

**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

WESTERN REPRESENTATION PAC

ADDRESS (number and street)

5549 KNOLL VIEW WAY

☐Check if different
than previously
reported. (ACC)

SPARKS

NV

89436

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00461772

3. IS THIS
REPORT☐NEW
(N)**OR**☒AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

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

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

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

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

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

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

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

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

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

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

1 0

1 4

2 0 1 0

through

1 1

2 2

2 0 1 0

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

Roger Stockton

Signature of Treasurer

Electronically Filed by Roger Stockton

Date

0 1

2 8

2 0 1 0

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

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

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

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Write or Type Committee Name
WESTERN REPRESENTATION PAC

Report Covering the Period: From:

M	M
1	0

D	D
1	4

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2010	1317.58
(b) Cash on Hand at Beginning of Reporting Period	103364.36	
(c) Total Receipts (from Line 19)	79409.07	397374.43
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	182773.43	398692.01
7. Total Disbursements (from Line 31)	142272.75	358191.33
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	40500.68	40500.68
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

WESTERN REPRESENTATION PAC

Report Covering the Period:

From:

M	M
1	0

D	D
1	4

Y	Y	Y	Y
2	0	1	0

To:

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	28904.25	103651.25
(ii) Unitemized	50504.82	293687.78
(iii) TOTAL (add Lines 11(a)(i) and (ii)	79409.07	397339.03
(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)	79409.07	397339.03
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	35.40
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))	79409.07	397374.43
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	79409.07	397374.43

DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	59690.12	119037.87	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	59690.12	119037.87	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	7000.00	25100.00	
24. Independent Expenditure (use Schedule E)	72082.63	210553.46	
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	3500.00	3500.00	
(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))	3500.00	3500.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	142272.75	358191.33	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	142272.75	358191.33	

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)	79409.07	397339.03
34. Total Contribution Refunds (from Line 28(d))	3500.00	3500.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	75909.07	393839.03
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	59690.12	119037.87
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	35.40
38. Net Operating Expenditures (subtract Line 37 from Line 36)	59690.12	119002.47

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

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

FOR LINE NUMBER: PAGE 6 / 93

(check only one)

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

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NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)

Michael Adler

Mailing Address 26565 Agoura Road

City

Calabasas

State

CA

Zip Code

91302

FEC ID number of contributing
federal political committee.

C

Name of Employer
Informa Research Services

Occupation
Lawyer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.19440

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Stephanie Arcudi

Mailing Address 390 So Main st

City

Hopedale

State

MA

Zip Code

01747

FEC ID number of contributing
federal political committee.

C

Name of Employer
NA

Occupation
NA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.21640

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

charles baca

Mailing Address 755 galaxy heights drive

City

la canada

State

CA

Zip Code

91011

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.20638

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 7 / 93

(check only one)

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

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NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)

maryanne Bell

Mailing Address 53 Grey Wing Pointe

City

Naples

State

FL

Zip Code

34113

FEC ID number of contributing
federal political committee.

C

Name of Employer
retired

Occupation
n a

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.20285

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Steve Berry

Mailing Address 15600 SW Redstone Dr

City

Beaverton

State

OR

Zip Code

97007

FEC ID number of contributing
federal political committee.

C

Name of Employer
Berry Consulting LLC

Occupation
Mechanical Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.19986

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

TOM BIRDNOW

Mailing Address 17024 ORCHARD AVE

City

OMAHA

State

NE

Zip Code

68135

FEC ID number of contributing
federal political committee.

C

Name of Employer
PROFESSIONAL LABEL CO

Occupation
EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

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

Transaction ID: SA11AI.20406

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 8 / 93

(check only one)

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

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NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)

John Blanchard

Mailing Address 1613 Chelsea Rd

City

San Marino

State

CA

Zip Code

91108

FEC ID number of contributing
federal political committee.

C

Name of Employer
JBC

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.20985

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Roger Blauwkamp

Mailing Address 494 E 64th St

City

Holland

State

MI

Zip Code

49423

FEC ID number of contributing
federal political committee.

C

Name of Employer
STM Mfg Inc

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.20955

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Randall Bock

Mailing Address 372 Broadway

City

Revere

State

MA

Zip Code

02151

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 ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.20531

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 9 / 93

(check only one)

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

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NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)

Pamela Boker

Mailing Address 719 Bedford Road

City

Bedford Corners

State

NY

Zip Code

10549

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
psychologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: SA11AI.20609

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Pamela Boker

Mailing Address 719 Bedford Road

City

Bedford Corners

State

NY

Zip Code

10549

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
psychologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: SA11AI.19897

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Pamela Boker

Mailing Address 719 Bedford Road

City

Bedford Corners

State

NY

Zip Code

10549

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
psychologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.19719

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 93

(check only one)

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

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NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)

Dan Boyd

Mailing Address 1400 West Third Ave

City

Denver

State

CO

Zip Code

80223

FEC ID number of contributing
federal political committee.

C

Name of Employer
BOYD INVESTMENT CO

Occupation
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: SA11AI.21506

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Dan Boyd

Mailing Address 1400 West Third Ave

City

Denver

State

CO

Zip Code

80223

FEC ID number of contributing
federal political committee.

C

Name of Employer
BOYD INVESTMENT CO

Occupation
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID: SA11AI.21432

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Dan Boyd

Mailing Address 1400 West Third Ave

City

Denver

State

CO

Zip Code

80223

FEC ID number of contributing
federal political committee.

C

Name of Employer
BOYD INVESTMENT CO

Occupation
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

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

Transaction ID: SA11AI.21393

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)

W Chris Brancato

Mailing Address P O Box 436

City

east moriches

State

NY

Zip Code

11940

FEC ID number of contributing
federal political committee.

C

Name of Employer
stifel nicolaus

Occupation

financial advisor

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 0 / 2 1 / 2 0 1 0

Transaction ID: SA11AI.20516

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

Carol Bremer

Mailing Address Box 110718

City

Big Bear Lake

State

CA

Zip Code

92315

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation

Retired Educator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

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

Transaction ID: SA11AI.19967

Amount of Each Receipt this Period

600.00

C.

Full Name (Last, First, Middle Initial)

John Burns

Mailing Address 10 West Stillforest

City

Houston

State

TX

Zip Code

77024

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.20746

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1050.00

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 / 93

(check only one)

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

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NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)

Jack Buzbee

Mailing Address 200 E Douglas St

City

De Soto

State

IL

Zip Code

62924

FEC ID number of contributing
federal political committee.

C

Name of Employer
noneOccupation
retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

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

Transaction ID: SA11AI.19883

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

Carolina Casperson

Mailing Address 522 North State Rd. suite 102

City

Briarcliff Manor

State

NY

Zip Code

10510

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfOccupation
singer songwriter

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.20786

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Carolina Casperson

Mailing Address 522 North State Rd. suite 102

City

Briarcliff Manor

State

NY

Zip Code

10510

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfOccupation
singer songwriter

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.20822

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 13 / 93

(check only one)

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

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NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)

Carolina Casperson

Mailing Address 522 North State Rd. suite 102

City

Briarcliff Manor

State

NY

Zip Code

10510

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

singer songwriter

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

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

Transaction ID: SA11AI.20587

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Carolina Casperson

Mailing Address 522 North State Rd. suite 102

City

Briarcliff Manor

State

NY

Zip Code

10510

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

singer songwriter

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

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

Transaction ID: SA11AI.20453

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Carolina Casperson

Mailing Address 522 North State Rd. suite 102

City

Briarcliff Manor

State

NY

Zip Code

10510

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

singer songwriter

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

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

Transaction ID: SA11AI.20340

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

175.00

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 / 93

(check only one)

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

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NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)

John Chilton

Mailing Address 14804 Lake Forest Dr.

City

Dallas

State

TX

Zip Code

75254

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Rancher

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.21281

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

randall clark

Mailing Address 12519 sandstone run

City

carmel

State

IN

Zip Code

46033

FEC ID number of contributing
federal political committee.

C

Name of Employer
Windsor Group LTD

Occupation
CFP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.20845

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Greg Clements

Mailing Address 507 W Dalton Dr

City

Round Lake

State

IL

Zip Code

60073

FEC ID number of contributing
federal political committee.

C

Name of Employer
Grainger

Occupation
Program Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.20133

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

600.00

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 / 93

(check only one)

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

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NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)

Ralph Clinard

Mailing Address 3306Chartreuse Way

City

Houston

State

TX

Zip Code

77082

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

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

Transaction ID: SA11AI.21288

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Ralph Clinard

Mailing Address 3306Chartreuse Way

City

Houston

State

TX

Zip Code

77082

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

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

Transaction ID: SA11AI.21158

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Ralph Clinard

Mailing Address 3306Chartreuse Way

City

Houston

State

TX

Zip Code

77082

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

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

Transaction ID: SA11AI.21179

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

125.00

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 / 93

(check only one)

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

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NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)

Ralph Clinard

Mailing Address 3306Chartreuse Way

City

Houston

State

TX

Zip Code

77082

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation
Retired

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

900.00

Date of Receipt

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

Transaction ID: SA11AI.20562

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Ralph Clinard

Mailing Address 3306Chartreuse Way

City

Houston

State

TX

Zip Code

77082

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation
Retired

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

950.00

Date of Receipt

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

Transaction ID: SA11AI.20502

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Ralph Clinard

Mailing Address 3306Chartreuse Way

City

Houston

State

TX

Zip Code

77082

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation
Retired

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

975.00

Date of Receipt

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

Transaction ID: SA11AI.20445

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 17 / 93

(check only one)

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

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NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)

Ralph Clinard

Mailing Address 3306 Chartreuse Way

City

Houston

State

TX

Zip Code

77082

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1025.00

Date of Receipt

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

Transaction ID: SA11AI.20149

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Kim Conant

Mailing Address 14735 Poway Mesa Dr.

City

Poway

State

CA

Zip Code

92064

FEC ID number of contributing
federal political committee.

C

Name of Employer
PUSD

Occupation
Ret. Teacher

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

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

Transaction ID: SA11AI.21395

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Kim Conant

Mailing Address 14735 Poway Mesa Dr.

City

Poway

State

CA

Zip Code

92064

FEC ID number of contributing
federal political committee.

C

Name of Employer
PUSD

Occupation
Ret. Teacher

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

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

Transaction ID: SA11AI.19991

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 18 / 93

(check only one)

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

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NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)

Patrick Davis

Mailing Address 2419 b fisk lane

City

Redondo Beach

State

CA

Zip Code

90278

FEC ID number of contributing
federal political committee.

C

Name of Employer
Patrick C. Davis, CLU

Occupation

Insurance Sales

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: SA11AI.19813

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Richard Davis

Mailing Address 10213 Wendover Drive

City

Vienna

State

VA

Zip Code

22181

FEC ID number of contributing
federal political committee.

C

Name of Employer
NA

Occupation

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.21441

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

salvatore de Maria

Mailing Address 1713 West Vista Way

City

vista

State

CA

Zip Code

92083

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

self

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 0 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.21104

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 19 / 93

(check only one)

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

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NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)

Ermilo Dilley

Mailing Address 5404 Hidden Oaks Lane

City

Arlington

State

TX

Zip Code

76017

FEC ID number of contributing
federal political committee.

C

Name of Employer
TPCCC

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.21181

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Peter Durfee

Mailing Address 45 Deerfield Drive

City

Scituate

State

RI

Zip Code

02857

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Beacon Mutual Insurance
Company

Occupation
Accountant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.19901

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

James Edwards

Mailing Address 801 South Garner Street

City

State College

State

PA

Zip Code

16801

FEC ID number of contributing
federal political committee.

C

Name of Employer
Clearfield Hospital

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

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

Transaction ID: SA11AI.20846

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

600.00

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 / 93

(check only one)

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

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NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)

Nancy Engle

Mailing Address 408 Kelly Plantation Rd

City

State

Zip Code

Destin

FL

32541

FEC ID number of contributing
federal political committee.

C

Name of Employer
commercial real estate

Occupation
self

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: SA11AI.21276

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Herb Fair

Mailing Address 7816 E. San Miguel Ave

City

State

Zip Code

Scottsdale

AZ

85250

FEC ID number of contributing
federal political committee.

C

Name of Employer
Restaurant Profit Managem-
ent Services.

Occupation
Consultant

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.20625

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Marilyn Faust

Mailing Address 123 Montclair

City

State

Zip Code

Beaumont

TX

77707

FEC ID number of contributing
federal political committee.

C

Name of Employer
substitute

Occupation
teacher

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.25

Date of Receipt

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

Transaction ID: SA11AI.20177

Amount of Each Receipt this Period

30.25

SUBTOTAL of Receipts This Page (optional)

530.25

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 / 93

(check only one)

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

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NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)

Mary Lee Fleischer

Mailing Address 501 Herondo Street

City

Hermosa Beach

State

CA

Zip Code

90254

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Advocate Legal Search

Occupation

Legal Recruiter

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.19978

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Richard Frachtman

Mailing Address 11530 Raintree Cir

City

Houston

State

TX

Zip Code

77024

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

MD

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.21614

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Donald Frye

Mailing Address 12 Gage Ct.

City

Houston

State

TX

Zip Code

77024

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Geophysicist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: SA11AI.20369

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 22 / 93

(check only one)

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

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NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)

Linda Gilchrist

Mailing Address 190 W Continental Rd

City

Green Valley

State

AZ

Zip Code

85622

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 ▼

225.00

Date of Receipt

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

Transaction ID: SA11AI.21008

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

LEYLA GILES

Mailing Address 4142 W 175 ST

City

TORRANCE

State

CA

Zip Code

90504

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation
N/A

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.20627

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Gloria Gill

Mailing Address 767 Rocky Branch Lane

City

Evans

State

GA

Zip Code

30809

FEC ID number of contributing
federal political committee.

C

Name of Employer
Club Car

Occupation
Editor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

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

Transaction ID: SA11AI.20598

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

375.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 23 / 93

(check only one)

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

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NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)

Gloria Gill

Mailing Address 767 Rocky Branch Lane

City

Evans

State

GA

Zip Code

30809

FEC ID number of contributing
federal political committee.

C

Name of Employer
Club Car

Occupation
Editor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

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

Transaction ID: SA11AI.19739

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

arthur girton

Mailing Address 407 avenue of the states

City

chester

State

PA

Zip Code

19013

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.20332

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Karen Glasscock

Mailing Address 1913 Yellowstone Dr

City

Lampasas

State

TX

Zip Code

76550

FEC ID number of contributing
federal political committee.

C

Name of Employer
State Comptroller's Office

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.21045

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 93

(check only one)

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

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NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)

Ralph Goehring

Mailing Address 10900 Rockridge Way

City

Bakersfield

State

CA

Zip Code

93311

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.20048

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Richard Graf

Mailing Address 17 Bromley Tr

City

Flemington

State

NJ

Zip Code

08822

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coldwell Banker

Occupation
Realtor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: SA11AI.19734

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Teresa Graham

Mailing Address 5143 NE Laurelcres Lane

City

Seattle

State

WA

Zip Code

98105

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Business owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.20629

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

600.00

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 / 93

(check only one)

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

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NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)

Michael Gully

Mailing Address 1406 North 54th Street

City

Quincy

State

IL

Zip Code

62305

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gully Transportation

Occupation

Vice-President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.20399

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

John Haesler

Mailing Address 24 San Ramon

City

Irvine

State

CA

Zip Code

92612

FEC ID number of contributing
federal political committee.

C

Name of Employer
CoreLink

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.20917

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Hal Haltom

Mailing Address 1510 Harness Oaks

City

Houston

State

TX

Zip Code

77077

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 ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.19871

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

550.00

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 / 93

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

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NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)

Edward Harhager

Mailing Address 15485 Wooster St. N.W.

City

North Lawrence

State

OH

Zip Code

44666

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sonoco Packaging Co.

Occupation

Manufacturing Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.20610

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Brent Harris

Mailing Address 5804 N 160th Ave

City

Omaha

State

NE

Zip Code

68116

FEC ID number of contributing
federal political committee.

C

Name of Employer
Acorn Plumbing

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: SA11AI.19514

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Carol Harris

Mailing Address 2046 Brookhaven Ave

City

Placenta

State

CA

Zip Code

92870

FEC ID number of contributing
federal political committee.

C

Name of Employer
RLH Industries, Inc.

Occupation

Credit Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.19504

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

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

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

WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)

Lee Holmes

Mailing Address 530 W. O'Brien Dr.

City

Hagatna

State

GU

Zip Code

96910

FEC ID number of contributing
federal political committee.

C

Name of Employer
SOUTHERN MEDIA, INC.

Occupation
manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6000.00

Date of Receipt

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

Transaction ID: SA11AI.20615

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Bill Horn

Mailing Address 8420 Gladys court

City

Fort Worth

State

TX

Zip Code

76116

FEC ID number of contributing
federal political committee.

C

Name of Employer
Horn ranch

Occupation
Self

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.20446

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Heidi Hurst-Hobbs

Mailing Address 701 W Jackson, #503

City

Chicago

State

IL

Zip Code

60661

FEC ID number of contributing
federal political committee.

C

Name of Employer
BP

Occupation
Ops Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.20450

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2050.00

TOTAL This Period (last page this line number only)

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

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

WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)

Marc Iverson

Mailing Address 6037 Sharon Rd

City

Charlotte

State

NC

Zip Code

28210

FEC ID number of contributing
federal political committee.

C

Name of Employer
none

Occupation
disabled

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

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

Transaction ID: SA11AI.21233

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Marc Iverson

Mailing Address 6037 Sharon Rd

City

Charlotte

State

NC

Zip Code

28210

FEC ID number of contributing
federal political committee.

C

Name of Employer
none

Occupation
disabled

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

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

Transaction ID: SA11AI.20612

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Michelle Joanou

Mailing Address 5663 Bramblewood R.

City

La Canada

State

CA

Zip Code

91011

FEC ID number of contributing
federal political committee.

C

Name of Employer
NA

Occupation
retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: SA11AI.20918

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

2100.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)
brice jones

Mailing Address po box 971

City State Zip Code
ross CA 94957

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
farmer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.20906

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)
brice jones

Mailing Address po box 971

City State Zip Code
ross CA 94957

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
farmer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.20912

Amount of Each Receipt this Period

500.00

C.

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

Mailing Address 411 W. Wellons St.

City State Zip Code
Smithfield NC 27577

FEC ID number of contributing
federal political committee.

C

Name of Employer
Stallings Insurance

Occupation
insurance agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

355.00

Date of Receipt

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

Transaction ID: SA11AI.21304

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

1025.00

TOTAL This Period (last page this line number only)

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)

Christopher Jones

Mailing Address 411 W. Wellons St.

City

Smithfield

State

NC

Zip Code

27577

FEC ID number of contributing
federal political committee.

C

Name of Employer
Stallings Insurance

Occupation

insurance agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

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

Transaction ID: SA11AI.21213

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Christopher Jones

Mailing Address 411 W. Wellons St.

City

Smithfield

State

NC

Zip Code

27577

FEC ID number of contributing
federal political committee.

C

Name of Employer
Stallings Insurance

Occupation

insurance agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Date of Receipt

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

Transaction ID: SA11AI.20875

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Christopher Jones

Mailing Address 411 W. Wellons St.

City

Smithfield

State

NC

Zip Code

27577

FEC ID number of contributing
federal political committee.

C

Name of Employer
Stallings Insurance

Occupation

insurance agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

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

Transaction ID: SA11AI.20520

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

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

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

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NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)

Christopher Jones

Mailing Address 411 W. Wellons St.

City

Smithfield

State

NC

Zip Code

27577

FEC ID number of contributing
federal political committee.

C

Name of Employer
Stallings Insurance

Occupation

insurance agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

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

Transaction ID: SA11AI.19892

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Christopher Jones

Mailing Address 411 W. Wellons St.

City

Smithfield

State

NC

Zip Code

27577

FEC ID number of contributing
federal political committee.

C

Name of Employer
Stallings Insurance

Occupation

insurance agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

505.00

Date of Receipt

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

Transaction ID: SA11AI.19742

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Neil Kadisha

Mailing Address 9420 Wilshire Blvd #400

City

Beverly Hills

State

CA

Zip Code

90212

FEC ID number of contributing
federal political committee.

C

Name of Employer
OMNINET CAPITAL

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.21550

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1075.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)

Karl Kail

Mailing Address 85 Eastpoint Road

City

Montrose

State

PA

Zip Code

18801

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.21457

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Karl Kail

Mailing Address 85 Eastpoint Road

City

Montrose

State

PA

Zip Code

18801

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: SA11AI.20341

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

James Kilpatrick

Mailing Address 3801 Manchaca # 56

City

Austin

State

TX

Zip Code

78704

FEC ID number of contributing
federal political committee.

C

Name of Employer
retired

Occupation
retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.20687

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

225.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)

Thomas Lancaster

Mailing Address 605 San Elijo St.

City

San Diego

State

CA

Zip Code

92106

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 ▼

550.00

Date of Receipt

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

Transaction ID: SA11AI.20359

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Charles Lax

Mailing Address 909 Belvoir Circle

City

Newport News

State

VA

Zip Code

23608

FEC ID number of contributing
federal political committee.

C

Name of Employer
Metro Machine Corp

Occupation
computer analyst

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

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

Transaction ID: SA11AI.21403

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Charles Lax

Mailing Address 909 Belvoir Circle

City

Newport News

State

VA

Zip Code

23608

FEC ID number of contributing
federal political committee.

C

Name of Employer
Metro Machine Corp

Occupation
computer analyst

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID: SA11AI.20214

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

295.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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

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NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)

Charles Lax

Mailing Address 909 Belvoir Circle

City

Newport News

State

VA

Zip Code

23608

FEC ID number of contributing
federal political committee.

C

Name of Employer
Metro Machine Corp

Occupation

computer analyst

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

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

Transaction ID: SA11AI.19758

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Dwight Lowell

Mailing Address 901 Cima del Mundo Rd.

City

Montecito

State

CA

Zip Code

93108

FEC ID number of contributing
federal political committee.

C

Name of Employer
NA

Occupation

retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: SA11AI.20913

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Don MacDougall

Mailing Address 5 Beard Way

City

Wellesley

State

MA

Zip Code

02482

FEC ID number of contributing
federal political committee.

C

Name of Employer
Adage

Occupation

Equity Analyst

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.20318

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

375.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)

Gary McGuinness

Mailing Address 21 Bayberry Road

City

Groton

State

MA

Zip Code

01450

FEC ID number of contributing
federal political committee.

C

Name of Employer
Textron

Occupation
Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.19787

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Clifton McWilliams

Mailing Address 7502 Waning Star Court

City

Spring

State

TX

Zip Code

77379

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dew Point Contol, LLC

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.19581

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Donna Moore

Mailing Address 7314 Toulon Dr

City

Houston

State

TX

Zip Code

77074

FEC ID number of contributing
federal political committee.

C

Name of Employer
NA

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

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

Transaction ID: SA11AI.20108

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

375.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

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

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NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)

Lora Mowat

Mailing Address PO Box 8414

City

South Lake Tahoe

State

CA

Zip Code

96158

FEC ID number of contributing
federal political committee.

C

Name of Employer
Chase Int'l South Tahoe
Realty

Occupation

Office Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.20851

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Carroll Mueller

Mailing Address 2800 Mason Ave.

City

Las Vegas

State

NV

Zip Code

89102

FEC ID number of contributing
federal political committee.

C

Name of Employer
retired

Occupation

teacher

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: SA11AI.20387

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

pat murphy

Mailing Address w267 n2899 woodland dr.

City

pewaukee

State

WI

Zip Code

53072

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.20195

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

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

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

WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)

pat murphy

Mailing Address w267 n2899 woodland dr.

City

pewaukee

State

WI

Zip Code

53072

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: SA11AI.19625

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Thomas Murphy

Mailing Address P. O. Box 301

City

Boxford

State

MA

Zip Code

01921

FEC ID number of contributing
federal political committee.

C

Name of Employer
na

Occupation
na

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

398.00

Date of Receipt

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

Transaction ID: SA11AI.21248

Amount of Each Receipt this Period

199.00

C.

Full Name (Last, First, Middle Initial)

Al Nader

Mailing Address 3519 Rodesco Ct SE

City

Puyallup

State

WA

Zip Code

98374

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
None

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.21122

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

549.00

TOTAL This Period (last page this line number only)

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

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

WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)

Don Naeve

Mailing Address 1230 Eastwick Circle

City

Murphy

State

TX

Zip Code

75094

FEC ID number of contributing
federal political committee.

C

Name of Employer
retired

Occupation
retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.20931

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Don Naeve

Mailing Address 1230 Eastwick Circle

City

Murphy

State

TX

Zip Code

75094

FEC ID number of contributing
federal political committee.

C

Name of Employer
retired

Occupation
retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.20702

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Don Nester

Mailing Address 4803 Lindale

City

Wichita Falls

State

TX

Zip Code

76310

FEC ID number of contributing
federal political committee.

C

Name of Employer
ConocoPhillips

Occupation
Pipeline Specialist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.20189

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

350.00

TOTAL This Period (last page this line number only)

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

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

WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)

David Partain

Mailing Address 1604 South Adams Avenue

City

Roswell

State

NM

Zip Code

88203

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eastern New Mexico Univer-
sity- Roswell

Occupation

retired military/university instructor

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 0 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.21439

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

Sandra Patnovic

Mailing Address 317 Delaware Circle

City

Newark

State

DE

Zip Code

19711

FEC ID number of contributing
federal political committee.

C

Name of Employer
Summit Industrial Corpora-
tion

Occupation

Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.21308

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Marie Therese Pero

Mailing Address 3037 122nd Pl. NE

City

Bellevue

State

WA

Zip Code

98005

FEC ID number of contributing
federal political committee.

C

Name of Employer
retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

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

Transaction ID: SA11AI.21133

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

475.00

TOTAL This Period (last page this line number only)

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

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

WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)

James Perry

Mailing Address 206 SE 10th Terr

City

Ft.Lauderdale

State

FL

Zip Code

33301

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

retired neurologist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: SA11AI.20043

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Orlin Rajala

Mailing Address 23905 Clinton Keith Rd.

City

Wildomar

State

CA

Zip Code

92595

FEC ID number of contributing
federal political committee.

C

Name of Employer
retired

Occupation

retired

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.20634

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

James Ricketts

Mailing Address 2 Little Harbor Way

City

Annapolis

State

MD

Zip Code

21403

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation

N/A

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.20311

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1275.00

TOTAL This Period (last page this line number only)

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

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

WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)

christopher robert

Mailing Address 535 fox hill road

City

bernardston

State

MA

Zip Code

01337

FEC ID number of contributing
federal political committee.

C

Name of Employer
new chapter, inc.

Occupation

sales management

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.20295

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

John Rose

Mailing Address 7261 Gold Creek Way

City

San Jose

State

CA

Zip Code

95120

FEC ID number of contributing
federal political committee.

C

Name of Employer
Oracle

Occupation

engineer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.19953

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

Bradley Rowan

Mailing Address 1318 Morgan Circle

City

Canonsburg

State

PA

Zip Code

15317

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dell, Inc

Occupation

programmer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

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

Transaction ID: SA11AI.21295

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)

410.00

TOTAL This Period (last page this line number only)

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

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

WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)

Geral Sartwell

Mailing Address 4313 Baywood way

City

Sacramento

State

CA

Zip Code

95864

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: SA11AI.19574

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Robert Schmucker

Mailing Address 116 Deer Track Court

City

Warner Robins

State

GA

Zip Code

31088

FEC ID number of contributing
federal political committee.

C

Name of Employer
n/a

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

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

Transaction ID: SA11AI.20309

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Martin Silver

Mailing Address 134 Hidden Ponds Cir

City

Smithtown

State

NY

Zip Code

11787

FEC ID number of contributing
federal political committee.

C

Name of Employer
na

Occupation
na

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.21566

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

400.00

TOTAL This Period (last page this line number only)

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

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

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NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)

Emerson Snider

Mailing Address 4200 Mary Walk

City

Norcross

State

GA

Zip Code

30092

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emerson Snider & Associat-
es, LLC

Occupation

JDE Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

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

Transaction ID: SA11AI.20950

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Emerson Snider

Mailing Address 4200 Mary Walk

City

Norcross

State

GA

Zip Code

30092

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emerson Snider & Associat-
es, LLC

Occupation

JDE Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

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

Transaction ID: SA11AI.20528

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Emerson Snider

Mailing Address 4200 Mary Walk

City

Norcross

State

GA

Zip Code

30092

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emerson Snider & Associat-
es, LLC

Occupation

JDE Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

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

Transaction ID: SA11AI.20306

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

70.00

TOTAL This Period (last page this line number only)

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

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

WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)

Emerson Snider

Mailing Address 4200 Mary Walk

City

Norcross

State

GA

Zip Code

30092

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emerson Snider & Associat-
es, LLC

Occupation

JDE Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

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

Transaction ID: SA11AI.19788

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

David Sondheimer

Mailing Address 28190 Hiwall Court

City

Csastle Rock

State

CO

Zip Code

80109

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Lawyer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.20926

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Jeffrey Spragens

Mailing Address 7426 Fisher Island Dr.

City

Fisher Island

State

FL

Zip Code

33109

FEC ID number of contributing
federal political committee.

C

Name of Employer
SafeStitch Medical, Inc.

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.20421

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

525.00

TOTAL This Period (last page this line number only)

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

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

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

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NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)

Terry Spragens

Mailing Address PO Box 03133314

City

Sioux Falls

State

SD

Zip Code

57186

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

businessman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.20404

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

JUANITA STEWART

Mailing Address 1390 Ranch House Dr

City

Fairview

State

TX

Zip Code

75069

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.20699

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

JUANITA STEWART

Mailing Address 1390 Ranch House Dr

City

Fairview

State

TX

Zip Code

75069

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: SA11AI.20749

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 46 / 93

(check only one)

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

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NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)

Ruth Steyn

Mailing Address 3356 Whippoorwill Ln

City

Oxford

State

MS

Zip Code

38655

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.00

Date of Receipt

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

Transaction ID: SA11AI.20201

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

robert stoutenburg

Mailing Address 11610 bliven rd

City

bancroft

State

MI

Zip Code

48414

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.19540

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

George Strandmann

Mailing Address 2402 Pemberton Pkwy

City

Austin

State

TX

Zip Code

78703

FEC ID number of contributing
federal political committee.

C

Name of Employer
none

Occupation
none

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 0 / 2 1 / 2 0 1 0

Transaction ID: SA11AI.20501

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)

Alexander Stuckey

Mailing Address 2302 NW Harvard Walk

City

Bentonville

State

AR

Zip Code

72712

FEC ID number of contributing
federal political committee.

C

Name of Employer
none

Occupation
none

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.20181

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Richard Sungaila

Mailing Address 1827 Port Stanhope Pl

City

Newport Beach

State

CA

Zip Code

92660

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Real Estate & Property Managmnt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.20662

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Marilyn Taylor

Mailing Address 804 Tobaccoport Road

City

Bumpus Mills

State

TN

Zip Code

37028

FEC ID number of contributing
federal political committee.

C

Name of Employer
NA

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.21449

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)

Marilyn Taylor

Mailing Address 804 Tobaccoport Road

City

Bumpus Mills

State

TN

Zip Code

37028

FEC ID number of contributing
federal political committee.

C

Name of Employer
NA

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.21326

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

David Ter Horst

Mailing Address 220 Raintree Drive

City

Zionsville

State

IN

Zip Code

46077

FEC ID number of contributing
federal political committee.

C

Name of Employer
TLF Inc

Occupation
Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.20255

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Randy Thompson

Mailing Address 10204 Aurora Drive

City

Fort Worth

State

TX

Zip Code

76108

FEC ID number of contributing
federal political committee.

C

Name of Employer
NA

Occupation
NA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: SA11AI.20503

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)

Lucia Uihlein

Mailing Address 715 Lands End Drive

City State Zip Code

Longboat Key

FL 34228

FEC ID number of contributing
federal political committee.

C

Name of Employer
NA

Occupation
homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1550.00

Date of Receipt

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

Transaction ID: SA11AI.19917

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Bart Valls

Mailing Address 4370 E. Perry Pkwy.

City State Zip Code

Greenwood Village

CO 80121

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 ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.20681

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Sharon Waite

Mailing Address 8301 w Business HWY 83

City State Zip Code

Mission

TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Agriculture

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.19521

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)

George Webb

Mailing Address 129 Bell Pt.

City

Sneads Ferry

State

NC

Zip Code

28460

FEC ID number of contributing
federal political committee.

C

Name of Employer
Snoopy's Hot Dogs

Occupation
manager

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 0 / 1 4 / 2 0 1 0

Transaction ID: SA11AI.21312

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

Howard Weiss

Mailing Address 8355 Lakeside Dr

City

Reno

State

NV

Zip Code

89511

FEC ID number of contributing
federal political committee.

C

Name of Employer
NA

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.20487

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Jerry Welch

Mailing Address po box 545

City

Clark Fork

State

ID

Zip Code

83811

FEC ID number of contributing
federal political committee.

C

Name of Employer
retired

Occupation
pilot

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

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

Transaction ID: SA11AI.21091

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)

275.00

TOTAL This Period (last page this line number only)

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

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

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

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NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)

larry welch

Mailing Address po box 545

City

clark fork

State

ID

Zip Code

83811

FEC ID number of contributing
federal political committee.

C

Name of Employer
retired

Occupation
pilot

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

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

Transaction ID: SA11AI.20907

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

larry welch

Mailing Address po box 545

City

clark fork

State

ID

Zip Code

83811

FEC ID number of contributing
federal political committee.

C

Name of Employer
retired

Occupation
pilot

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

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

Transaction ID: SA11AI.20551

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Clare Wentworth

Mailing Address 4113 Santa Fe Trail

City

Dryden

State

MI

Zip Code

48428

FEC ID number of contributing
federal political committee.

C

Name of Employer
Thor Industries

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: SA11AI.20881

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

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

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

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NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)

Ronald Wilfer

Mailing Address 5599 Chena Hot Springs Rd

City

Fairbanks

State

AK

Zip Code

99712

FEC ID number of contributing
federal political committee.

C

Name of Employer
Burn Right Products, LLC

Occupation

Business owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.19599

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Aleta Marie Winterling

Mailing Address 5470 Robin Cir

City

Yorba Linda

State

CA

Zip Code

92866

FEC ID number of contributing
federal political committee.

C

Name of Employer
NA

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.21601

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Aleta Marie Winterling

Mailing Address 5470 Robin Cir

City

Yorba Linda

State

CA

Zip Code

92866

FEC ID number of contributing
federal political committee.

C

Name of Employer
NA

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: SA11AI.21602

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)

Aleta Marie Winterling

Mailing Address 5470 Robin Cir

City

Yorba Linda

State

CA

Zip Code

92866

FEC ID number of contributing
federal political committee.

C

Name of Employer
NA

Occupation

Homemaker

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.21607

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Paul Wittke

Mailing Address 935 Highland Point Dr.

City

Knoxville

State

TN

Zip Code

37919

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eye Care Centers, PLLC

Occupation

Physician

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: SA11AI.20519

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Andrew Woodgeard

Mailing Address 2061 E County Line Rd

City

Springfield

State

OH

Zip Code

45502

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation

N/A

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.20781

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

375.00

TOTAL This Period (last page this line number only)

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

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

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NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)

David Youberg

Mailing Address 215 S. 10th st.

City

Sac City

State

IA

Zip Code

50583

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Retired Physican

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.21283

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Rexford Young

Mailing Address 303 Old Lakeshore Rd #H-4

City

Gilford

State

NH

Zip Code

03249

FEC ID number of contributing
federal political committee.

C

Name of Employer
NA

Occupation

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.21632

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Shawn Younger

Mailing Address 1276 N. Wayne Street #200

City

Arlington

State

VA

Zip Code

22201

FEC ID number of contributing
federal political committee.

C

Name of Employer
Convergenz

Occupation

Developer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.20271

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 55 / 93

(check only one)

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

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NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)

Daniel Zucchi

Mailing Address 161 Locust Rd

City

Briarcliff Manor

State

NY

Zip Code

10510

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Media, Marketing, Communications

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: SA11AI.21309

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

28904.25

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 56 / 93

<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)

WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)

Kurt Azaroff

Mailing Address 1288 Fairhill Ln NE

City
ATLANTA

State
GA

Zip Code
30319

Purpose of Disbursement
Contract services

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.19405

Date of Disbursement

11 / 01 / 2010

Amount of Each Disbursement this Period

2000.00

B.

Full Name (Last, First, Middle Initial)

Best Buy

Mailing Address #1014

City
Sparks

State
NV

Zip Code
89436

Purpose of Disbursement
Video equipment

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.19372

Date of Disbursement

10 / 18 / 2010

Amount of Each Disbursement this Period

1344.38

C.

Full Name (Last, First, Middle Initial)

Blue Swarm LLC

Mailing Address 70 Broadway

City
Westford

State
MA

Zip Code
01886

Purpose of Disbursement
Web donation collection fees

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.21745

Date of Disbursement

11 / 22 / 2010

Amount of Each Disbursement this Period

5304.53

SUBTOTAL of Disbursements This Page (optional)

8648.91

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)

WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)

Charity Call LLC

Mailing Address 6204 W Utica St

City
Broken Arrow

State
OK

Zip Code
74011

Purpose of Disbursement
Web donation service

Candidate Name

003
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.19350

Date of Disbursement

10 / 22 / 2010

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Clifton Yin

Mailing Address 1410 North Quinn Street, #1

City
Arlington

State
VA

Zip Code
22209

Purpose of Disbursement
Contract services

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.19348

Date of Disbursement

11 / 01 / 2010

Amount of Each Disbursement this Period

600.00

C.

Full Name (Last, First, Middle Initial)

Continental Airlines

Mailing Address P.O. Box 4607

City
Houston

State
TX

Zip Code
77210

Purpose of Disbursement
Airline ticket

Candidate Name

002
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.19368

Date of Disbursement

10 / 18 / 2010

Amount of Each Disbursement this Period

475.40

SUBTOTAL of Disbursements This Page (optional)

2075.40

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)

WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)

Continental Airlines

Mailing Address P.O. Box 4607

City
Houston

State
TX

Zip Code
77210

Purpose of Disbursement
airline ticket

Candidate Name

002
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.19402

Date of Disbursement

11 / 01 / 2010

Amount of Each Disbursement this Period

525.30

B.

Full Name (Last, First, Middle Initial)

Days Inn

Mailing Address 4621 Shelbyville Road

City
Louisville

State
KY

Zip Code
40208

Purpose of Disbursement
Hotel room

Candidate Name

002
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.19355

Date of Disbursement

10 / 14 / 2010

Amount of Each Disbursement this Period

293.08

C.

Full Name (Last, First, Middle Initial)

FedEx

Mailing Address 3690 Research Way

City
Carson City

State
NV

Zip Code
89706

Purpose of Disbursement
Banner

Candidate Name

004
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.19361

Date of Disbursement

10 / 17 / 2010

Amount of Each Disbursement this Period

167.65

SUBTOTAL of Disbursements This Page (optional)

986.03

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)

WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)

FedEx

Mailing Address 3690 Research Way

City Carson City State NV Zip Code 89706

Purpose of Disbursement
postage

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.19373

Date of Disbursement

10 / 18 / 2010

Amount of Each Disbursement this Period

32.35

B.

Full Name (Last, First, Middle Initial)

FedEx

Mailing Address 3690 Research Way

City Carson City State NV Zip Code 89706

Purpose of Disbursement
postage

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.19386

Date of Disbursement

10 / 21 / 2010

Amount of Each Disbursement this Period

24.76

C.

Full Name (Last, First, Middle Initial)

FedEx

Mailing Address 3690 Research Way

City Carson City State NV Zip Code 89706

Purpose of Disbursement
postage

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.19394

Date of Disbursement

10 / 28 / 2010

Amount of Each Disbursement this Period

24.76

SUBTOTAL of Disbursements This Page (optional)

81.87

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)

WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)

FedEx

Mailing Address 3690 Research Way

City
Carson City

State
NV

Zip Code
89706

Purpose of Disbursement
postage

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.19395

Date of Disbursement

10 / 28 / 2010

Amount of Each Disbursement this Period

25.63

B.

Full Name (Last, First, Middle Initial)

FedEx

Mailing Address 3690 Research Way

City
Carson City

State
NV

Zip Code
89706

Purpose of Disbursement
postage

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.19396

Date of Disbursement

10 / 28 / 2010

Amount of Each Disbursement this Period

25.63

C.

Full Name (Last, First, Middle Initial)

FedEx

Mailing Address 3690 Research Way

City
Carson City

State
NV

Zip Code
89706

Purpose of Disbursement
postage

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.19397

Date of Disbursement

10 / 28 / 2010

Amount of Each Disbursement this Period

28.33

SUBTOTAL of Disbursements This Page (optional) ▶

79.59

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)

WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)

FedEx

Mailing Address 3690 Research Way

City Carson City State NV Zip Code 89706

Purpose of Disbursement
postage

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.19399

Date of Disbursement

11 / 01 / 2010

Amount of Each Disbursement this Period

27.46

B.

Full Name (Last, First, Middle Initial)

FedEx

Mailing Address 3690 Research Way

City Carson City State NV Zip Code 89706

Purpose of Disbursement
postage

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.19400

Date of Disbursement

11 / 01 / 2010

Amount of Each Disbursement this Period

28.33

C.

Full Name (Last, First, Middle Initial)

Innovative Networks Inc

Mailing Address 1811 Newman PI

City Carson City State NV Zip Code 89703

Purpose of Disbursement
Website hosting

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.19392

Date of Disbursement

10 / 23 / 2010

Amount of Each Disbursement this Period

326.85

SUBTOTAL of Disbursements This Page (optional)

382.64

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 62 / 93

<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)

WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)

Innovative Networks Inc

Mailing Address 1811 Newman Pl

City

Carson City

State

NV

Zip Code

89703

Purpose of Disbursement

website hosting and support

Candidate Name

001

Category/
Type

Office Sought:

☐ House

☐ Senate

☐ President

State:

District:

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

Transaction ID: SB21B.19418

Date of Disbursement

11 / 21 / 2010

Amount of Each Disbursement this Period

750.00

B.

Full Name (Last, First, Middle Initial)

Paul Jackson

Mailing Address 3870 Royer ct.

City

Reno

State

NV

Zip Code

89509

Purpose of Disbursement

Contract services

Candidate Name

001

Category/
Type

Office Sought:

☐ House

☐ Senate

☐ President

State:

District:

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

Transaction ID: SB21B.19362

Date of Disbursement

10 / 17 / 2010

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Nick Kump

Mailing Address 2806 Normington Drive

City

Sacramento

State

CA

Zip Code

95833

Purpose of Disbursement

Contract services

Candidate Name

001

Category/
Type

Office Sought:

☐ House

☐ Senate

☐ President

State:

District:

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

Transaction ID: SB21B.19407

Date of Disbursement

11 / 01 / 2010

Amount of Each Disbursement this Period

450.00

SUBTOTAL of Disbursements This Page (optional)

2200.00

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 63 / 93

<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)

WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)

Ace McClellan

Mailing Address 424 Sheep Camp Dr.

City Dayton State NV Zip Code 89403

Purpose of Disbursement
Contract services

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.19390

Date of Disbursement

10 / 23 / 2010

Amount of Each Disbursement this Period

490.00

B.

Full Name (Last, First, Middle Initial)

Paramount Communications Group

Mailing Address 525-K East Market St #114

City Leesburg State VA Zip Code 20176

Purpose of Disbursement
Email service

Candidate Name

003
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.19389

Date of Disbursement

10 / 23 / 2010

Amount of Each Disbursement this Period

3082.67

C.

Full Name (Last, First, Middle Initial)

Paramount Communications Group

Mailing Address 525-K East Market St #114

City Leesburg State VA Zip Code 20176

Purpose of Disbursement
Email service

Candidate Name

003
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.19346

Date of Disbursement

11 / 11 / 2010

Amount of Each Disbursement this Period

3848.79

SUBTOTAL of Disbursements This Page (optional)

7421.46

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 64 / 93

<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)

WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)

PayPal

Mailing Address 2211 N. First Street

City
San Jose

State
CA

Zip Code
95131

Purpose of Disbursement
Web donation collection fees

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.21746

Date of Disbursement

11 / 22 / 2010

Amount of Each Disbursement this Period

695.52

B.

Full Name (Last, First, Middle Initial)

Bryan Shroyer

Mailing Address 2806 Normington Drive

City
Sacramento

State
CA

Zip Code
95833

Purpose of Disbursement
per diem

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.19375

Date of Disbursement

10 / 19 / 2010

Amount of Each Disbursement this Period

600.00

C.

Full Name (Last, First, Middle Initial)

Bryan Shroyer

Mailing Address 2806 Normington Drive

City
Sacramento

State
CA

Zip Code
95833

Purpose of Disbursement
Contract services

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.19404

Date of Disbursement

11 / 01 / 2010

Amount of Each Disbursement this Period

3500.00

SUBTOTAL of Disbursements This Page (optional) ►

4795.52

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 65 / 93

<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)

WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)

Southwest Airlines

Mailing Address P.O. Box 36647 - 1CR

City State Zip Code
Dallas TX 75235

Purpose of Disbursement

Airline ticket

Candidate Name

002

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.19370

Date of Disbursement

10 / 18 / 2010

Amount of Each Disbursement this Period

497.10

B.

Full Name (Last, First, Middle Initial)

Southwest Airlines

Mailing Address P.O. Box 36647 - 1CR

City State Zip Code
Dallas TX 75235

Purpose of Disbursement

Airline ticket

Candidate Name

002

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.19388

Date of Disbursement

10 / 22 / 2010

Amount of Each Disbursement this Period

178.70

C.

Full Name (Last, First, Middle Initial)

Southwest Airlines

Mailing Address P.O. Box 36647 - 1CR

City State Zip Code
Dallas TX 75235

Purpose of Disbursement

Airline ticket

Candidate Name

002

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.19398

Date of Disbursement

10 / 29 / 2010

Amount of Each Disbursement this Period

851.10

SUBTOTAL of Disbursements This Page (optional)

1526.90

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 66 / 93

<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)

WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)

Southwest Airlines

Mailing Address P.O. Box 36647 - 1CR

City Dallas State TX Zip Code 75235

Purpose of Disbursement
airline ticket

Candidate Name

002
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.19401

Date of Disbursement

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

Amount of Each Disbursement this Period

433.40

B.

Full Name (Last, First, Middle Initial)

Dustin Stockton

Mailing Address 5549 Knoll View Way

City Sparks State NV Zip Code 89436

Purpose of Disbursement
per diem

Candidate Name

002
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.19360

Date of Disbursement

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

Amount of Each Disbursement this Period

400.00

C.

Full Name (Last, First, Middle Initial)

Dustin Stockton

Mailing Address 5549 Knoll View Way

City Sparks State NV Zip Code 89436

Purpose of Disbursement
Salary

Candidate Name

001
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.19411

Date of Disbursement

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

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional)

2333.40

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 67 / 93

<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)

WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)

Dustin Stockton

Mailing Address 5549 Knoll View Way

City Sparks State NV Zip Code 89436

Purpose of Disbursement
travel expenses

Candidate Name

002
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.19409

Date of Disbursement

11 / 01 / 2010

Amount of Each Disbursement this Period

1500.00

B.

Full Name (Last, First, Middle Initial)

Dustin Stockton

Mailing Address 5549 Knoll View Way

City Sparks State NV Zip Code 89436

Purpose of Disbursement
travel per diem

Candidate Name

002
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.19347

Date of Disbursement

11 / 08 / 2010

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Thrifty Car Rental

Mailing Address 2805 Taylorsville Road

City Louisville State KY Zip Code 40205

Purpose of Disbursement
Car rental

Candidate Name

002
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.19358

Date of Disbursement

10 / 15 / 2010

Amount of Each Disbursement this Period

368.12

SUBTOTAL of Disbursements This Page (optional)

2868.12

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 68 / 93

<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)

WESTERN REPRESENTATION PAC

A. Full Name (Last, First, Middle Initial) Tristate Odyssey	Transaction ID: SB21B.19378 Date of Disbursement																				
Mailing Address 1817 N Stewart St	<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>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	0		2	0	1	0												
City Carson City State NV Zip Code 89706	Amount of Each Disbursement this Period																				
Purpose of Disbursement Staffing service Candidate Name	<table border="1"> <tr> <td colspan="10">12217.57</td> </tr> </table>	12217.57																			
12217.57																					
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) Tristate Odyssey	Transaction ID: SB21B.19414 Date of Disbursement																				
Mailing Address 1817 N Stewart St	<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>1</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	3		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		0	3		2	0	1	0												
City Carson City State NV Zip Code 89706	Amount of Each Disbursement this Period																				
Purpose of Disbursement staffing services Candidate Name	<table border="1"> <tr> <td colspan="10">3481.02</td> </tr> </table>	3481.02																			
3481.02																					
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) Tristate Odyssey	Transaction ID: SB21B.19345 Date of Disbursement																				
Mailing Address 1817 N Stewart St	<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>1</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	8		2	0	1	0												
City Carson City State NV Zip Code 89706	Amount of Each Disbursement this Period																				
Purpose of Disbursement Staffing Service Candidate Name	<table border="1"> <tr> <td colspan="10">8472.78</td> </tr> </table>	8472.78																			
8472.78																					
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)

24171.37

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)

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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)

WESTERN REPRESENTATION PAC

A. Full Name (Last, First, Middle Initial) Trump Las Vegas	Transaction ID: SB21B.19412 Date of Disbursement																				
Mailing Address 2000 N Fashion Show 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>1</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		0	2		2	0	1	0												
City Las Vegas State NV Zip Code 89109	Amount of Each Disbursement this Period																				
Purpose of Disbursement Hotel rooms for election return function Candidate Name	<table border="1"> <tr> <td colspan="10">1325.08</td> </tr> </table>	1325.08																			
1325.08																					
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) US Airways	Transaction ID: SB21B.19364 Date of Disbursement																				
Mailing Address 4000 E. Sky Harbor Blvd.	<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>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	8		2	0	1	0												
City Phoenix State AZ Zip Code 85034	Amount of Each Disbursement this Period																				
Purpose of Disbursement Airline ticket Candidate Name	<table border="1"> <tr> <td colspan="10">335.40</td> </tr> </table>	335.40																			
335.40																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) US Airways	Transaction ID: SB21B.19374 Date of Disbursement																				
Mailing Address 4000 E. Sky Harbor Blvd.	<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>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	9		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	9		2	0	1	0												
City Phoenix State AZ Zip Code 85034	Amount of Each Disbursement this Period																				
Purpose of Disbursement Airline ticket Candidate Name	<table border="1"> <tr> <td colspan="10">190.00</td> </tr> </table>	190.00																			
190.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

1850.48

TOTAL This Period (last page this line number only)

59421.69

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)

SEAN D BIELAT

Mailing Address 22 JAMES ST #4

City
BROOKLINE

State
MA

Zip Code
02446

Purpose of Disbursement
contribution

Candidate Name
SEAN D BIELAT

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: MA District: 04

Transaction ID: SB23.19300

Date of Disbursement

10 / 28 / 2010

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

WILLIAM JOHN JR HUDAK

Mailing Address 165 HERRICK ROAD

City
BOXFORD

State
MA

Zip Code
01921

Purpose of Disbursement
contribution

Candidate Name

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: MA District: 06

Transaction ID: SB23.19270

Date of Disbursement

10 / 24 / 2010

Amount of Each Disbursement this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

MARTIN A LAMB

Mailing Address 57 WINGATE ROAD

City
HOLLISTON

State
MA

Zip Code
01746

Purpose of Disbursement
contribution

Candidate Name

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: MA District: 03

Transaction ID: SB23.19269

Date of Disbursement

10 / 24 / 2010

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

7000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 71 / 93

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" 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)

WESTERN REPRESENTATION PAC

A.

Full Name (Last, First, Middle Initial)

Lee Holmes

Mailing Address 530 W. O'Brien Dr.

City
HagatnaState
GUZip Code
96910Purpose of Disbursement
Refund of excess contributions

Candidate Name

010

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB28A.19377

Date of Disbursement

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

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

Allen Simon

Mailing Address 1383 N Criss St

City
ChandlerState
AZZip Code
85226Purpose of Disbursement
Refund of excess contribution

Candidate Name

010

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB28A.21744

Date of Disbursement

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

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

3500.00

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

PAGE 72 / 93

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WESTERN REPRESENTATION PAC		FEC IDENTIFICATION NUMBER ▼ C C00461772	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee 99.1 FM Talk		Date M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 1 0	
Mailing Address 1960 Idaho St		Amount 2200.00	
City State Zip Code Carson City NV 89701		Transaction ID: SE.19324	
Purpose of Expenditure radio ad		Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: SHARRON E ANGLE		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2010	
Full Name (Last, First, Middle, Initial) of Payee 99.1 FM Talk		Date M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 1 0	
Mailing Address 1960 Idaho St		Amount 1075.00	
City State Zip Code Carson City NV 89701		Transaction ID: SE.19343	
Purpose of Expenditure Radio ad		Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: SHARRON E ANGLE		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2010	
(a) SUBTOTAL of Itemized Independent Expenditures		3275.00	
(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.			
Roger Stockton Signature		Date M M / D D / Y Y Y Y 0 1 / 2 8 / 2 0 1 0	

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

PAGE 73 / 93

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WESTERN REPRESENTATION PAC		FEC IDENTIFICATION NUMBER C C00461772	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee AM 580 WTAG		Date M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 1 0	
Mailing Address 96 Stereo Lane		Amount 1890.00	
City Paxton State MA Zip Code 01612		Transaction ID: SE.16709	
Purpose of Expenditure Radio ad		Office Sought: <input checked="" type="checkbox"/> House State: MA <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: JIM MCGOVERN		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 2835.00		2010	
Full Name (Last, First, Middle, Initial) of Payee AM 580 WTAG		Date M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 1 0	
Mailing Address 96 Stereo Lane		Amount 1575.00	
City Paxton State MA Zip Code 01612		Transaction ID: SE.19316	
Purpose of Expenditure radio ad		Office Sought: <input checked="" type="checkbox"/> House State: MA <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: JIM MCGOVERN		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 8818.25		2010	
(a) SUBTOTAL of Itemized Independent Expenditures		3465.00	
(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.			
Roger Stockton Signature		Date M M / D D / Y Y Y Y 0 1 / 2 8 / 2 0 1 0	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WESTERN REPRESENTATION PAC		FEC IDENTIFICATION NUMBER ▼ C C00461772	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee AM 830 WCRN		Date M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 1 0	
Mailing Address 82 Franklin Street		Amount 945.00	
City Worcester State MA Zip Code 01608		Transaction ID: SE.16708	
Purpose of Expenditure Radio ad		Office Sought: <input checked="" type="checkbox"/> House State: MA <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: JIM MCGOVERN		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2010	
945.00			
Full Name (Last, First, Middle, Initial) of Payee AM 830 WCRN		Date M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 1 0	
Mailing Address 82 Franklin Street		Amount -105.00	
City Worcester State MA Zip Code 01608		Transaction ID: SE.19381	
Purpose of Expenditure Credit for ads not run		Office Sought: <input checked="" type="checkbox"/> House State: MA <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: JIM MCGOVERN		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2010	
4557.00			
(a) SUBTOTAL of Itemized Independent Expenditures		840.00	
(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.			
Roger Stockton Signature		Date M M / D D / Y Y Y Y 0 1 / 2 8 / 2 0 1 0	

B. Form/Schedule : **SE**

Original ad buy on 10/18 for \$945.00. Due to lack of airtime, station billed \$840.00

Transaction ID : **SE.19381**

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WESTERN REPRESENTATION PAC		FEC IDENTIFICATION NUMBER ▼ C C00461772	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee AM 830 WCRN		Date M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 1 0	
Mailing Address 82 Franklin Street		Amount 1400.00	
City Worcester State MA Zip Code 01608		Transaction ID: SE.19314	
Purpose of Expenditure radio ad		Office Sought: <input checked="" type="checkbox"/> House State: MA <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: JIM MCGOVERN		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2010	
6354.25			
Full Name (Last, First, Middle, Initial) of Payee CBS Radio - NEWSRADIO 840 KXNT		Date M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 1 0	
Mailing Address 6655 W. Sahara Ave. Suite D-110		Amount 600.00	
City Las Vegas State NV Zip Code 89146		Transaction ID: SE.15601	
Purpose of Expenditure radio as		Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: SHARRON E ANGLE		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2010	
101200.60			
(a) SUBTOTAL of Itemized Independent Expenditures		2000.00	
(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.			
Roger Stockton Signature		Date M M / D D / Y Y Y Y 0 1 / 2 8 / 2 0 1 0	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WESTERN REPRESENTATION PAC		FEC IDENTIFICATION NUMBER C C00461772	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee CBS Radio - NEWSRADIO 840 KXNT		Date M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 1 0	
Mailing Address 6655 W. Sahara Ave. Suite D-110		Amount 2000.00	
City State Zip Code Las Vegas NV 89146		Transaction ID: SE.15602	
Purpose of Expenditure Web banner ad		Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: SHARRON E ANGLE		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 104250.60		2010	
Full Name (Last, First, Middle, Initial) of Payee CBS Radio - NEWSRADIO 840 KXNT		Date M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 1 0	
Mailing Address 6655 W. Sahara Ave. Suite D-110		Amount 2130.00	
City State Zip Code Las Vegas NV 89146		Transaction ID: SE.16441	
Purpose of Expenditure radio ad		Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: SHARRON E ANGLE		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 121380.60		2010	
(a) SUBTOTAL of Itemized Independent Expenditures		4130.00	
(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.			
Roger Stockton Signature		Date M M / D D / Y Y Y Y 0 1 / 2 8 / 2 0 1 0	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WESTERN REPRESENTATION PAC		FEC IDENTIFICATION NUMBER C C00461772	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee CBS Radio - NEWSRADIO 840 KXNT		Date M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 1 0	
Mailing Address 6655 W. Sahara Ave. Suite D-110		Amount 1800.00	
City State Zip Code Las Vegas NV 89146		Transaction ID: SE.19265	
Purpose of Expenditure radio ad		Office Sought: <input checked="" type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: SHARRON E ANGLE		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2010	
Full Name (Last, First, Middle, Initial) of Payee CBS Radio - NEWSRADIO 840 KXNT		Date M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 1 0	
Mailing Address 6655 W. Sahara Ave. Suite D-110		Amount 2130.00	
City State Zip Code Las Vegas NV 89146		Transaction ID: SE.19310	
Purpose of Expenditure radio ad		Office Sought: <input checked="" type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: SHARRON E ANGLE		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2010	
(a) SUBTOTAL of Itemized Independent Expenditures		3930.00	
(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.			
Roger Stockton Signature		Date M M / D D / Y Y Y Y 0 1 / 2 8 / 2 0 1 0	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WESTERN REPRESENTATION PAC		FEC IDENTIFICATION NUMBER ▼ C C00461772	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee CBS Radio - NEWSRADIO 840 KXNT		Date <div style="display: flex; justify-content: space-between;"> <div>M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 1 0</div> </div>	
Mailing Address 6655 W. Sahara Ave. Suite D-110		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1800.00</div>	
<div style="display: flex; justify-content: space-between;"> <div>City Las Vegas</div> <div>State NV</div> <div>Zip Code 89146</div> </div>		Transaction ID: SE.19302	
Purpose of Expenditure radio ad		Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/ Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: SHARRON E ANGLE		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">130316.85</div>	

Full Name (Last, First, Middle, Initial) of Payee CBS Radio - NEWSRADIO 840 KXNT		Date <div style="display: flex; justify-content: space-between;"> <div>M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 1 0</div> </div>	
Mailing Address 6655 W. Sahara Ave. Suite D-110		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1800.00</div>	
<div style="display: flex; justify-content: space-between;"> <div>City Las Vegas</div> <div>State NV</div> <div>Zip Code 89146</div> </div>		Transaction ID: SE.19339	
Purpose of Expenditure radio ad		Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/ Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: SHARRON E ANGLE		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">132116.85</div>	

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; text-align: right;">3600.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; height: 20px;"></div>
(c) TOTAL Independent Expenditures	<div style="border: 1px solid black; height: 20px;"></div>

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.

Roger Stockton

Signature

Date

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

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WESTERN REPRESENTATION PAC		FEC IDENTIFICATION NUMBER C C00461772	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee CBS Radio - NEWSRADIO 840 KXNT		Date MM / DD / YYYY 11 / 01 / 2010	
Mailing Address 6655 W. Sahara Ave. Suite D-110		Amount 1445.00	
City State Zip Code Las Vegas NV 89146		Transaction ID: SE.19353	
Purpose of Expenditure Radio ad		Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: SHARRON E ANGLE		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2010	
Full Name (Last, First, Middle, Initial) of Payee Citadel Broadcasting		Date MM / DD / YYYY 10 / 14 / 2010	
Mailing Address 595 East Plumb Lane		Amount 1050.00	
City State Zip Code Reno NV 89502		Transaction ID: SE.15604	
Purpose of Expenditure radio ad		Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: SHARRON E ANGLE		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2010	
(a) SUBTOTAL of Itemized Independent Expenditures		2495.00	
(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.			
Roger Stockton Signature		Date MM / DD / YYYY 01 / 28 / 2010	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WESTERN REPRESENTATION PAC		FEC IDENTIFICATION NUMBER C C00461772	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Eagle Interactive		Date MM / DD / YYYY 10 / 21 / 2010	
Mailing Address 1 Massachusetts Ave NW		Amount 3960.00	
City State Zip Code Washington DC 20001		Transaction ID: SE.19274	
Purpose of Expenditure support email		Office Sought: <input checked="" type="checkbox"/> House State: MA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> Presidential	
Category/Type 003		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: BARNEY FRANK		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2010	
29201.18			
Full Name (Last, First, Middle, Initial) of Payee Facebook		Date MM / DD / YYYY 10 / 24 / 2010	
Mailing Address 1601 South California Avenue		Amount 250.00	
City State Zip Code Palo Alto CA 94304		Transaction ID: SE.19287	
Purpose of Expenditure ad		Office Sought: <input checked="" type="checkbox"/> House State: MA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: BARNEY FRANK		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2010	
49451.18			
(a) SUBTOTAL of Itemized Independent Expenditures		4210.00	
(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.			
Roger Stockton Signature		Date MM / DD / YYYY 01 / 28 / 2010	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WESTERN REPRESENTATION PAC		FEC IDENTIFICATION NUMBER C C00461772	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Facebook		Date MM / DD / YYYY 10 / 25 / 2010	
Mailing Address 1601 South California Avenue		Amount 250.00	
City State Zip Code Palo Alto CA 94304		Transaction ID: SE.19288	
Purpose of Expenditure ad		Office Sought: <input checked="" type="checkbox"/> House State: MA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: BARNEY FRANK		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2010	
49701.18			
Full Name (Last, First, Middle, Initial) of Payee Facebook		Date MM / DD / YYYY 10 / 26 / 2010	
Mailing Address 1601 South California Avenue		Amount 988.83	
City State Zip Code Palo Alto CA 94304		Transaction ID: SE.19289	
Purpose of Expenditure ad		Office Sought: <input checked="" type="checkbox"/> House State: MA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: BARNEY FRANK		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2010	
50690.01			
(a) SUBTOTAL of Itemized Independent Expenditures		1238.83	
(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.			
Roger Stockton Signature		Date MM / DD / YYYY 01 / 28 / 2010	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WESTERN REPRESENTATION PAC		FEC IDENTIFICATION NUMBER C C00461772	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Facebook		Date MM / DD / YYYY 10 / 26 / 2010	
Mailing Address 1601 South California Avenue		Amount 500.00	
City State Zip Code Palo Alto CA 94304		Transaction ID: SE.19290	
Purpose of Expenditure ad		Office Sought: <input checked="" type="checkbox"/> House State: MA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: BARNEY FRANK		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2010	
51190.01			
Full Name (Last, First, Middle, Initial) of Payee Facebook		Date MM / DD / YYYY 11 / 01 / 2010	
Mailing Address 1601 South California Avenue		Amount 192.30	
City State Zip Code Palo Alto CA 94304		Transaction ID: SE.19354	
Purpose of Expenditure Web ad		Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: SHARRON E ANGLE		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2010	
133754.15			
(a) SUBTOTAL of Itemized Independent Expenditures		692.30	
(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.			
Roger Stockton Signature		Date MM / DD / YYYY 01 / 28 / 2010	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WESTERN REPRESENTATION PAC		FEC IDENTIFICATION NUMBER C C00461772	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee KDOX-AM		Date MM / DD / YYYY 10 / 20 / 2010	
Mailing Address 150 Spectrum Blvd		Amount 1006.25	
City State Zip Code Las Vegas NV 89101		Transaction ID: SE.19256	
Purpose of Expenditure Radio ad		Office Sought: <input checked="" type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: SHARRON E ANGLE		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2010	
Full Name (Last, First, Middle, Initial) of Payee Michael Nystrom		Date MM / DD / YYYY 10 / 21 / 2010	
Mailing Address 93A Fairmont Street		Amount 2500.00	
City State Zip Code Arlington MA 02474		Transaction ID: SE.19276	
Purpose of Expenditure Ad creation		Office Sought: <input checked="" type="checkbox"/> House State: MA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: BARNEY FRANK		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2010	
(a) SUBTOTAL of Itemized Independent Expenditures		3506.25	
(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.			
Roger Stockton Signature		Date MM / DD / YYYY 01 / 28 / 2010	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WESTERN REPRESENTATION PAC		FEC IDENTIFICATION NUMBER C C00461772	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Reno Radio Representatives LLC		Date MM / DD / YYYY 11 / 02 / 2010	
Mailing Address 961 Matley Ln Ste. 120		Amount 700.00	
City State Zip Code Reno NV 89502		Transaction ID: SE.19344	
Purpose of Expenditure Radio ad		Office Sought: <input checked="" type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: SHARRON E ANGLE		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2010	
Full Name (Last, First, Middle, Initial) of Payee Rush Radio 1200 (WXKS-AM)		Date MM / DD / YYYY 10 / 18 / 2010	
Mailing Address 10 Cabot Road Suite 302		Amount 1827.00	
City State Zip Code Medford MA 02155		Transaction ID: SE.16710	
Purpose of Expenditure Radio ad		Office Sought: <input checked="" type="checkbox"/> House State: MA <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: JIM MCGOVERN		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2010	
(a) SUBTOTAL of Itemized Independent Expenditures		2527.00	
(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.			
Roger Stockton Signature		Date MM / DD / YYYY 01 / 28 / 2010	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WESTERN REPRESENTATION PAC		FEC IDENTIFICATION NUMBER C C00461772	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Rush Radio 1200 (WXKS-AM)		Date M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 1 0	
Mailing Address 10 Cabot Road Suite 302		Amount 397.25	
City State Zip Code Medford MA 02155		Transaction ID: SE.19383	
Purpose of Expenditure Radio ad		Office Sought: <input checked="" type="checkbox"/> House State: MA <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: JIM MCGOVERN		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2010	
4954.25			
Full Name (Last, First, Middle, Initial) of Payee Rush Radio 1200 (WXKS-AM)		Date M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 1 0	
Mailing Address 10 Cabot Road Suite 302		Amount 889.00	
City State Zip Code Medford MA 02155		Transaction ID: SE.19315	
Purpose of Expenditure radio ad		Office Sought: <input checked="" type="checkbox"/> House State: MA <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: JIM MCGOVERN		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2010	
7243.25			
(a) SUBTOTAL of Itemized Independent Expenditures		1286.25	
(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.			
Roger Stockton Signature		Date M M / D D / Y Y Y Y 0 1 / 2 8 / 2 0 1 0	

A. Form/Schedule : **SE**
Transaction ID : **SE.19383**

Original expenditure reported on 10/18/2010 as \$1827.00. Station billed a total of \$2224.25 due to a mistake in the cut off date of the ad causing the ad to run an additional day. I was not aware of the discrepancy until seeing the actual billing statement.

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WESTERN REPRESENTATION PAC		FEC IDENTIFICATION NUMBER C C00461772	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Rush Radio 1200 (WXKS-AM)		Date M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 1 0	
Mailing Address 10 Cabot Road Suite 302		Amount 609.00	
City State Zip Code Medford MA 02155		Transaction ID: SE.19319	
Purpose of Expenditure radio ad		Office Sought: <input checked="" type="checkbox"/> House State: MA <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: JIM MCGOVERN		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2010	
9427.25			
Full Name (Last, First, Middle, Initial) of Payee Rush Radio 1200 (WXKS-AM)		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0	
Mailing Address 10 Cabot Road Suite 302		Amount 1778.00	
City State Zip Code Medford MA 02155		Transaction ID: SE.19297	
Purpose of Expenditure radio ad		Office Sought: <input checked="" type="checkbox"/> House State: MA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: JIM MCGOVERN		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2010	
52968.01			
(a) SUBTOTAL of Itemized Independent Expenditures		2387.00	
(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.			
Roger Stockton Signature		Date M M / D D / Y Y Y Y 0 1 / 2 8 / 2 0 1 0	

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WESTERN REPRESENTATION PAC		FEC IDENTIFICATION NUMBER ▼ C C00461772	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Spirit of Alaska Broadcasting		Date M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 1 0	
Mailing Address 220 E. Parks Hwy		Amount 0.00	
City State Zip Code Wasilla AK 99654		Transaction ID: SE.8610	
Purpose of Expenditure radio ad		Office Sought: <input type="checkbox"/> House State: AK <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: JOSEPH W MILLER		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2010	
3226.85			
Full Name (Last, First, Middle, Initial) of Payee Townhall.com		Date M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 1 0	
Mailing Address 402 BNA Dr. Suite 400		Amount 15000.00	
City State Zip Code Nashville TN 37217		Transaction ID: SE.15603	
Purpose of Expenditure support email		Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type 003		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: SHARRON E ANGLE		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2010	
119250.60			
(a) SUBTOTAL of Itemized Independent Expenditures		15000.00	
(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.			
Roger Stockton Signature		Date M M / D D / Y Y Y Y 0 1 / 2 8 / 2 0 1 0	

A. Form/Schedule : **SE**

Entry error filed on F24 which could not be deleted

Transaction ID : **SE.8610**

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WESTERN REPRESENTATION PAC		FEC IDENTIFICATION NUMBER C C00461772	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Townhall.com		Date MM / DD / YYYY 10 / 19 / 2010	
Mailing Address 402 BNA Dr. Suite 400		Amount 15000.00	
City State Zip Code Nashville TN 37217		Transaction ID: SE.19261	
Purpose of Expenditure support email		Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type 003		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: SHARRON E ANGLE		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2010	
136380.60			
Full Name (Last, First, Middle, Initial) of Payee Townhall.com		Date MM / DD / YYYY 10 / 19 / 2010	
Mailing Address 402 BNA Dr. Suite 400		Amount -15000.00	
City State Zip Code Nashville TN 37217		Transaction ID: SE.19337	
Purpose of Expenditure email support ad cancelled		Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type 003		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: SHARRON E ANGLE		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2010	
121380.60			
(a) SUBTOTAL of Itemized Independent Expenditures		0.00	
(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.			
Roger Stockton Signature		Date MM / DD / YYYY 01 / 28 / 2010	

B. Form/Schedule : **SE**
Transaction ID : **SE.19337**

Support email cancelled due to lack of availability

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WESTERN REPRESENTATION PAC		FEC IDENTIFICATION NUMBER ▼ C C00461772	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Townhall.com		Date MM / DD / YYYY 10 / 21 / 2010	
Mailing Address 402 BNA Dr. Suite 400		Amount 15000.00	
City Nashville State TN Zip Code 37217		Transaction ID: SE.19278	
Purpose of Expenditure support email		Office Sought: <input checked="" type="checkbox"/> House State: MA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> Presidential	
Category/Type 003		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: BARNEY FRANK		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2010	
46701.18			
Full Name (Last, First, Middle, Initial) of Payee Trevor Lyman		Date MM / DD / YYYY 10 / 21 / 2010	
Mailing Address 504 S Armenia Ave Unit 1335		Amount 2500.00	
City Tampa State FL Zip Code 33609		Transaction ID: SE.19279	
Purpose of Expenditure ad creation		Office Sought: <input checked="" type="checkbox"/> House State: MA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: BARNEY FRANK		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2010	
49201.18			
(a) SUBTOTAL of Itemized Independent Expenditures		17500.00	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures		72082.63	
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.			
Roger Stockton Signature		Date MM / DD / YYYY 01 / 28 / 2010	