10 / 27 / 2009
	Mailing Address 4850 Wright Rd	Amount of Each Disbursement this Period 248.57
	City Stafford State TX Zip Code 77477	
	Purpose of Disbursement Caging	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: SB21B.4815 Date of Disbursement 07 / 03 / 2009
	Mailing Address PO Box 360001	Amount of Each Disbursement this Period 5.95
	City Ft Lauderdale State FL Zip Code 33336	
	Purpose of Disbursement Merchant Account Fee	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>692.41</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 40 / 100

<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)  
REPUBLICAN MAJORITY CAMPAIGN

A.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: SB21B.4806 Date of Disbursement
	Mailing Address PO Box 360001	<input type="text" value="07"/> <input type="text" value="20"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Ft Lauderdale State FL Zip Code 33336	Amount of Each Disbursement this Period
	Purpose of Disbursement Meeting Expense	<input type="text" value="10.97"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: SB21B.4846 Date of Disbursement
	Mailing Address PO Box 360001	<input type="text" value="08"/> <input type="text" value="04"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Ft Lauderdale State FL Zip Code 33336	Amount of Each Disbursement this Period
	Purpose of Disbursement Merchant Account Fee	<input type="text" value="5.95"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: SB21B.4871 Date of Disbursement
	Mailing Address PO Box 360001	<input type="text" value="09"/> <input type="text" value="03"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Ft Lauderdale State FL Zip Code 33336	Amount of Each Disbursement this Period
	Purpose of Disbursement Merchant Account Fee	<input type="text" value="5.95"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="22.87"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
REPUBLICAN MAJORITY CAMPAIGN

A.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: SB21B.4911 Date of Disbursement
	Mailing Address PO Box 360001	<input type="text" value="10"/> / <input type="text" value="05"/> / <input type="text" value="2009"/>
	City Ft Lauderdale State FL Zip Code 33336	Amount of Each Disbursement this Period
	Purpose of Disbursement Merchant Account Fee	<input type="text" value="5.95"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: SB21B.4944 Date of Disbursement
	Mailing Address PO Box 360001	<input type="text" value="11"/> / <input type="text" value="03"/> / <input type="text" value="2009"/>
	City Ft Lauderdale State FL Zip Code 33336	Amount of Each Disbursement this Period
	Purpose of Disbursement Merchant Account Fee	<input type="text" value="5.95"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: SB21B.4963 Date of Disbursement
	Mailing Address PO Box 360001	<input type="text" value="12"/> / <input type="text" value="03"/> / <input type="text" value="2009"/>
	City Ft Lauderdale State FL Zip Code 33336	Amount of Each Disbursement this Period
	Purpose of Disbursement Merchant Account Fee	<input type="text" value="5.95"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="17.85"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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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)  
REPUBLICAN MAJORITY CAMPAIGN

<b>A.</b> Full Name (Last, First, Middle Initial) AT&T <hr/> Mailing Address PO Box 78225 <hr/> City Phoenix State AZ Zip Code 85062 <hr/> Purpose of Disbursement Telephone Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4797 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 4 / 2 0 0 9
	Amount of Each Disbursement this Period 43.01
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) AT&T <hr/> Mailing Address PO Box 78225 <hr/> City Phoenix State AZ Zip Code 85062 <hr/> Purpose of Disbursement Telephone Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4844 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 9
	Amount of Each Disbursement this Period 124.49
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) AT&T <hr/> Mailing Address PO Box 78225 <hr/> City Phoenix State AZ Zip Code 85062 <hr/> Purpose of Disbursement Telephone Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4835 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 7 / 2 0 0 9
	Amount of Each Disbursement this Period 43.01
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	210.51
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 43 / 100

<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)  
REPUBLICAN MAJORITY CAMPAIGN

A.	Full Name (Last, First, Middle Initial) AT&T	Transaction ID: SB21B.4915 Date of Disbursement 10 / 07 / 2009
	Mailing Address PO Box 78225	Amount of Each Disbursement this Period 52.34
	City Phoenix State AZ Zip Code 85062	
	Purpose of Disbursement Telephone Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) AT&T	Transaction ID: SB21B.4982 Date of Disbursement 12 / 16 / 2009
	Mailing Address PO Box 78225	Amount of Each Disbursement this Period 43.03
	City Phoenix State AZ Zip Code 85062	
	Purpose of Disbursement Telephone Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Mrs Nancy Benninghoff	Transaction ID: SB21B.4814 Date of Disbursement 07 / 09 / 2009
	Mailing Address PO Box 2806	Amount of Each Disbursement this Period 2800.00
	City Rncho Cuca State CA Zip Code 91629	
	Purpose of Disbursement Web Design & Management 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) ..... ▶

2895.37

**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)  
REPUBLICAN MAJORITY CAMPAIGN

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Mrs Nancy Benninghoff</p> <p>Mailing Address PO Box 2806</p> <p>City Rncho Cuca State CA Zip Code 91629</p> <p>Purpose of Disbursement Web Design &amp; Management</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.4838</p> <p>Date of Disbursement 08 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 3750.00</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Mrs Nancy Benninghoff</p> <p>Mailing Address PO Box 2806</p> <p>City Rncho Cuca State CA Zip Code 91629</p> <p>Purpose of Disbursement Website Management</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.4860</p> <p>Date of Disbursement 09 / 11 / 2009</p> <p>Amount of Each Disbursement this Period 850.00</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Mrs Nancy Benninghoff</p> <p>Mailing Address PO Box 2806</p> <p>City Rncho Cuca State CA Zip Code 91629</p> <p>Purpose of Disbursement Web Management/Module Upgrades</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.4928</p> <p>Date of Disbursement 11 / 16 / 2009</p> <p>Amount of Each Disbursement this Period 1999.12</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>6599.12</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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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)  
REPUBLICAN MAJORITY CAMPAIGN

<p><b>A.</b> Full Name (Last, First, Middle Initial) Mrs Nancy Benninghoff</p> <p>Mailing Address PO Box 2806</p> <p>City Rncho Cuca State CA Zip Code 91629</p> <p>Purpose of Disbursement Web Management/software</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.4985</p> <p>Date of Disbursement 12 / 22 / 2009</p> <p>Amount of Each Disbursement this Period 1661.15</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Blue Shield of California</p> <p>Mailing Address 50 Beale St</p> <p>City San Francisco State CA Zip Code 94105</p> <p>Purpose of Disbursement Medical Insurance</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.4837</p> <p>Date of Disbursement 08 / 17 / 2009</p> <p>Amount of Each Disbursement this Period 1189.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Blue Shield of California</p> <p>Mailing Address 50 Beale St</p> <p>City San Francisco State CA Zip Code 94105</p> <p>Purpose of Disbursement Medical Insurance</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.4986</p> <p>Date of Disbursement 12 / 21 / 2009</p> <p>Amount of Each Disbursement this Period 594.50</p>

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

**3444.65**

**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)  
REPUBLICAN MAJORITY CAMPAIGN

A.	Full Name (Last, First, Middle Initial) Darshan Brahmbhatt	Transaction ID: SB21B.4807 Date of Disbursement 07 / 24 / 2009
	Mailing Address 932 D Street	Amount of Each Disbursement this Period 190.00
	City Ramona State CA Zip Code 92065	
	Purpose of Disbursement Legal Research	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Cagle Cartoons	Transaction ID: SB21B.4964 Date of Disbursement 12 / 04 / 2009
	Mailing Address PO Box 22342	Amount of Each Disbursement this Period 45.00
	City Santa Barbara State CA Zip Code 93121	
	Purpose of Disbursement Artwork/Columns	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) CalPeek	Transaction ID: SB21B.4987 Date of Disbursement 12 / 16 / 2009
	Mailing Address PO Box 4365	Amount of Each Disbursement this Period 50.00
	City Sacramento State CA Zip Code 95814	
	Purpose of Disbursement Directory	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	285.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
REPUBLICAN MAJORITY CAMPAIGN

A.	Full Name (Last, First, Middle Initial) Card Service International	Transaction ID: SB21B.5014 Date of Disbursement
	Mailing Address PO Box 5180	<input type="text" value="07"/> <input type="text" value="31"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Simi Valley State CA Zip Code 93062	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Discount Fees	<input type="text" value="749.42"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Card Service International	Transaction ID: SB21B.5019 Date of Disbursement
	Mailing Address PO Box 5180	<input type="text" value="08"/> <input type="text" value="31"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Simi Valley State CA Zip Code 93062	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Discount Fees	<input type="text" value="809.85"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Card Service International	Transaction ID: SB21B.5028 Date of Disbursement
	Mailing Address PO Box 5180	<input type="text" value="09"/> <input type="text" value="30"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Simi Valley State CA Zip Code 93062	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Discount Fees	<input type="text" value="877.08"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="2436.35"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
REPUBLICAN MAJORITY CAMPAIGN

A.	Full Name (Last, First, Middle Initial) Card Service International	Transaction ID: SB21B.4996 Date of Disbursement
	Mailing Address PO Box 5180	<input type="text" value="10"/> <input type="text" value="31"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Simi Valley State CA Zip Code 93062	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Discount Fees	<input type="text" value="583.09"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Card Service International	Transaction ID: SB21B.5004 Date of Disbursement
	Mailing Address PO Box 5180	<input type="text" value="11"/> <input type="text" value="30"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Simi Valley State CA Zip Code 93062	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Discount Fees	<input type="text" value="617.70"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Card Service International	Transaction ID: SB21B.5009 Date of Disbursement
	Mailing Address PO Box 5180	<input type="text" value="12"/> <input type="text" value="31"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Simi Valley State CA Zip Code 93062	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Discount Fees	<input type="text" value="616.10"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="1816.89"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
REPUBLICAN MAJORITY CAMPAIGN

A.	Full Name (Last, First, Middle Initial) Cinderella Cleaning Service	Transaction ID: SB21B.4868 Date of Disbursement
	Mailing Address c/o 932 D St	<input type="text" value="07"/> <input type="text" value="08"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Ramona State CA Zip Code 92065	Amount of Each Disbursement this Period
	Purpose of Disbursement Cleaning Service	<input type="text" value="125.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Cinderella Cleaning Service	Transaction ID: SB21B.4827 Date of Disbursement
	Mailing Address c/o 932 D St	<input type="text" value="08"/> <input type="text" value="03"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Ramona State CA Zip Code 92065	Amount of Each Disbursement this Period
	Purpose of Disbursement Cleaning Services/Office	<input type="text" value="100.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Cinderella Cleaning Service	Transaction ID: SB21B.4859 Date of Disbursement
	Mailing Address c/o 932 D St	<input type="text" value="09"/> <input type="text" value="09"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Ramona State CA Zip Code 92065	Amount of Each Disbursement this Period
	Purpose of Disbursement Cleaning Service	<input type="text" value="100.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="325.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

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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)  
REPUBLICAN MAJORITY CAMPAIGN

A.	Full Name (Last, First, Middle Initial) Cinderella Cleaning Service	Transaction ID: SB21B.4898 Date of Disbursement
	Mailing Address c/o 932 D St	<input type="text" value="10"/> <input type="text" value="05"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Ramona State CA Zip Code 92065	Amount of Each Disbursement this Period
	Purpose of Disbursement Cleaning Service	<input type="text" value="125.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Cinderella Cleaning Service	Transaction ID: SB21B.4942 Date of Disbursement
	Mailing Address c/o 932 D St	<input type="text" value="11"/> <input type="text" value="06"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Ramona State CA Zip Code 92065	Amount of Each Disbursement this Period
	Purpose of Disbursement Cleaning Service	<input type="text" value="100.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Claim Jumper	Transaction ID: SB21B.4874 Date of Disbursement
	Mailing Address 17th & Tustin	<input type="text" value="09"/> <input type="text" value="09"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Santa Ana State CA Zip Code 92705	Amount of Each Disbursement this Period
	Purpose of Disbursement Meeting Expense	<input type="text" value="74.49"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="299.49"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
REPUBLICAN MAJORITY CAMPAIGN

A.	Full Name (Last, First, Middle Initial) Mary Deal  Mailing Address 932 D Street  City Ramona State CA Zip Code 92065  Purpose of Disbursement Clerical  Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4895 Date of Disbursement 09 / 18 / 2009  Amount of Each Disbursement this Period 78.75
B.	Full Name (Last, First, Middle Initial) Mary Deal  Mailing Address 932 D Street  City Ramona State CA Zip Code 92065  Purpose of Disbursement Clerical  Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4903 Date of Disbursement 10 / 05 / 2009  Amount of Each Disbursement this Period 67.50
C.	Full Name (Last, First, Middle Initial) Mary Deal  Mailing Address 932 D Street  City Ramona State CA Zip Code 92065  Purpose of Disbursement Clerical  Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4976 Date of Disbursement 11 / 25 / 2009  Amount of Each Disbursement this Period 111.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	257.25
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
REPUBLICAN MAJORITY CAMPAIGN

<p><b>A.</b> Full Name (Last, First, Middle Initial) Daniel Paul Diaz</p> <p>Mailing Address 709 Garden Drive</p> <p>City Pompano Beach State FL Zip Code 34243</p> <p>Purpose of Disbursement Administrative Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.4808</p> <p>Date of Disbursement</p> <p><input type="text" value="07"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="09"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1500.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Excellentia</p> <p>Mailing Address PO Box 65450</p> <p>City Tacoma State WA Zip Code 98464</p> <p>Purpose of Disbursement Writing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.4973</p> <p>Date of Disbursement</p> <p><input type="text" value="12"/> <input type="text" value="18"/> / <input type="text" value="20"/> <input type="text" value="09"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2000.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Federal Express</p> <p>Mailing Address 18062 Yorba</p> <p>City Tustin State CA Zip Code 92780</p> <p>Purpose of Disbursement Shipping</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.4858</p> <p>Date of Disbursement</p> <p><input type="text" value="08"/> <input type="text" value="31"/> / <input type="text" value="20"/> <input type="text" value="09"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="26.78"/></p>

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
REPUBLICAN MAJORITY CAMPAIGN

A.	Full Name (Last, First, Middle Initial) Federal Express	Transaction ID: SB21B.4872 Date of Disbursement
	Mailing Address 18062 Yorba	<input type="text" value="09"/> / <input type="text" value="08"/> / <input type="text" value="2009"/>
	City Tustin State CA Zip Code 92780	Amount of Each Disbursement this Period
	Purpose of Disbursement Shipping	<input type="text" value="26.78"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Federal Express	Transaction ID: SB21B.4875 Date of Disbursement
	Mailing Address 18062 Yorba	<input type="text" value="09"/> / <input type="text" value="14"/> / <input type="text" value="2009"/>
	City Tustin State CA Zip Code 92780	Amount of Each Disbursement this Period
	Purpose of Disbursement Shipping	<input type="text" value="26.53"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Federal Express	Transaction ID: SB21B.4881 Date of Disbursement
	Mailing Address 18062 Yorba	<input type="text" value="09"/> / <input type="text" value="25"/> / <input type="text" value="2009"/>
	City Tustin State CA Zip Code 92780	Amount of Each Disbursement this Period
	Purpose of Disbursement Shipping	<input type="text" value="26.53"/>
	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) .....

**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)  
REPUBLICAN MAJORITY CAMPAIGN

<b>A.</b>	Full Name (Last, First, Middle Initial) Federal Express Mailing Address 18062 Yorba City Tustin State CA Zip Code 92780 Purpose of Disbursement Shipping Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.4917 <b>Date of Disbursement</b> 10 / 09 / 2009	<b>Amount of Each Disbursement this Period</b> 27.04
<b>B.</b>	Full Name (Last, First, Middle Initial) Federal Express Mailing Address 18062 Yorba City Tustin State CA Zip Code 92780 Purpose of Disbursement Shipping Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.4924 <b>Date of Disbursement</b> 10 / 23 / 2009	<b>Amount of Each Disbursement this Period</b> 27.04
<b>C.</b>	Full Name (Last, First, Middle Initial) Federal Express Mailing Address 18062 Yorba City Tustin State CA Zip Code 92780 Purpose of Disbursement Shipping Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.4925 <b>Date of Disbursement</b> 10 / 23 / 2009	<b>Amount of Each Disbursement this Period</b> 27.04

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>81.12</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
REPUBLICAN MAJORITY CAMPAIGN

A.	Full Name (Last, First, Middle Initial) Federal Express	Transaction ID: SB21B.4946 Date of Disbursement
	Mailing Address 18062 Yorba	<input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2009"/>
	City Tustin State CA Zip Code 92780	Amount of Each Disbursement this Period
	Purpose of Disbursement Shipping	<input type="text" value="47.62"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Federal Express	Transaction ID: SB21B.4947 Date of Disbursement
	Mailing Address 18062 Yorba	<input type="text" value="11"/> / <input type="text" value="09"/> / <input type="text" value="2009"/>
	City Tustin State CA Zip Code 92780	Amount of Each Disbursement this Period
	Purpose of Disbursement Shipping	<input type="text" value="26.66"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Federal Express	Transaction ID: SB21B.4949 Date of Disbursement
	Mailing Address 18062 Yorba	<input type="text" value="11"/> / <input type="text" value="23"/> / <input type="text" value="2009"/>
	City Tustin State CA Zip Code 92780	Amount of Each Disbursement this Period
	Purpose of Disbursement Shipping	<input type="text" value="26.66"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="100.94"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
REPUBLICAN MAJORITY CAMPAIGN

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Federal Express</p> <p>Mailing Address 18062 Yorba</p> <p>City Tustin State CA Zip Code 92780</p> <p>Purpose of Disbursement Shipping</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.4961</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="26.66"/></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Federal Express</p> <p>Mailing Address 18062 Yorba</p> <p>City Tustin State CA Zip Code 92780</p> <p>Purpose of Disbursement Shipping</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.4962</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="26.66"/></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Federal Express</p> <p>Mailing Address 18062 Yorba</p> <p>City Tustin State CA Zip Code 92780</p> <p>Purpose of Disbursement Shipping</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.4965</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="26.66"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="79.98"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>



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

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

FOR LINE NUMBER:  
(check only one)

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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)  
REPUBLICAN MAJORITY CAMPAIGN

A.	Full Name (Last, First, Middle Initial) Federal Express	Transaction ID: SB21B.4968 Date of Disbursement
	Mailing Address 18062 Yorba	<input type="text" value="12"/> <input type="text" value="21"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Tustin State CA Zip Code 92780	Amount of Each Disbursement this Period
	Purpose of Disbursement Shipping	<input type="text" value="27.29"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Federal Express	Transaction ID: SB21B.4969 Date of Disbursement
	Mailing Address 18062 Yorba	<input type="text" value="12"/> <input type="text" value="21"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Tustin State CA Zip Code 92780	Amount of Each Disbursement this Period
	Purpose of Disbursement Shipping	<input type="text" value="27.29"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Randy Goodwin	Transaction ID: SB21B.4803 Date of Disbursement
	Mailing Address 13421 Malena Dr	<input type="text" value="07"/> <input type="text" value="03"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Santa Ana State CA Zip Code 92705	Amount of Each Disbursement this Period
	Purpose of Disbursement Medical reimbursement	<input type="text" value="2200.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="2254.58"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
REPUBLICAN MAJORITY CAMPAIGN

A.	Full Name (Last, First, Middle Initial) Randy Goodwin	Transaction ID: SB21B.4804 Date of Disbursement 07 / 17 / 2009
	Mailing Address 13421 Malena Dr	
	City Santa Ana State CA Zip Code 92705	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement Accounting Services Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Randy Goodwin	Transaction ID: SB21B.4824 Date of Disbursement 08 / 03 / 2009
	Mailing Address 13421 Malena Dr	
	City Santa Ana State CA Zip Code 92705	Amount of Each Disbursement this Period 4000.00
	Purpose of Disbursement Accounting Services Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Randy Goodwin	Transaction ID: SB21B.4830 Date of Disbursement 08 / 18 / 2009
	Mailing Address 13421 Malena Dr	
	City Santa Ana State CA Zip Code 92705	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Management Services Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	7500.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
REPUBLICAN MAJORITY CAMPAIGN

A.	Full Name (Last, First, Middle Initial) Randy Goodwin	Transaction ID: SB21B.4832 Date of Disbursement 08 / 28 / 2009
	Mailing Address 13421 Malena Dr	
	City Santa Ana State CA Zip Code 92705	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement Accounting Services Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Randy Goodwin	Transaction ID: SB21B.4865 Date of Disbursement 09 / 21 / 2009
	Mailing Address 13421 Malena Dr	
	City Santa Ana State CA Zip Code 92705	Amount of Each Disbursement this Period 1100.00
	Purpose of Disbursement Medical Reimbursement Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Randy Goodwin	Transaction ID: SB21B.4866 Date of Disbursement 09 / 21 / 2009
	Mailing Address 13421 Malena Dr	
	City Santa Ana State CA Zip Code 92705	Amount of Each Disbursement this Period 370.00
	Purpose of Disbursement Postage Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	3970.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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<input 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)  
REPUBLICAN MAJORITY CAMPAIGN

A.	Full Name (Last, First, Middle Initial) Randy Goodwin	Transaction ID: SB21B.4867 Date of Disbursement 09 / 21 / 2009
	Mailing Address 13421 Malena Dr	Amount of Each Disbursement this Period 440.00
	City Santa Ana State CA Zip Code 92705	
	Purpose of Disbursement Postage Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Randy Goodwin	Transaction ID: SB21B.4892 Date of Disbursement 10 / 05 / 2009
	Mailing Address 13421 Malena Dr	Amount of Each Disbursement this Period 3000.00
	City Santa Ana State CA Zip Code 92705	
	Purpose of Disbursement Accounting Services Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Randy Goodwin	Transaction ID: SB21B.4900 Date of Disbursement 10 / 13 / 2009
	Mailing Address 13421 Malena Dr	Amount of Each Disbursement this Period 440.00
	City Santa Ana State CA Zip Code 92705	
	Purpose of Disbursement Postage Reimbursement Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3880.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

<input 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)  
REPUBLICAN MAJORITY CAMPAIGN

A.	Full Name (Last, First, Middle Initial) Randy Goodwin	Transaction ID: SB21B.4901 Date of Disbursement 10 / 13 / 2009
	Mailing Address 13421 Malena Dr	Amount of Each Disbursement this Period 550.00
	City Santa Ana State CA Zip Code 92705	
	Purpose of Disbursement Medical Reimbursement	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Randy Goodwin	Transaction ID: SB21B.4904 Date of Disbursement 10 / 19 / 2009
	Mailing Address 13421 Malena Dr	Amount of Each Disbursement this Period 1000.00
	City Santa Ana State CA Zip Code 92705	
	Purpose of Disbursement Management Services	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Randy Goodwin	Transaction ID: SB21B.4893 Date of Disbursement 10 / 26 / 2009
	Mailing Address 13421 Malena Dr	Amount of Each Disbursement this Period 2500.00
	City Santa Ana State CA Zip Code 92705	
	Purpose of Disbursement Accounting Services	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	4050.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
REPUBLICAN MAJORITY CAMPAIGN

A.	Full Name (Last, First, Middle Initial) Randy Goodwin	Transaction ID: SB21B.4939 Date of Disbursement
	Mailing Address 13421 Malena Dr	<input type="text" value="11"/> <input type="text" value="16"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Santa Ana State CA Zip Code 92705	Amount of Each Disbursement this Period
	Purpose of Disbursement Medical Reimbursement	<input type="text" value="1100.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Randy Goodwin	Transaction ID: SB21B.4937 Date of Disbursement
	Mailing Address 13421 Malena Dr	<input type="text" value="11"/> <input type="text" value="25"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Santa Ana State CA Zip Code 92705	Amount of Each Disbursement this Period
	Purpose of Disbursement Management Services	<input type="text" value="2000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Randy Goodwin	Transaction ID: SB21B.4931 Date of Disbursement
	Mailing Address 13421 Malena Dr	<input type="text" value="11"/> <input type="text" value="30"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Santa Ana State CA Zip Code 92705	Amount of Each Disbursement this Period
	Purpose of Disbursement Accounting Services	<input type="text" value="4000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="7100.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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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)  
REPUBLICAN MAJORITY CAMPAIGN

A.	Full Name (Last, First, Middle Initial) Randy Goodwin	Transaction ID: SB21B.4932
	Mailing Address 13421 Malena Dr	Date of Disbursement MM / DD / YYYY 11 / 30 / 2009
	City Santa Ana State CA Zip Code 92705	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Management Services Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Randy Goodwin	Transaction ID: SB21B.4979
	Mailing Address 13421 Malena Dr	Date of Disbursement MM / DD / YYYY 12 / 15 / 2009
	City Santa Ana State CA Zip Code 92705	Amount of Each Disbursement this Period 6000.00
	Purpose of Disbursement Management Services Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) GreeneLight Consulting	Transaction ID: SB21B.4989
	Mailing Address 2431 Sahale Falls Ct	Date of Disbursement MM / DD / YYYY 12 / 03 / 2009
	City Braselton State GA Zip Code 30517	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Creative Fee/Advertising Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	8000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
REPUBLICAN MAJORITY CAMPAIGN

A.	Full Name (Last, First, Middle Initial) Healthplan Services Mailing Address 932 D St City Ramona State CA Zip Code 92065 Purpose of Disbursement Medical Insurance Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4805 Date of Disbursement 07 / 13 / 2009 Amount of Each Disbursement this Period 51.80 Category/Type
B.	Full Name (Last, First, Middle Initial) Healthplan Services Mailing Address 932 D St City Ramona State CA Zip Code 92065 Purpose of Disbursement Medical Insurance Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4833 Date of Disbursement 08 / 17 / 2009 Amount of Each Disbursement this Period 43.47 Category/Type
C.	Full Name (Last, First, Middle Initial) Highbeam.com Mailing Address 1122 Parkway Ave City New York State NY Zip Code 10014 Purpose of Disbursement Research Service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4818 Date of Disbursement 07 / 08 / 2009 Amount of Each Disbursement this Period 29.95 Category/Type

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

125.22

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



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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
REPUBLICAN MAJORITY CAMPAIGN

A.	Full Name (Last, First, Middle Initial) Highbeam.com	Transaction ID: SB21B.4850 Date of Disbursement
	Mailing Address 1122 Parkway Ave	<input type="text" value="08"/> / <input type="text" value="10"/> / <input type="text" value="2009"/>
	City New York State NY Zip Code 10014	Amount of Each Disbursement this Period
	Purpose of Disbursement Research	<input type="text" value="29.95"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Highbeam.com	Transaction ID: SB21B.4873 Date of Disbursement
	Mailing Address 1122 Parkway Ave	<input type="text" value="09"/> / <input type="text" value="08"/> / <input type="text" value="2009"/>
	City New York State NY Zip Code 10014	Amount of Each Disbursement this Period
	Purpose of Disbursement Research Service	<input type="text" value="29.95"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Highbeam.com	Transaction ID: SB21B.4916 Date of Disbursement
	Mailing Address 1122 Parkway Ave	<input type="text" value="10"/> / <input type="text" value="08"/> / <input type="text" value="2009"/>
	City New York State NY Zip Code 10014	Amount of Each Disbursement this Period
	Purpose of Disbursement Research	<input type="text" value="29.95"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="89.85"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
REPUBLICAN MAJORITY CAMPAIGN

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Highbeam.com</p> <p>Mailing Address 1122 Parkway Ave</p> <p>City New York State NY Zip Code 10014</p> <p>Purpose of Disbursement Research Service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.4948</p> <p>Date of Disbursement 11 / 09 / 2009</p> <p>Amount of Each Disbursement this Period 29.95</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Highbeam.com</p> <p>Mailing Address 1122 Parkway Ave</p> <p>City New York State NY Zip Code 10014</p> <p>Purpose of Disbursement Research Service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.4966</p> <p>Date of Disbursement 12 / 08 / 2009</p> <p>Amount of Each Disbursement this Period 29.95</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Robert Knight</p> <p>Mailing Address 206 Markwood Dr</p> <p>City Sterling State VA Zip Code 20165</p> <p>Purpose of Disbursement Security Service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.4863</p> <p>Date of Disbursement 09 / 04 / 2009</p> <p>Amount of Each Disbursement this Period 8.66</p>

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

68.56

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

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

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

FOR LINE NUMBER: (check only one)

<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)  
REPUBLICAN MAJORITY CAMPAIGN

A.	Full Name (Last, First, Middle Initial) Gary Kreep	Transaction ID: SB21B.4796 Date of Disbursement 07 / 07 / 2009
	Mailing Address 932 D Street	
	City Ramona State CA Zip Code 92065	Amount of Each Disbursement this Period 40.00
	Purpose of Disbursement Gas reimbursement for Florida meeting Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Gary Kreep	Transaction ID: SB21B.4812 Date of Disbursement 07 / 27 / 2009
	Mailing Address 932 D Street	
	City Ramona State CA Zip Code 92065	Amount of Each Disbursement this Period 950.00
	Purpose of Disbursement Rent Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Gary Kreep	Transaction ID: SB21B.4799 Date of Disbursement 07 / 28 / 2009
	Mailing Address 932 D Street	
	City Ramona State CA Zip Code 92065	Amount of Each Disbursement this Period 4000.00
	Purpose of Disbursement Legal Services Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	4990.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
REPUBLICAN MAJORITY CAMPAIGN

A.	Full Name (Last, First, Middle Initial) Gary Kleep	Transaction ID: SB21B.4822
	Mailing Address 932 D Street	Date of Disbursement 08 / 27 / 2009
	City Ramona State CA Zip Code 92065	Amount of Each Disbursement this Period 950.00
	Purpose of Disbursement Rent	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Gary Kleep	Transaction ID: SB21B.4823
	Mailing Address 932 D Street	Date of Disbursement 08 / 27 / 2009
	City Ramona State CA Zip Code 92065	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement Legal Services	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Gary Kleep	Transaction ID: SB21B.4890
	Mailing Address 932 D Street	Date of Disbursement 10 / 01 / 2009
	City Ramona State CA Zip Code 92065	Amount of Each Disbursement this Period 950.00
	Purpose of Disbursement Rent	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

3900.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 69 / 100

<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)  
REPUBLICAN MAJORITY CAMPAIGN

A.	Full Name (Last, First, Middle Initial) Gary Kleep	Transaction ID: SB21B.4891 Date of Disbursement 10 / 01 / 2009
	Mailing Address 932 D Street	Amount of Each Disbursement this Period 2000.00
	City Ramona State CA Zip Code 92065	
	Purpose of Disbursement Legal Services	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Gary Kleep	Transaction ID: SB21B.4896 Date of Disbursement 10 / 28 / 2009
	Mailing Address 932 D Street	Amount of Each Disbursement this Period 950.00
	City Ramona State CA Zip Code 92065	
	Purpose of Disbursement Rent	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Gary Kleep	Transaction ID: SB21B.4897 Date of Disbursement 10 / 28 / 2009
	Mailing Address 932 D Street	Amount of Each Disbursement this Period 2000.00
	City Ramona State CA Zip Code 92065	
	Purpose of Disbursement Legal Services	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	4950.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
REPUBLICAN MAJORITY CAMPAIGN

<p><b>A.</b> Full Name (Last, First, Middle Initial) Gary Kleep</p> <p>Mailing Address 932 D Street</p> <p>City Ramona State CA Zip Code 92065</p> <p>Purpose of Disbursement Legal Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.4929</p> <p>Date of Disbursement 11 / 16 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Gary Kleep</p> <p>Mailing Address 932 D Street</p> <p>City Ramona State CA Zip Code 92065</p> <p>Purpose of Disbursement Rent</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.4930</p> <p>Date of Disbursement 11 / 16 / 2009</p> <p>Amount of Each Disbursement this Period 950.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Gary Kleep</p> <p>Mailing Address 932 D Street</p> <p>City Ramona State CA Zip Code 92065</p> <p>Purpose of Disbursement Legal Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.4975</p> <p>Date of Disbursement 11 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 8000.00</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>10950.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: (check only one)

<input 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)  
REPUBLICAN MAJORITY CAMPAIGN

A.	Full Name (Last, First, Middle Initial) Gary Kreep	Transaction ID: SB21B.4983
	Mailing Address 932 D Street	Date of Disbursement 12 / 18 / 2009
	City Ramona State CA Zip Code 92065	Amount of Each Disbursement this Period 950.00
	Purpose of Disbursement Rent	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) Micro Center	Transaction ID: SB21B.4857
	Mailing Address 1100 Edinger	Date of Disbursement 08 / 24 / 2009
	City Tustin State CA Zip Code 92780	Amount of Each Disbursement this Period 141.36
	Purpose of Disbursement Software	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) Micro Center	Transaction ID: SB21B.4922
	Mailing Address 1100 Edinger	Date of Disbursement 10 / 19 / 2009
	City Tustin State CA Zip Code 92780	Amount of Each Disbursement this Period 667.63
	Purpose of Disbursement Toner	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	1758.99
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
REPUBLICAN MAJORITY CAMPAIGN

A.

Full Name (Last, First, Middle Initial)  
Micro Center

Transaction ID: SB21B.4953  
Date of Disbursement

Mailing Address 1100 Edinger

/   /

City Tustin State CA Zip Code 92780

Amount of Each Disbursement this Period

Purpose of Disbursement  
Computer printer/toner

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
Morgan Meredith & Associates

Transaction ID: SB21B.4828  
Date of Disbursement

Mailing Address 2875 Towerview Rd

/   /

City Herndon State VA Zip Code 20171

Amount of Each Disbursement this Period

Purpose of Disbursement  
Postage for Mailing

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
New York Times

Transaction ID: SB21B.4914  
Date of Disbursement

Mailing Address 1 Times Square

/   /

City New York State NY Zip Code 10020

Amount of Each Disbursement this Period

Purpose of Disbursement  
Research

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

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

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



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 73 / 100

<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)  
REPUBLICAN MAJORITY CAMPAIGN

A.	Full Name (Last, First, Middle Initial) New York Times	Transaction ID: SB21B.4972 Date of Disbursement 12 / 22 / 2009
	Mailing Address 1 Times Square	Amount of Each Disbursement this Period 97.89
	City New York State NY Zip Code 10020	
	Purpose of Disbursement Research	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) Political Advertising	Transaction ID: SB21B.5010 Date of Disbursement 07 / 06 / 2009
	Mailing Address 1201 S Alma School Rd	Amount of Each Disbursement this Period 10950.96
	City Mesa State AZ Zip Code 85210	
	Purpose of Disbursement Phone/Mail Communication	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) Political Advertising	Transaction ID: SB21B.5011 Date of Disbursement 07 / 13 / 2009
	Mailing Address 1201 S Alma School Rd	Amount of Each Disbursement this Period 13634.47
	City Mesa State AZ Zip Code 85210	
	Purpose of Disbursement Phone/Mail Communication	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	24683.32
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
REPUBLICAN MAJORITY CAMPAIGN

A. Political Advertising	Full Name (Last, First, Middle Initial)	Transaction ID: SB21B.5012																					
	Mailing Address 1201 S Alma School Rd	Date of Disbursement																					
	City Mesa State AZ Zip Code 85210	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y														
0	7		2	1		2	0	0	9														
	Purpose of Disbursement Phone/mail communication	Amount of Each Disbursement this Period																					
	Candidate Name	<table border="1"> <tr> <td colspan="10">31021.67</td> </tr> </table>		31021.67																			
31021.67																							
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
	State: District:	Category/Type																					

B. Political Advertising	Full Name (Last, First, Middle Initial)	Transaction ID: SB21B.5013																					
	Mailing Address 1201 S Alma School Rd	Date of Disbursement																					
	City Mesa State AZ Zip Code 85210	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	7		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y														
0	7		2	7		2	0	0	9														
	Purpose of Disbursement Phone/Mail Communication	Amount of Each Disbursement this Period																					
	Candidate Name	<table border="1"> <tr> <td colspan="10">14427.52</td> </tr> </table>		14427.52																			
14427.52																							
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
	State: District:	Category/Type																					

C. Political Advertising	Full Name (Last, First, Middle Initial)	Transaction ID: SB21B.5015																					
	Mailing Address 1201 S Alma School Rd	Date of Disbursement																					
	City Mesa State AZ Zip Code 85210	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y														
0	8		0	3		2	0	0	9														
	Purpose of Disbursement Phone/Mail Communication	Amount of Each Disbursement this Period																					
	Candidate Name	<table border="1"> <tr> <td colspan="10">48019.77</td> </tr> </table>		48019.77																			
48019.77																							
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
	State: District:	Category/Type																					

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>93468.96</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 75 / 100

<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)  
REPUBLICAN MAJORITY CAMPAIGN

A.	Full Name (Last, First, Middle Initial) Political Advertising	Transaction ID: SB21B.5016 Date of Disbursement
	Mailing Address 1201 S Alma School Rd	<input type="text" value="08"/> / <input type="text" value="10"/> / <input type="text" value="2009"/>
	City Mesa State AZ Zip Code 85210	Amount of Each Disbursement this Period
	Purpose of Disbursement Phone/Mail Communication	<input type="text" value="28596.90"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Political Advertising	Transaction ID: SB21B.5017 Date of Disbursement
	Mailing Address 1201 S Alma School Rd	<input type="text" value="08"/> / <input type="text" value="17"/> / <input type="text" value="2009"/>
	City Mesa State AZ Zip Code 85210	Amount of Each Disbursement this Period
	Purpose of Disbursement Phone/Mail Communication	<input type="text" value="35194.90"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Political Advertising	Transaction ID: SB21B.5018 Date of Disbursement
	Mailing Address 1201 S Alma School Rd	<input type="text" value="08"/> / <input type="text" value="24"/> / <input type="text" value="2009"/>
	City Mesa State AZ Zip Code 85210	Amount of Each Disbursement this Period
	Purpose of Disbursement Phone/mail communication	<input type="text" value="23672.01"/>
	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) .....

**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)  
REPUBLICAN MAJORITY CAMPAIGN

A.	Full Name (Last, First, Middle Initial) Political Advertising <hr/> Mailing Address 1201 S Alma School Rd <hr/> City Mesa State AZ Zip Code 85210 <hr/> Purpose of Disbursement Phone/Mail Communication Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.5020 Date of Disbursement 08 / 31 / 2009 <hr/> Amount of Each Disbursement this Period 31874.05
B.	Full Name (Last, First, Middle Initial) Political Advertising <hr/> Mailing Address 1201 S Alma School Rd <hr/> City Mesa State AZ Zip Code 85210 <hr/> Purpose of Disbursement Phone/mail communication Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.5021 Date of Disbursement 09 / 08 / 2009 <hr/> Amount of Each Disbursement this Period 27670.42
C.	Full Name (Last, First, Middle Initial) Political Advertising <hr/> Mailing Address 1201 S Alma School Rd <hr/> City Mesa State AZ Zip Code 85210 <hr/> Purpose of Disbursement Phone/Mail communication Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.5023 Date of Disbursement 09 / 14 / 2009 <hr/> Amount of Each Disbursement this Period 31758.87

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

**91303.34**

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 77 / 100

<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)  
REPUBLICAN MAJORITY CAMPAIGN

A.	Full Name (Last, First, Middle Initial) Political Advertising	Transaction ID: SB21B.5024 Date of Disbursement
	Mailing Address 1201 S Alma School Rd	<input type="text" value="09"/> / <input type="text" value="21"/> / <input type="text" value="2009"/>
	City Mesa State AZ Zip Code 85210	Amount of Each Disbursement this Period
	Purpose of Disbursement Phone/Mail Communication	<input type="text" value="44219.67"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Political Advertising	Transaction ID: SB21B.5027 Date of Disbursement
	Mailing Address 1201 S Alma School Rd	<input type="text" value="09"/> / <input type="text" value="28"/> / <input type="text" value="2009"/>
	City Mesa State AZ Zip Code 85210	Amount of Each Disbursement this Period
	Purpose of Disbursement Phone/Mail Communication	<input type="text" value="44862.51"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Political Advertising	Transaction ID: SB21B.4991 Date of Disbursement
	Mailing Address 1201 S Alma School Rd	<input type="text" value="10"/> / <input type="text" value="05"/> / <input type="text" value="2009"/>
	City Mesa State AZ Zip Code 85210	Amount of Each Disbursement this Period
	Purpose of Disbursement Phone/Mail Communication	<input type="text" value="36988.88"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="126071.06"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
REPUBLICAN MAJORITY CAMPAIGN

A. Political Advertising	Full Name (Last, First, Middle Initial)	Transaction ID: SB21B.4992																					
	Mailing Address 1201 S Alma School Rd	Date of Disbursement																					
	City Mesa State AZ Zip Code 85210	<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>2</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	1	2	/	2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y														
1	0	/	1	2	/	2	0	0	9														
	Purpose of Disbursement Phone/Mail Communication	Amount of Each Disbursement this Period																					
	Candidate Name	<table border="1"> <tr> <td colspan="10">38866.46</td> </tr> </table>		38866.46																			
38866.46																							
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
	State: District:	Category/Type																					

B. Political Advertising	Full Name (Last, First, Middle Initial)	Transaction ID: SB21B.4993																					
	Mailing Address 1201 S Alma School Rd	Date of Disbursement																					
	City Mesa State AZ Zip Code 85210	<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>9</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	1	9	/	2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y														
1	0	/	1	9	/	2	0	0	9														
	Purpose of Disbursement Phone/Mail Communication	Amount of Each Disbursement this Period																					
	Candidate Name	<table border="1"> <tr> <td colspan="10">32490.97</td> </tr> </table>		32490.97																			
32490.97																							
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
	State: District:	Category/Type																					

C. Political Advertising	Full Name (Last, First, Middle Initial)	Transaction ID: SB21B.4994																					
	Mailing Address 1201 S Alma School Rd	Date of Disbursement																					
	City Mesa State AZ Zip Code 85210	<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>2</td><td>6</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	2	6	/	2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y														
1	0	/	2	6	/	2	0	0	9														
	Purpose of Disbursement Phone/Mail Communication	Amount of Each Disbursement this Period																					
	Candidate Name	<table border="1"> <tr> <td colspan="10">27493.88</td> </tr> </table>		27493.88																			
27493.88																							
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
	State: District:	Category/Type																					

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>98851.31</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
REPUBLICAN MAJORITY CAMPAIGN

A.	Full Name (Last, First, Middle Initial) Political Advertising	Transaction ID: SB21B.4997 Date of Disbursement
	Mailing Address 1201 S Alma School Rd	<input type="text" value="11"/> / <input type="text" value="02"/> / <input type="text" value="2009"/>
	City Mesa State AZ Zip Code 85210	Amount of Each Disbursement this Period
	Purpose of Disbursement Phone/Mail Communication	<input type="text" value="30832.32"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Political Advertising	Transaction ID: SB21B.4999 Date of Disbursement
	Mailing Address 1201 S Alma School Rd	<input type="text" value="11"/> / <input type="text" value="09"/> / <input type="text" value="2009"/>
	City Mesa State AZ Zip Code 85210	Amount of Each Disbursement this Period
	Purpose of Disbursement Phone/Mail Communication	<input type="text" value="22282.73"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Political Advertising	Transaction ID: SB21B.5000 Date of Disbursement
	Mailing Address 1201 S Alma School Rd	<input type="text" value="11"/> / <input type="text" value="16"/> / <input type="text" value="2009"/>
	City Mesa State AZ Zip Code 85210	Amount of Each Disbursement this Period
	Purpose of Disbursement Phone/Mail Communication	<input type="text" value="28153.53"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="81268.58"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 80 / 100

<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)  
REPUBLICAN MAJORITY CAMPAIGN

A.	Full Name (Last, First, Middle Initial) Political Advertising	Transaction ID: SB21B.5001 Date of Disbursement
	Mailing Address 1201 S Alma School Rd	<input type="text" value="11"/> / <input type="text" value="23"/> / <input type="text" value="2009"/>
	City Mesa State AZ Zip Code 85210	Amount of Each Disbursement this Period
	Purpose of Disbursement Phone/Mail Communication	<input type="text" value="26669.15"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Political Advertising	Transaction ID: SB21B.5002 Date of Disbursement
	Mailing Address 1201 S Alma School Rd	<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City Mesa State AZ Zip Code 85210	Amount of Each Disbursement this Period
	Purpose of Disbursement Phone/Mail Communication	<input type="text" value="17732.56"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Political Advertising	Transaction ID: SB21B.5005 Date of Disbursement
	Mailing Address 1201 S Alma School Rd	<input type="text" value="12"/> / <input type="text" value="07"/> / <input type="text" value="2009"/>
	City Mesa State AZ Zip Code 85210	Amount of Each Disbursement this Period
	Purpose of Disbursement Phone/Mail Communication	<input type="text" value="36386.30"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="80788.01"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 81 / 100

<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)  
REPUBLICAN MAJORITY CAMPAIGN

A.	Full Name (Last, First, Middle Initial) Political Advertising	Transaction ID: SB21B.5006 Date of Disbursement																			
	Mailing Address 1201 S Alma School Rd	<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>2</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	4		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		1	4		2	0	0	9												
	City Mesa State AZ Zip Code 85210	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Phone/Mail Communication	<table border="1"><tr><td>18765.65</td></tr></table>	18765.65																		
18765.65																					
	Candidate Name	Category/ Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) Political Advertising	Transaction ID: SB21B.5007 Date of Disbursement																			
	Mailing Address 1201 S Alma School Rd	<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>2</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		2	1		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		2	1		2	0	0	9												
	City Mesa State AZ Zip Code 85210	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Phone/Mail Communication	<table border="1"><tr><td>40573.23</td></tr></table>	40573.23																		
40573.23																					
	Candidate Name	Category/ Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) Political Advertising	Transaction ID: SB21B.5008 Date of Disbursement																			
	Mailing Address 1201 S Alma School Rd	<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>2</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		2	8		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		2	8		2	0	0	9												
	City Mesa State AZ Zip Code 85210	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Phone/Mail Communication	<table border="1"><tr><td>13574.76</td></tr></table>	13574.76																		
13574.76																					
	Candidate Name	Category/ Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"><tr><td>72913.64</td></tr></table>	72913.64
72913.64		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"><tr><td></td></tr></table>	

**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)  
REPUBLICAN MAJORITY CAMPAIGN

A.	Full Name (Last, First, Middle Initial) Postmaster	Transaction ID: SB21B.4869 Date of Disbursement
	Mailing Address 2202 Grand Ave	<input type="text" value="09"/> / <input type="text" value="01"/> / <input type="text" value="2009"/>
	City Santa Ana State CA Zip Code 92705	Amount of Each Disbursement this Period
	Purpose of Disbursement Postage	<input type="text" value="146.40"/>
	Candidate Name	<input type="text"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Postmaster	Transaction ID: SB21B.5276 Date of Disbursement
	Mailing Address 2202 Grand Ave	<input type="text" value="09"/> / <input type="text" value="03"/> / <input type="text" value="2009"/>
	City Santa Ana State CA Zip Code 92705	Amount of Each Disbursement this Period
	Purpose of Disbursement Box Rental	<input type="text" value="200.00"/>
	Candidate Name	<input type="text"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Postmaster	Transaction ID: SB21B.4913 Date of Disbursement
	Mailing Address 2202 Grand Ave	<input type="text" value="10"/> / <input type="text" value="06"/> / <input type="text" value="2009"/>
	City Santa Ana State CA Zip Code 92705	Amount of Each Disbursement this Period
	Purpose of Disbursement Shipping/Postage	<input type="text" value="48.48"/>
	Candidate Name	<input type="text"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="394.88"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 83 / 100

<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)  
REPUBLICAN MAJORITY CAMPAIGN

A.	Full Name (Last, First, Middle Initial) Postmaster	Transaction ID: SB21B.4918 Date of Disbursement
	Mailing Address 2202 Grand Ave	<input type="text" value="10"/> <input type="text" value="09"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Santa Ana State CA Zip Code 92705	Amount of Each Disbursement this Period
	Purpose of Disbursement Postage	<input type="text" value="215.60"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) RMLC	Transaction ID: SB21B.5278 Date of Disbursement
	Mailing Address 44084 Riverside Parkway	<input type="text" value="09"/> <input type="text" value="09"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Leesburg State VA Zip Code 20176	Amount of Each Disbursement this Period
	Purpose of Disbursement List Rental	<input type="text" value="5655.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) San Diego Gas & Electric	Transaction ID: SB21B.4811 Date of Disbursement
	Mailing Address 456 Main	<input type="text" value="07"/> <input type="text" value="24"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City San Diego State CA Zip Code 92117	Amount of Each Disbursement this Period
	Purpose of Disbursement Utilities for office	<input type="text" value="60.86"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="5931.46"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 84 / 100

<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)  
REPUBLICAN MAJORITY CAMPAIGN

<b>A.</b>	Full Name (Last, First, Middle Initial) San Diego Gas & Electric Mailing Address 456 Main City San Diego State CA Zip Code 92117 Purpose of Disbursement Utilities Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.4836 <b>Date of Disbursement</b> 08 / 17 / 2009	Amount of Each Disbursement this Period 62.73
<b>B.</b>	Full Name (Last, First, Middle Initial) San Diego Gas & Electric Mailing Address 456 Main City San Diego State CA Zip Code 92117 Purpose of Disbursement Utilities Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.4864 <b>Date of Disbursement</b> 09 / 18 / 2009	Amount of Each Disbursement this Period 74.32
<b>C.</b>	Full Name (Last, First, Middle Initial) San Diego Gas & Electric Mailing Address 456 Main City San Diego State CA Zip Code 92117 Purpose of Disbursement Utilities Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.4940 <b>Date of Disbursement</b> 10 / 28 / 2009	Amount of Each Disbursement this Period 46.26

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

183.31

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 85 / 100

<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)  
REPUBLICAN MAJORITY CAMPAIGN

<b>A.</b> Full Name (Last, First, Middle Initial) San Diego Gas & Electric <hr/> Mailing Address 456 Main <hr/> City San Diego State CA Zip Code 92117 <hr/> Purpose of Disbursement Utilities Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.4938 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 0 9
	Amount of Each Disbursement this Period 30.44
	Category/ Type
	Category/ Type
<b>B.</b> Full Name (Last, First, Middle Initial) San Diego Gas & Electric <hr/> Mailing Address 456 Main <hr/> City San Diego State CA Zip Code 92117 <hr/> Purpose of Disbursement Utilities Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.4984 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 1 8 / 2 0 0 9
	Amount of Each Disbursement this Period 26.33
	Category/ Type
	Category/ Type
<b>C.</b> Full Name (Last, First, Middle Initial) James Sills <hr/> Mailing Address c/o 932 D St <hr/> City Ramona State CA Zip Code 92065 <hr/> Purpose of Disbursement Research Services Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.4813 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 0 8 / 2 0 0 9
	Amount of Each Disbursement this Period 750.00
	Category/ Type
	Category/ Type

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

806.77

**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)  
REPUBLICAN MAJORITY CAMPAIGN

A.	Full Name (Last, First, Middle Initial) James Sills	Transaction ID: SB21B.4825 Date of Disbursement 07 / 30 / 2009
	Mailing Address c/o 932 D St	
	City Ramona State CA Zip Code 92065	Amount of Each Disbursement this Period 750.00
	Purpose of Disbursement Research Services Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) James Sills	Transaction ID: SB21B.4861 Date of Disbursement 08 / 29 / 2009
	Mailing Address c/o 932 D St	
	City Ramona State CA Zip Code 92065	Amount of Each Disbursement this Period 750.00
	Purpose of Disbursement Research Services Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) James Sills	Transaction ID: SB21B.4902 Date of Disbursement 10 / 05 / 2009
	Mailing Address c/o 932 D St	
	City Ramona State CA Zip Code 92065	Amount of Each Disbursement this Period 750.00
	Purpose of Disbursement Research Services Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2250.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 87 / 100

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

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

NAME OF COMMITTEE (In Full)  
REPUBLICAN MAJORITY CAMPAIGN

A.	Full Name (Last, First, Middle Initial) James Sills	Transaction ID: SB21B.4943 Date of Disbursement 11 / 03 / 2009
	Mailing Address c/o 932 D St	Amount of Each Disbursement this Period 750.00
	City Ramona State CA Zip Code 92065	
	Purpose of Disbursement Research Service	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) James Sills	Transaction ID: SB21B.4977 Date of Disbursement 11 / 30 / 2009
	Mailing Address c/o 932 D St	Amount of Each Disbursement this Period 750.00
	City Ramona State CA Zip Code 92065	
	Purpose of Disbursement Research Services	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Staples	Transaction ID: SB21B.4816 Date of Disbursement 07 / 06 / 2009
	Mailing Address 2120 East 17th St	Amount of Each Disbursement this Period 16.19
	City Santa Ana State CA Zip Code 92701	
	Purpose of Disbursement Office Supplies	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1516.19
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
REPUBLICAN MAJORITY CAMPAIGN

A.	Full Name (Last, First, Middle Initial) Staples	Transaction ID: SB21B.4819 Date of Disbursement 07 / 13 / 2009
	Mailing Address 2120 East 17th St	Amount of Each Disbursement this Period 156.19
	City Santa Ana State CA Zip Code 92701	
	Purpose of Disbursement Office Supplies	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) Staples	Transaction ID: SB21B.4855 Date of Disbursement 08 / 17 / 2009
	Mailing Address 2120 East 17th St	Amount of Each Disbursement this Period 197.80
	City Santa Ana State CA Zip Code 92701	
	Purpose of Disbursement Office Supplies	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) Staples	Transaction ID: SB21B.4919 Date of Disbursement 10 / 13 / 2009
	Mailing Address 2120 East 17th St	Amount of Each Disbursement this Period 151.23
	City Santa Ana State CA Zip Code 92701	
	Purpose of Disbursement Office Supplies	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	505.22
<b>TOTAL</b> This Period (last page this line number only) .....	



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
REPUBLICAN MAJORITY CAMPAIGN

A.	Full Name (Last, First, Middle Initial) Staples	Transaction ID: SB21B.4920 Date of Disbursement
	Mailing Address 2120 East 17th St	<input type="text" value="10"/> <input type="text" value="16"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Santa Ana State CA Zip Code 92701	Amount of Each Disbursement this Period
	Purpose of Disbursement Offices Supplies	<input type="text" value="79.18"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Staples	Transaction ID: SB21B.4950 Date of Disbursement
	Mailing Address 2120 East 17th St	<input type="text" value="11"/> <input type="text" value="23"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Santa Ana State CA Zip Code 92701	Amount of Each Disbursement this Period
	Purpose of Disbursement Office Supplies	<input type="text" value="34.79"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Staples	Transaction ID: SB21B.4951 Date of Disbursement
	Mailing Address 2120 East 17th St	<input type="text" value="11"/> <input type="text" value="23"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Santa Ana State CA Zip Code 92701	Amount of Each Disbursement this Period
	Purpose of Disbursement Office Supplies	<input type="text" value="36.96"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="150.93"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
REPUBLICAN MAJORITY CAMPAIGN

<p><b>A.</b> Full Name (Last, First, Middle Initial) Staples</p> <p>Mailing Address 2120 East 17th St</p> <p>City Santa Ana State CA Zip Code 92701</p> <p>Purpose of Disbursement Offices Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.4967</p> <p>Date of Disbursement 12 / 08 / 2009</p> <p>Amount of Each Disbursement this Period 138.15</p> <p>Category/Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Union Co.</p> <p>Mailing Address 17622 17th St</p> <p>City Tustin State CA Zip Code 92780</p> <p>Purpose of Disbursement Meeting Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.4921</p> <p>Date of Disbursement 10 / 19 / 2009</p> <p>Amount of Each Disbursement this Period 57.11</p> <p>Category/Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Union Co.</p> <p>Mailing Address 17622 17th St</p> <p>City Tustin State CA Zip Code 92780</p> <p>Purpose of Disbursement Meeting Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.4952</p> <p>Date of Disbursement 11 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 53.02</p> <p>Category/Type</p>

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

248.28

**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)  
REPUBLICAN MAJORITY CAMPAIGN

<b>A.</b>	Full Name (Last, First, Middle Initial) United Printing and Mailing <hr/> Mailing Address 4833 S 38th St <hr/> City Phoenix State AZ Zip Code 85040 <hr/> Purpose of Disbursement Printing Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.5025 Date of Disbursement 09 / 14 / 2009 <hr/> Amount of Each Disbursement this Period 1210.25
<b>B.</b>	Full Name (Last, First, Middle Initial) United Printing and Mailing <hr/> Mailing Address 4833 S 38th St <hr/> City Phoenix State AZ Zip Code 85040 <hr/> Purpose of Disbursement Printing Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.5026 Date of Disbursement 09 / 21 / 2009 <hr/> Amount of Each Disbursement this Period 1178.84
<b>C.</b>	Full Name (Last, First, Middle Initial) United Printing and Mailing <hr/> Mailing Address 4833 S 38th St <hr/> City Phoenix State AZ Zip Code 85040 <hr/> Purpose of Disbursement Printing Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4995 Date of Disbursement 10 / 26 / 2009 <hr/> Amount of Each Disbursement this Period 1759.88

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

4148.97

**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)  
REPUBLICAN MAJORITY CAMPAIGN

<b>A.</b>	Full Name (Last, First, Middle Initial) United Printing and Mailing <hr/> Mailing Address 4833 S 38th St <hr/> City Phoenix State AZ Zip Code 85040 <hr/> Purpose of Disbursement Printing Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.4998 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 9	Amount of Each Disbursement this Period 1178.85
<b>B.</b>	Full Name (Last, First, Middle Initial) United Printing and Mailing <hr/> Mailing Address 4833 S 38th St <hr/> City Phoenix State AZ Zip Code 85040 <hr/> Purpose of Disbursement Printing Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.5003 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 9	Amount of Each Disbursement this Period 2677.18
<b>C.</b>	Full Name (Last, First, Middle Initial) Verizon <hr/> Mailing Address 272 E Via Rancho Parkway <hr/> City Escondido State CA Zip Code 92025 <hr/> Purpose of Disbursement Wireless Communication Services Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.4810 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 2 4 / 2 0 0 9	Amount of Each Disbursement this Period 131.19

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

3987.22

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 93 / 100

<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)  
REPUBLICAN MAJORITTY CAMPAIGN

A.	Full Name (Last, First, Middle Initial) Western CPAC			Transaction ID: SB21B.4894 Date of Disbursement																				
	Mailing Address 30011 Ivy Glenn Dr			<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>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	1		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y															
1	0		2	1		2	0	0	9															
	City Laguna Niguel	State CA	Zip Code 92677	Amount of Each Disbursement this Period																				
	Purpose of Disbursement Table Rental			<table border="1"> <tr> <td>750.00</td> </tr> </table>		750.00																		
750.00																								
	Candidate Name																							
	Office Sought:	Disbursement For:																						
	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
	State:	District:																						

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	<b>750.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>875093.40</b>

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 94 / 100

<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)  
REPUBLICAN MAJORITY CAMPAIGN

A.	Full Name (Last, First, Middle Initial) DOUGLAS L. MR. HOFFMAN	Transaction ID: SB23.4909 Date of Disbursement 10 / 23 / 2009
	Mailing Address PO BOX 270 25 ADK LODGE ROAD	Amount of Each Disbursement this Period 1000.00
	City LAKE PLACID	State NY
	Zip Code 12946	
	Purpose of Disbursement Contribution	Category/ Type
	Candidate Name DOUGLAS L. MR. HOFFMAN	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-General
	State: NY District: 23	

B.	Full Name (Last, First, Middle Initial) DOUGLAS L. MR. HOFFMAN	Transaction ID: SB23.4956 Date of Disbursement 10 / 30 / 2009
	Mailing Address PO BOX 270 25 ADK LODGE ROAD	Amount of Each Disbursement this Period 4000.00
	City LAKE PLACID	State NY
	Zip Code 12946	
	Purpose of Disbursement Contribution	Category/ Type
	Candidate Name	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: NY District: 23	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	5000.00
<b>TOTAL</b> This Period (last page this line number only) .....	5000.00

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

NAME OF COMMITTEE (In Full) REPUBLICAN MAJORITY CAMPAIGN	FEC IDENTIFICATION NUMBER <b>C</b> C00442319
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
Daniel Paul Diaz

---

Mailing Address  
709 Garden Drive

---

City Pompano Beach	State FL	Zip Code 34243
-----------------------	-------------	-------------------

---

Purpose of Expenditure Consulting Fee	Category/ Type 001
--	--------------------------

---

Name of Federal Candidate supported or Opposed by expenditure:  
MARCO RUBIO

---

Calendar Year-To-Date Per Election for Office Sought	1500.00
---	---------

Date  
M M / D D / Y Y Y Y  
07 / 30 / 2009

Amount  
1500.00

Transaction ID: SE.4840

Office Sought:  House State: FL  
 Senate District: \_\_\_\_\_  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2010

Full Name (Last, First, Middle, Initial) of Payee  
Daniel Paul Diaz

---

Mailing Address  
709 Garden Drive

---

City Pompano Beach	State FL	Zip Code 34243
-----------------------	-------------	-------------------

---

Purpose of Expenditure Consulting Fee	Category/ Type 001
--	--------------------------

---

Name of Federal Candidate supported or Opposed by expenditure:  
MARCO RUBIO

---

Calendar Year-To-Date Per Election for Office Sought	3000.00
---	---------

Date  
M M / D D / Y Y Y Y  
08 / 18 / 2009

Amount  
1500.00

Transaction ID: SE.4842

Office Sought:  House State: FL  
 Senate District: \_\_\_\_\_  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2010

(a) SUBTOTAL of Itemized Independent Expenditures .....	3000.00
(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.

Randy Goodwin  
Signature

Date M M / D D / Y Y Y Y  
01 / 31 / 2010

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

NAME OF COMMITTEE (In Full) REPUBLICAN MAJORITY CAMPAIGN	FEC IDENTIFICATION NUMBER <b>C</b> C00442319
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
Daniel Paul Diaz

---

Mailing Address  
709 Garden Drive

---

City Pompano Beach	State FL	Zip Code 34243
-----------------------	-------------	-------------------

---

Purpose of Expenditure Expenses	Category/ Type 002
------------------------------------	--------------------------

---

Name of Federal Candidate supported or Opposed by expenditure:  
MARCO RUBIO

---

Calendar Year-To-Date Per Election for Office Sought 3095.01

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

Amount  
95.01

Transaction ID: SE.4843

Office Sought:  House State: FL  
 Senate District: \_\_\_\_\_  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2010

Full Name (Last, First, Middle, Initial) of Payee  
Daniel Paul Diaz

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Mailing Address  
709 Garden Drive

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City Pompano Beach	State FL	Zip Code 34243
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Purpose of Expenditure Consulting Fee	Category/ Type 001
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Name of Federal Candidate supported or Opposed by expenditure:  
CHARLIE CRIST

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Calendar Year-To-Date Per Election for Office Sought 5145.68

Date  
M M / D D / Y Y Y Y  
0 9 / 0 3 / 2 0 0 9

Amount  
2050.67

Transaction ID: SE.4887

Office Sought:  House State: FL  
 Senate District: \_\_\_\_\_  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2010

(a) SUBTOTAL of Itemized Independent Expenditures .....	2145.68
(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.

Randy Goodwin \_\_\_\_\_ Date M M / D D / Y Y Y Y  
Signature 0 1 / 3 1 / 2 0 1 0



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

NAME OF COMMITTEE (In Full) REPUBLICAN MAJORITY CAMPAIGN	FEC IDENTIFICATION NUMBER <b>C</b> C00442319
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
Daniel Paul Diaz

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

Mailing Address  
709 Garden Drive

Amount  
1500.00

City State Zip Code  
Pompano Beach FL 34243

Transaction ID: SE.4883

Purpose of Expenditure Category/Type  
Consulting Fee 001

Office Sought:  House State: FL  
 Senate District: \_\_\_\_\_  
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:  
CHARLIE CRIST

Check One:  Support  Oppose

Calendar Year-To-Date Per Election for Office Sought  
6645.68

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2010

Full Name (Last, First, Middle, Initial) of Payee  
Daniel Paul Diaz

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

Mailing Address  
709 Garden Drive

Amount  
128.11

City State Zip Code  
Pompano Beach FL 34243

Transaction ID: SE.4885

Purpose of Expenditure Category/Type  
Expenses 002

Office Sought:  House State: FL  
 Senate District: \_\_\_\_\_  
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:  
CHARLIE CRIST

Check One:  Support  Oppose

Calendar Year-To-Date Per Election for Office Sought  
6773.79

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2010

(a) SUBTOTAL of Itemized Independent Expenditures .....	1628.11
(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.

Randy Goodwin  
Signature

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

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

NAME OF COMMITTEE (In Full) REPUBLICAN MAJORITY CAMPAIGN	FEC IDENTIFICATION NUMBER <b>C</b> C00442319
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
Daniel Paul Diaz

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

Mailing Address  
709 Garden Drive

Amount  
250.00

City State Zip Code  
Pompano Beach FL 34243

Transaction ID: SE.4886

Purpose of Expenditure  
Expenses Category/Type 004

Office Sought:  House State: FL  
 Senate District: \_\_\_\_\_  
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:  
MARCO RUBIO

Check One:  Support  Oppose

Calendar Year-To-Date Per Election for Office Sought 7023.79

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2010

Full Name (Last, First, Middle, Initial) of Payee  
Daniel Paul Diaz

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

Mailing Address  
709 Garden Drive

Amount  
1500.00

City State Zip Code  
Pompano Beach FL 34243

Transaction ID: SE.4906

Purpose of Expenditure  
Category/Type 001

Office Sought:  House State: FL  
 Senate District: \_\_\_\_\_  
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:  
MARCO RUBIO

Check One:  Support  Oppose

Calendar Year-To-Date Per Election for Office Sought 8523.79

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2010

(a) SUBTOTAL of Itemized Independent Expenditures .....	1750.00
(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.

Randy Goodwin  
Signature

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

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

NAME OF COMMITTEE (In Full) REPUBLICAN MAJORITY CAMPAIGN	FEC IDENTIFICATION NUMBER <b>C</b> C00442319
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
Daniel Paul Diaz

Mailing Address  
709 Garden Drive

City State Zip Code  
Pompano Beach FL 34243

Purpose of Expenditure Category/Type  
Consulting Fee 001

Name of Federal Candidate supported or Opposed by expenditure:  
CHARLIE CRIST

Calendar Year-To-Date Per Election for Office Sought  
10023.79

Date  
MM / DD / YYYY  
11 / 03 / 2009

Amount  
1500.00

Transaction ID: SE.4954

Office Sought:  House State: FL  
 Senate District: \_\_\_\_\_  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2010

Full Name (Last, First, Middle, Initial) of Payee  
Daniel Paul Diaz

Mailing Address  
709 Garden Drive

City State Zip Code  
Pompano Beach FL 34243

Purpose of Expenditure Category/Type  
Consulting Fee 001

Name of Federal Candidate supported or Opposed by expenditure:  
MARCO RUBIO

Calendar Year-To-Date Per Election for Office Sought  
11523.79

Date  
MM / DD / YYYY  
11 / 18 / 2009

Amount  
1500.00

Transaction ID: SE.4955

Office Sought:  House State: FL  
 Senate District: \_\_\_\_\_  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2010

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	3000.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> 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.

Randy Goodwin  
Signature

Date MM / DD / YYYY  
01 / 31 / 2010

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

NAME OF COMMITTEE (In Full) REPUBLICAN MAJORITY CAMPAIGN	FEC IDENTIFICATION NUMBER <b>C</b> C00442319
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
Daniel Paul Diaz

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Mailing Address  
709 Garden Drive

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City Pompano Beach	State FL	Zip Code 34243
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Purpose of Expenditure Consulting Fee	Category/ Type 001
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Name of Federal Candidate supported or Opposed by expenditure:  
CHARLIE CRIST

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Calendar Year-To-Date Per Election for Office Sought	13023.79
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Date  
M M / D D / Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Amount  
1500.00

Transaction ID: SE.4958

Office Sought:  House State: FL  
 Senate District: \_\_\_\_\_  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2010

Full Name (Last, First, Middle, Initial) of Payee  
Daniel Paul Diaz

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Mailing Address  
709 Garden Drive

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City Pompano Beach	State FL	Zip Code 34243
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Purpose of Expenditure Consulting Fee	Category/ Type 001
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Name of Federal Candidate supported or Opposed by expenditure:  
MARCO RUBIO

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Calendar Year-To-Date Per Election for Office Sought	14862.03
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Date  
M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Amount  
1838.24

Transaction ID: SE.4957

Office Sought:  House State: FL  
 Senate District: \_\_\_\_\_  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2010

(a) SUBTOTAL of Itemized Independent Expenditures .....	3338.24
(b) SUBTOTAL of Unitemized Independent Expenditures .....	_____
(c) TOTAL Independent Expenditures .....	14862.03

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.

Randy Goodwin \_\_\_\_\_ Date M M / D D / Y Y Y Y  
Signature 0 1 / 3 1 / 2 0 1 0