

**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

THOROUGHbred PAC

ADDRESS (number and street)

PO BOX 65116

☐Check if different  
than previously  
reported. (ACC)

WASHINGTON

DC

20035

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00425439

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

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

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

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

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

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

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

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

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

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

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

01

01

2009

through

06

30

2009

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

Type or Print Name of Treasurer

Patricia Doty Bradshaw

Signature of Treasurer

Electronically Filed by Patricia Doty Bradshaw

Date

07

30

2009

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)

2 / 19

Write or Type Committee Name  
THOROUGHbred PAC

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2009	50928.39
(b) Cash on Hand at Beginning of Reporting Period .....	50928.39	
(c) Total Receipts (from Line 19) .....	8750.00	8750.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	59678.39	59678.39
7. Total Disbursements (from Line 31) .....	21143.31	21143.31
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	38535.08	38535.08
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

### For further information contact:

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

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

# DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

3 / 19

Write or Type Committee Name  
THOROUGHbred PAC

Report Covering the Period:

From:

M M D D Y Y W Y  
0 1 0 1 2 0 0 9

To:

M M D D Y Y W Y  
0 6 0 3 0 2 0 0 9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	750.00	750.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	750.00	750.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	8000.00	8000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	8750.00	8750.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	8750.00	8750.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	8750.00	8750.00

## 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.....	13143.31	13143.31	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	13143.31	13143.31	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	8000.00	8000.00	
24. Independent Expenditure (use Schedule E) .....	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs) .....	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....	0.00	0.00	
(ii) "Levin" Share .....	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	21143.31	21143.31	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	21143.31	21143.31	

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 19

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) .....	8750.00	8750.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	8750.00	8750.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	13143.31	13143.31
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	13143.31	13143.31

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 6 / 19

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

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

NAME OF COMMITTEE (In Full)  
**THOROUGHbred PAC**

**A.**

Full Name (Last, First, Middle Initial)  
**Mark Atwood**

Mailing Address **1850 M Street, N.W., Suite 900**

City State Zip Code  
**Washington DC 20036**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**Sher & Blackwell, LLP**

Occupation  
**partner**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

**01 / 22 / 2009**

**Transaction ID: SA11AI.4641**

Amount of Each Receipt this Period

**62.50**

contribution through part-  
nership

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)  
**Bob Blackwell**

Mailing Address **1850 M Street, N.W., Suite 900**

City State Zip Code  
**Washington DC 20036**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**Sher & Blackwell, LLP**

Occupation  
**partner**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

**01 / 22 / 2009**

**Transaction ID: SA11AI.4648**

Amount of Each Receipt this Period

**62.50**

contribution through part-  
nership

**[MEMO ITEM]**

**C.**

Full Name (Last, First, Middle Initial)  
**Kelly Cole**

Mailing Address **412 10th Street, SE**

City State Zip Code  
**Washington DC 20003**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**National Assn of Broadcas-  
ters**

Occupation  
**Vice President**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**01 / 21 / 2009**

**Transaction ID: SA11AI.4571**

Amount of Each Receipt this Period

**250.00**

contribution

**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 7 / 19

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
THOROUGHbred PAC**A.**Full Name (Last, First, Middle Initial)  
Marc Fink

Mailing Address 1850 M Street, N.W., Suite 900

City	State	Zip Code
Washington	DC	20036

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sher & Blackwell, LLPOccupation  
partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Transaction ID: SA11AI.4631

Amount of Each Receipt this Period

62.50

contribution through part-  
nership**[MEMO ITEM]****B.**Full Name (Last, First, Middle Initial)  
Jeff Lawrence

Mailing Address 1850 M Street, N.W., Suite 900

City	State	Zip Code
Washington	DC	20036

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sher & Blackwell, LLPOccupation  
partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Transaction ID: SA11AI.4635

Amount of Each Receipt this Period

62.50

contribution through part-  
nership**[MEMO ITEM]****C.**Full Name (Last, First, Middle Initial)  
Anne Mickey

Mailing Address 1850 M Street, N.W., Suite 900

City	State	Zip Code
Washington	DC	20036

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sher & Blackwell, LLPOccupation  
partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Transaction ID: SA11AI.4637

Amount of Each Receipt this Period

62.50

contribution through part-  
nership**[MEMO ITEM]**

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

0.00

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 / 19

(check only one)

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

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NAME OF COMMITTEE (In Full)  
**THOROUGHbred PAC**

**A.**

Full Name (Last, First, Middle Initial)  
 Jeff Pike

Mailing Address 1850 M Street, N.W., Suite 900

City State Zip Code  
**Washington DC 20036**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Sher & Blackwell, LLP

Occupation  
 Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

**Transaction ID: SA11AI.4633**

Amount of Each Receipt this Period

**62.50**

contribution through part-  
nership

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)  
 Sher & Blackwell, LLP

Mailing Address 1850 M Street, N.W.  
 Suite 900

City State Zip Code  
**Washington DC 20036**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**500.00**

Date of Receipt

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

**Transaction ID: SA11AI.4629**

Amount of Each Receipt this Period

**500.00**

contribution

**C.**

Full Name (Last, First, Middle Initial)  
 Stan Sher

Mailing Address 1850 M Street, N.W., Suite 900

City State Zip Code  
**Washington DC 20036**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Sher & Blackwell, LLP

Occupation  
 partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

**Transaction ID: SA11AI.4639**

Amount of Each Receipt this Period

**62.50**

contribution through part-  
nership

**[MEMO ITEM]**

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

**500.00**

**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 / 19

(check only one)

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

THOROUGHbred PAC

**A.**

Full Name (Last, First, Middle Initial)

David Smith

Mailing Address 1850 M Street, N.W., Suite 900

City

Washington

State

DC

Zip Code

20036

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sher & Blackwell, LLPOccupation  
partner

Receipt For:

☐ Primary
 ☐ General
 ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Transaction ID: SA11AI.4643

Amount of Each Receipt this Period

										62.50
--	--	--	--	--	--	--	--	--	--	-------

contribution through part-  
nership**[MEMO ITEM]**

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

0.00

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

750.00

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

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

FOR LINE NUMBER: PAGE 10 / 19

(check only one)

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

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NAME OF COMMITTEE (In Full)  
THOROUGHbred PAC

**A.**

Full Name (Last, First, Middle Initial)  
AMERICAN OPTOMETRIC ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 1505 Prince Street  
Suite 300

City State Zip Code  
Alexandria VA 22314

FEC ID number of contributing  
federal political committee. **C** C00024968

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11C.4574

Amount of Each Receipt this Period

1000.00

contribution

**B.**

Full Name (Last, First, Middle Initial)  
AT&T INC. FEDERAL POLITICAL ACTION COMMITTEE (AT&T FEDERAL PAC)

Mailing Address 175 E. Houston Street  
Room 7-A-50

City State Zip Code  
San Antonio TX 78205

FEC ID number of contributing  
federal political committee. **C** C00109017

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 3 / 2 0 0 9

Transaction ID: SA11C.4577

Amount of Each Receipt this Period

5000.00

contribution

**C.**

Full Name (Last, First, Middle Initial)  
COMCAST CORPORATION POLITICAL ACTION COMMITTEE- FEDERAL

Mailing Address 1701 JFK Blvd, 49th Floor  
35th Floor

City State Zip Code  
Philadelphia PA 19103

FEC ID number of contributing  
federal political committee. **C** C00248716

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 1 3 / 2 0 0 9

Transaction ID: SA11C.4575

Amount of Each Receipt this Period

1000.00

contribution

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

7000.00

**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 11 / 19

(check only one)

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

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NAME OF COMMITTEE (In Full)

THOROUGHbred PAC

**A.**

Full Name (Last, First, Middle Initial)

TURKISH COALITON USA PAC (TC-USA PAC)

Mailing Address 1025 CONNECTICUT AVE SUITE 1000

City

WASHINGTON

State

DC

Zip Code

20036

FEC ID number of contributing  
federal political committee.

**C**

C00432526

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11C.4573

Amount of Each Receipt this Period

1000.00

contribution

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

1000.00

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

8000.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 12 / 19

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

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

NAME OF COMMITTEE (In Full)  
THOROUGHbred PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Bogart Associates	<b>Transaction ID:</b> SB21B.4584 <b>Date of Disbursement</b>																				
Mailing Address 217 Third Street, SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	2		2	0	0	9												
City Washington State DC Zip Code 20003 Purpose of Disbursement fundraising expenses Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>241.47</td> </tr> </table>	241.47																			
241.47																					
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>B.</b> Full Name (Last, First, Middle Initial) Bogart Associates	<b>Transaction ID:</b> SB21B.4603 <b>Date of Disbursement</b>																				
Mailing Address 217 Third Street, SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	6		2	0	0	9												
City Washington State DC Zip Code 20003 Purpose of Disbursement fundraising consulting Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>1701.28</td> </tr> </table>	1701.28																			
1701.28																					
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>C.</b> Full Name (Last, First, Middle Initial) CBS Corporation	<b>Transaction ID:</b> SB21B.4581 <b>Date of Disbursement</b>																				
Mailing Address 601 Pennsylvania Ave, NW Suite 540	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	9		2	0	0	9												
City Washington State DC Zip Code 20004 Purpose of Disbursement room rental fee for fundraising event Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>250.00</td> </tr> </table>	250.00																			
250.00																					
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) .....

2192.75

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
THOROUGHbred PAC

**A.**

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

Mailing Address 3000 K Street, NW  
Suite 500

City Washington State DC Zip Code 20007

Purpose of Disbursement  
accounting and PAC management  
Candidate Name

001  
Category/  
Type

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

Transaction ID: SB21B.4580  
Date of Disbursement

01 / 07 / 2009

Amount of Each Disbursement this Period

1500.00

**B.**

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

Mailing Address 3000 K Street, NW  
Suite 500

City Washington State DC Zip Code 20007

Purpose of Disbursement  
accounting and PAC maintenance  
Candidate Name

001  
Category/  
Type

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

Transaction ID: SB21B.4583  
Date of Disbursement

01 / 14 / 2009

Amount of Each Disbursement this Period

500.00

**C.**

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

Mailing Address 3000 K Street, NW  
Suite 500

City Washington State DC Zip Code 20007

Purpose of Disbursement  
accounting and PAC maintenance  
Candidate Name

001  
Category/  
Type

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

Transaction ID: SB21B.4585  
Date of Disbursement

02 / 02 / 2009

Amount of Each Disbursement this Period

500.00

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

2500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
THOROUGHbred PAC

**A.**

Full Name (Last, First, Middle Initial)  
Platinum Plus for Business

Mailing Address PO Box 15469

City State Zip Code  
Wilmington DE 19850

Purpose of Disbursement  
credit card -- see memo

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

**Transaction ID:** SB21B.4592

Date of Disbursement

/   /

Amount of Each Disbursement this Period

254.64

**B.**

Full Name (Last, First, Middle Initial)  
Schneider's of Capitol Hill

Mailing Address 300 Massachusetts Ave NE

City State Zip Code  
Washington DC 20002

Purpose of Disbursement  
fundraising expense - food and bev

Candidate Name

003  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

**Transaction ID:** SB21B.4593

Date of Disbursement

/   /

Amount of Each Disbursement this Period

254.64

**[MEMO ITEM]**

**C.**

Full Name (Last, First, Middle Initial)  
The Beverly Hills Hotel

Mailing Address Sunset Blvd

City State Zip Code  
Beverly Hills CA 90210

Purpose of Disbursement  
fundraising expense - lodging

Candidate Name

003  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

**Transaction ID:** SB21B.4600

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5000.00

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

5254.64

**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)

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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)  
THOROUGHbred PAC

**A.**

Full Name (Last, First, Middle Initial)  
Womble Carlyle Sandridge & Rice PLLC

Mailing Address 1401 Eye Street, NW  
7th Floor

City Washington State DC Zip Code 20005

Purpose of Disbursement  
accounting and PAC maintenance  
Candidate Name

001  
Category/  
Type

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

Transaction ID: SB21B.4596  
Date of Disbursement

04 / 15 / 2009

Amount of Each Disbursement this Period

750.00

**B.**

Full Name (Last, First, Middle Initial)  
Womble Carlyle Sandridge & Rice PLLC

Mailing Address 1401 Eye Street, NW  
7th Floor

City Washington State DC Zip Code 20005

Purpose of Disbursement  
accounting and PAC maintenance  
Candidate Name

001  
Category/  
Type

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

Transaction ID: SB21B.4598  
Date of Disbursement

04 / 15 / 2009

Amount of Each Disbursement this Period

750.00

**C.**

Full Name (Last, First, Middle Initial)  
Womble Carlyle Sandridge & Rice PLLC

Mailing Address 1401 Eye Street, NW  
7th Floor

City Washington State DC Zip Code 20005

Purpose of Disbursement  
accounting and PAC maintenance  
Candidate Name

001  
Category/  
Type

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

Transaction ID: SB21B.4599  
Date of Disbursement

05 / 13 / 2009

Amount of Each Disbursement this Period

750.00

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

2250.00

**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 16 / 19

<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)  
THOROUGHbred PAC

A.

Full Name (Last, First, Middle Initial)  
Womble Carlyle Sandridge & Rice PLLC

Mailing Address 1401 Eye Street, NW  
7th Floor

City Washington State DC Zip Code 20005

Purpose of Disbursement  
accounting and PAC maintenance

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

Transaction ID: SB21B.4602

Date of Disbursement

MM / DD / YYYY  
06 / 04 / 2009

Amount of Each Disbursement this Period

750.00

SUBTOTAL of Disbursements This Page (optional) ►

750.00

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

12947.39

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

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

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NAME OF COMMITTEE (In Full)  
THOROUGHbred PAC**A.** Full Name (Last, First, Middle Initial)  
BRIAN BILBRAY FOR CONGRESS

Mailing Address 2466 Unicornio Street

City Carlsbad State CA Zip Code 92009

Purpose of Disbursement  
contributionCandidate Name  
BRIAN P BILBRAY011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 50

Transaction ID: SB23.4616

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	4		2	0	0	9

Amount of Each Disbursement this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
FRIENDS OF ROY BLUNT

Mailing Address PO Box 50100

City Springfield State MO Zip Code 65805

Purpose of Disbursement  
contributionCandidate Name  
ROY BLUNT011  
Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MO District: 00

Transaction ID: SB23.4609

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	8		2	0	0	9

Amount of Each Disbursement this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
GUTHRIE FOR CONGRESS

Mailing Address PO Box 9639

City Bowling Green State KY Zip Code 42102

Purpose of Disbursement  
contributionCandidate Name  
STEVEN BRETT GUTHRIE011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: KY District: 02

Transaction ID: SB23.4605

Date of Disbursement

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

Amount of Each Disbursement this Period

1000.00

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

3000.00

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

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

NAME OF COMMITTEE (In Full)  
THOROUGHBRED PAC

FEC Schedule B ( Form 3X) (Revised 02/2003)

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
THOROUGHbred PAC

**A.**

Full Name (Last, First, Middle Initial)

MCCOTTER CONGRESSIONAL COMMITTEE

Mailing Address PO Box 530788

City Livonia State MI Zip Code 48153

Purpose of Disbursement  
contribution

Candidate Name  
THADDEUS G. MCCOTTER

Office Sought: ☒ House  
☐ Senate  
☐ President

State: MI District: 11

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

011  
Category/  
Type

Transaction ID: SB23.4624

Date of Disbursement

06 / 24 / 2009

Amount of Each Disbursement this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

TEDISCO FOR CONGRESS

Mailing Address 1707 Route 9

City Clifton Park State NY Zip Code 12065

Purpose of Disbursement  
contribution

Candidate Name  
JAMES TEDISCO

Office Sought: ☒ House  
☐ Senate  
☐ President

State: NY District: 20

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

011  
Category/  
Type

Transaction ID: SB23.4604

Date of Disbursement

02 / 12 / 2009

Amount of Each Disbursement this Period

1000.00

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

2000.00

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

8000.00