

# FEC FORM 3X

## REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

Republican Member Senate Fund

ADDRESS (number and street) 8801 Lehman

Check if different than previously reported. (ACC) Montague MI 49437

2. **FEC IDENTIFICATION NUMBER** C00413872

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:

<input type="checkbox"/>	Feb 20 (M2)	<input type="checkbox"/>	May 20 (M5)	<input type="checkbox"/>	Aug 20 (M8)	<input type="checkbox"/>	Nov 20 (M11) (Non-Election Year Only)
<input type="checkbox"/>	Mar 20 (M3)	<input type="checkbox"/>	Jun 20 (M6)	<input type="checkbox"/>	Sep 20 (M9)	<input type="checkbox"/>	Dec 20 (M12) (Non-Election Year Only)
<input type="checkbox"/>	Apr 20 (M4)	<input type="checkbox"/>	Jul 20 (M7)	<input type="checkbox"/>	Oct 20 (M10)	<input type="checkbox"/>	Jan 31 (YE)

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

<input type="checkbox"/>	Primary (12P)	<input type="checkbox"/>	General (12G)	<input type="checkbox"/>	Runoff (12R)
<input type="checkbox"/>	Convention (12C)	<input type="checkbox"/>	Special (12G)		

Election on [ ] [ ] [ ] in the State of [ ]

(d) 30-Day Post -Election Report for the:

<input checked="" type="checkbox"/>	General (30G)	<input type="checkbox"/>	Runoff (30R)	<input type="checkbox"/>	Special (30S)
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Election on 11 04 2008 in the State of [ ]

5. Covering Period 10 16 2008 through 11 24 2008

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 Holly Hughes

Signature of Treasurer Electronically Filed by Holly Hughes Date 12 04 2008

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
Republican Member Senate Fund

Report Covering the Period: From: 

M	M
1	0

D	D
1	6

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
1	1

D	D
2	4

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		2080.36
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period .....	102629.16									
(c) Total Receipts (from Line 19) .....	194814.63	944512.29								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	297443.79	946592.65								
7. Total Disbursements (from Line 31) .....	211206.59	860355.45								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	86237.20	86237.20								
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) .....	46627.85									

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**

Write or Type Committee Name  
Republican Member Senate Fund

Report Covering the Period: From: 

M	M
1	0

D	D
1	6

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
1	1

D	D
2	4

Y	Y	Y	Y
2	0	0	8

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	79538.00	366328.95
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	110276.63	573183.34
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	189814.63	939512.29
(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) .....	189814.63	939512.29
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 .....	5000.00	5000.00
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)) .....	194814.63	944512.29
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	194814.63	944512.29

**DETAILED SUMMARY PAGE**

of Disbursements

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.....	177505.28	736654.15
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	177505.28	736654.15
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	24000.00	113999.99
24. Independent Expenditure (use Schedule E) .....	9701.31	9701.31
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))..	211206.59	860355.45
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	211206.59	860355.45

**DETAILED SUMMARY PAGE**  
of Disbursements

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) .....	189814.63	939512.29
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	189814.63	939512.29
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	177505.28	736654.15
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	177505.28	736654.15

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 61  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
Republican Member Senate Fund

**A.**

Full Name (Last, First, Middle Initial)  
MR ARDEN A ANDERSON 705

Mailing Address 307 MARGUERITE BLVD

City State Zip Code  
LAFAYETTE LA 70503

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
RETIRED 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 / 3 0 / 2 0 0 8

**Transaction ID:** SA11AI.36560

Amount of Each Receipt this Period 250.00

**B.**

Full Name (Last, First, Middle Initial)  
DR ALLAN BARKER 841

Mailing Address 2690 ROXBURY CIR

City State Zip Code  
SALT LAKE CITY UT 84108

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
RETIRED RETIRED

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 / 2 4 / 2 0 0 8

**Transaction ID:** SA11AI.37017

Amount of Each Receipt this Period 450.00

**C.**

Full Name (Last, First, Middle Initial)  
MR HASKELL H BASS 741

Mailing Address 6823 S FLORENCE AVE

City State Zip Code  
TULSA OK 74136

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
RETIRED 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 0 8

**Transaction ID:** SA11AI.39699

Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... 1200.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Republican Member Senate Fund

<b>A.</b>	Full Name (Last, First, Middle Initial) MR EUGENE W BECKER 610		Date of Receipt
	Mailing Address 1008 S LOGAN ST		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	LENA	IL	61048
	FEC ID number of contributing federal political committee.	<input type="text"/> C <input type="text"/>	Transaction ID: SA11AI.36272
Name of Employer NONE		Occupation RETIRED	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 100.00
		<input type="text"/> 300.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MR EUGENE W BECKER 610		Date of Receipt
	Mailing Address 1008 S LOGAN ST		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	LENA	IL	61048
	FEC ID number of contributing federal political committee.	<input type="text"/> C <input type="text"/>	Transaction ID: SA11AI.36275
Name of Employer NONE		Occupation RETIRED	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 50.00
		<input type="text"/> 350.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) MR EUGENE W BECKER 610		Date of Receipt
	Mailing Address 1008 S LOGAN ST		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	LENA	IL	61048
	FEC ID number of contributing federal political committee.	<input type="text"/> C <input type="text"/>	Transaction ID: SA11AI.36274
Name of Employer NONE		Occupation RETIRED	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 25.00
		<input type="text"/> 375.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 175.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Republican Member Senate Fund

<b>A.</b>	Full Name (Last, First, Middle Initial) MR STANLEY J BERNSTEIN 024	Date of Receipt
	Mailing Address 153 EDMUNDS RD	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 0 / 2 0 0 8
	City State Zip Code WELLESLEY HILLS MA 02481	<b>Transaction ID:</b> SA11AI.40195
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 2000.00
	Name of Employer Occupation THE BILTRITE CORP CHAIRMAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 2000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MRS ELIZABETH BICKFORD 130	Date of Receipt
	Mailing Address 4802 ORMONDE DR	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 7 / 2 0 0 8
	City State Zip Code CAZENOVIA NY 13035	<b>Transaction ID:</b> SA11AI.39968
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 250.00
	Name of Employer Occupation REQUESTED REQUESTED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) MARK E BORGERDING 563	Date of Receipt
	Mailing Address PO BOX 510	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 2 / 2 0 0 8
	City State Zip Code BELGRADE MN 56312	<b>Transaction ID:</b> SA11AI.38269
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 400.00
	Name of Employer Occupation NONE RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 2650.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 61
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Republican Member Senate Fund

<b>A.</b>	Full Name (Last, First, Middle Initial) MARK E BORGERDING 563		Date of Receipt
	Mailing Address PO BOX 510		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	BELGRADE	MN	56312
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.38268
Name of Employer NONE		Occupation RETIRED	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 700.00	<input type="text"/> 300.00

<b>B.</b>	Full Name (Last, First, Middle Initial) MR DIANE E BOWES 791		Date of Receipt
	Mailing Address PO BOX 9595		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	AMARILLO	TX	79105
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.40110
Name of Employer RETIRED		Occupation RETIRED	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 250.00	<input type="text"/> 250.00

<b>C.</b>	Full Name (Last, First, Middle Initial) MR DIANE E BOWES 791		Date of Receipt
	Mailing Address PO BOX 9595		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	AMARILLO	TX	79105
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.40111
Name of Employer RETIRED		Occupation RETIRED	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 500.00	<input type="text"/> 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 800.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 61  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Republican Member Senate Fund

**A.**

Full Name (Last, First, Middle Initial)  
MS FUMIE BOYCE 985

Mailing Address 4532 INTELCO LOOP SE APT 354

City LACEY State WA Zip Code 98503

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: 10 / 17 / 2008  
**Transaction ID: SA11AI.37863**  
 Amount of Each Receipt this Period: 250.00

**B.**

Full Name (Last, First, Middle Initial)  
MS FUMIE BOYCE 985

Mailing Address 4532 INTELCO LOOP SE APT 354

City LACEY State WA Zip Code 98503

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

Name of Employer NONE Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 10 / 29 / 2008  
**Transaction ID: SA11AI.37864**  
 Amount of Each Receipt this Period: 100.00

**C.**

Full Name (Last, First, Middle Initial)  
MR MAURICE M BRUMBELOW 990

Mailing Address 7272 VILLARD ST

City CHENEY State WA Zip Code 99004

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: 10 / 17 / 2008  
**Transaction ID: SA11AI.37876**  
 Amount of Each Receipt this Period: 225.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **575.00**

**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 / 61  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Republican Member Senate Fund

**A.** Full Name (Last, First, Middle Initial)  
MS MARY M BUOL 193  
Mailing Address 1008 DUNVEGAN RD  
City WEST CHESTER State PA Zip Code 19382  
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 ▼ 300.00  
Date of Receipt 10 / 31 / 2008  
Transaction ID: SA11AI.34721  
Amount of Each Receipt this Period 300.00

**B.** Full Name (Last, First, Middle Initial)  
MRS JOHN H BUTALA 339, JR  
Mailing Address 14891 DAVID DR  
City FORT MYERS State FL Zip Code 33908  
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 ▼ 500.00  
Date of Receipt 10 / 31 / 2008  
Transaction ID: SA11AI.35370  
Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
MR ALBERT CALFANO 086  
Mailing Address 160 HEMPSTEAD RD  
City TRENTON State NJ Zip Code 08610  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 10 / 29 / 2008  
Transaction ID: SA11AI.40418  
Amount of Each Receipt this Period 150.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 950.00  
**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 / 61  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Republican Member Senate Fund

**A.** Full Name (Last, First, Middle Initial)  
MR WILLIAM J CARTER 300

Mailing Address 4700 LAVISTA RD

City State Zip Code  
TUCKER GA 30084

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 ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 3 / 2 0 0 8

**Transaction ID:** SA11AI.35128

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
MR GEORGE CHALE 917

Mailing Address 1924 CERCO ALTA DR

City State Zip Code  
MONTEREY PARK CA 91754

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 ▼ 240.00

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

**Transaction ID:** SA11AI.37331

Amount of Each Receipt this Period  
240.00

**C.** Full Name (Last, First, Middle Initial)  
MR GEORGE CHALE 917

Mailing Address 1924 CERCO ALTA DR

City State Zip Code  
MONTEREY PARK CA 91754

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 ▼ 390.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

**Transaction ID:** SA11AI.37330

Amount of Each Receipt this Period  
150.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **690.00**

**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 / 61  
(check only one)

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

**A.**

Full Name (Last, First, Middle Initial)  
NEAL CHASTAIN 794

Mailing Address 1717 NORFOLK AVE

City State Zip Code  
LUBBOCK TX 79416

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 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.38317

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
MRS SHERRY CLARKE 356

Mailing Address 146 WILDWOOD TRL

City State Zip Code  
FLORENCE AL 35630

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 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.35466

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
MRS SHERRY CLARKE 356

Mailing Address 146 WILDWOOD TRL

City State Zip Code  
FLORENCE AL 35630

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 ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.35467

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: (check only one)	PAGE 14 / 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Republican Member Senate Fund

<b>A.</b>	Full Name (Last, First, Middle Initial) MR ALAN COBB 031		Date of Receipt
	Mailing Address 77 WENDOVER WAY		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	BEDFORD	NH	03110
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.38115
Name of Employer RETIRED		Occupation RETIRED	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1400.00

<b>B.</b>	Full Name (Last, First, Middle Initial) MS ELIZABETH COCHRAN 070		Date of Receipt
	Mailing Address 459 PASSAIC AVE APT 306		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	WEST CALDWELL	NJ	07006
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.40327
Name of Employer NONE		Occupation RETIRED	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00

<b>C.</b>	Full Name (Last, First, Middle Initial) MR GEORGE W COMANICH 775		Date of Receipt
	Mailing Address 5104 TAMARACH DR		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	BAYTOWN	TX	77521
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.36797
Name of Employer NONE		Occupation RETIRED	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 400.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 2800.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Republican Member Senate Fund

<b>A.</b>	Full Name (Last, First, Middle Initial) MR GEORGE W COMANICH 775		Date of Receipt		
	Mailing Address 5104 TAMARACH DR		M M / D D / Y Y Y Y Y 1 0 / 2 3 / 2 0 0 8		
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.36798	
	BAYTOWN	TX	77521	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee. <b>C</b>		300.00		
Name of Employer NONE		Occupation RETIRED			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		700.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MR GEORGE W COMANICH 775		Date of Receipt		
	Mailing Address 5104 TAMARACH DR		M M / D D / Y Y Y Y Y 1 0 / 3 0 / 2 0 0 8		
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.36796	
	BAYTOWN	TX	77521	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee. <b>C</b>		300.00		
Name of Employer NONE		Occupation RETIRED			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		1000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) MS LOIS M DAVIS 301		Date of Receipt		
	Mailing Address 89 OAK MOUNTAIN TRL		M M / D D / Y Y Y Y Y 1 0 / 2 1 / 2 0 0 8		
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.35135	
	CARROLLTON	GA	30116	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee. <b>C</b>		500.00		
Name of Employer NONE		Occupation HOMEMAKER			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1100.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 16 / 61  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Republican Member Senate Fund

**A.** Full Name (Last, First, Middle Initial)  
MR PAUL DECLEVA 752

Mailing Address 350 N SAINT PAUL ST STE 1625

City State Zip Code  
DALLAS TX 75201

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

Name of Employer Occupation  
INVESTOR SELF EMPLOYED

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 0 / 2 0 0 8

Transaction ID: SA11AI.36681

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
MR RUSSELL DES COGNETS 405, JR

Mailing Address 3560 COLT NECK LN

City State Zip Code  
LEXINGTON KY 40502

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

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

Transaction ID: SA11AI.35603

Amount of Each Receipt this Period  
180.00

**C.** Full Name (Last, First, Middle Initial)  
MR JONATHAN DILL 530

Mailing Address 9936 N LAMPLIGHTER LN

City State Zip Code  
MEQUON WI 53092

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

Name of Employer Occupation  
NONE RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

Transaction ID: SA11AI.38492

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **730.00**

**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 17 / 61
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Republican Member Senate Fund

**A.** Full Name (Last, First, Middle Initial)  
MS ALTHEA DULEY 207

Mailing Address 8505 CROOM RD

City State Zip Code  
UPPER MARLBORO MD 20772

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

Name of Employer Occupation  
RETIRED RETIRED

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 0 8

**Transaction ID:** SA11AI.34791

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
MR DONALD DUNCKLEE 334

Mailing Address 10669 PELICAN DR

City State Zip Code  
WELLINGTON FL 33414

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

Name of Employer Occupation  
NONE RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

**Transaction ID:** SA11AI.35295

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
MS NORMA ELLIS 761

Mailing Address 2744 MANORWOOD TRL

City State Zip Code  
FORT WORTH TX 76109

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

Name of Employer Occupation  
NONE RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

**Transaction ID:** SA11AI.36725

Amount of Each Receipt this Period  
400.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1700.00

**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 / 61  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Republican Member Senate Fund

**A.** Full Name (Last, First, Middle Initial)  
MR ROSS FARNSWORTH 852

Mailing Address 460 S GREENFIELD RD STE 2

City MESA State AZ Zip Code 85206

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

Name of Employer FARNSWORTH COMPANIES Occupation REAL ESTATE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 10 / 20 / 2008  
Transaction ID: SA11AI.37043  
Amount of Each Receipt this Period: 5000.00

**B.** Full Name (Last, First, Middle Initial)  
MR ROBERT B FERGUSON 926

Mailing Address 23072 LAKE CENTER DR STE 205

City LAKE FOREST State CA Zip Code 92630

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

Name of Employer NONE Occupation RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 10 / 24 / 2008  
Transaction ID: SA11AI.37445  
Amount of Each Receipt this Period: 500.00

**C.** Full Name (Last, First, Middle Initial)  
MS RUTH A FERNANDES 794

Mailing Address 1717 NORFOLK AVE APT 1219

City LUBBOCK State TX Zip Code 79416

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

Name of Employer NONE Occupation RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 10 / 27 / 2008  
Transaction ID: SA11AI.36894  
Amount of Each Receipt this Period: 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 6000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Republican Member Senate Fund

**A.**

Full Name (Last, First, Middle Initial)  
R M FETTY 910

Mailing Address PO BOX 306

City ALTADENA State CA Zip Code 91003

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

Name of Employer Occupation

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 / 3 0 / 2 0 0 8

**Transaction ID:** SA11AI.37257

Amount of Each Receipt this Period  
200.00

**B.**

Full Name (Last, First, Middle Initial)  
MR GINGERLEE C FIELD 926

Mailing Address 3 PURSUIT APT 206

City ALISO VIEJO State CA Zip Code 92656

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 8

**Transaction ID:** SA11AI.39966

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)  
MR CHARLES V FINELL 939

Mailing Address 402 W CARMEL VALLEY RD

City CARMEL VALLEY State CA Zip Code 93924

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

Name of Employer Occupation  
NONE RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 8

**Transaction ID:** SA11AI.37549

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1450.00

**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 / 61  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Republican Member Senate Fund

**A.** Full Name (Last, First, Middle Initial)  
MS THERESA FLORENTINO 900  
Mailing Address 1515 HILL DR

City State Zip Code  
LOS ANGELES CA 90041

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 Y  
1 0 / 3 1 / 2 0 0 8  
Transaction ID: SA11AI.37177  
Amount of Each Receipt this Period 100.00

**B.** Full Name (Last, First, Middle Initial)  
MR GREG FOLLEY 616  
Mailing Address 6526 N SAINT MARYS RD

City State Zip Code  
PEORIA IL 61614

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 Y  
1 0 / 1 6 / 2 0 0 8  
Transaction ID: SA11AI.38739  
Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
JACK FORSBERG 551  
Mailing Address 729 MARIE AVE W

City State Zip Code  
MENDOTA HEIGHTS MN 55118

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 Y  
1 0 / 2 0 / 2 0 0 8  
Transaction ID: SA11AI.38790  
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 21 / 61  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Republican Member Senate Fund

**A.** Full Name (Last, First, Middle Initial)  
JACK FORSBERG 551  
Mailing Address 729 MARIE AVE W  
City MENDOTA HEIGHTS State MN Zip Code 55118  
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 ▼ 500.00  
Date of Receipt 10 / 29 / 2008  
Transaction ID: SA11AI.38791  
Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
MR DAVID FRYE 170  
Mailing Address 308 STONE ROW LN  
City NEW CUMBERLAND State PA Zip Code 17070  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 275.00  
Date of Receipt 10 / 29 / 2008  
Transaction ID: SA11AI.39254  
Amount of Each Receipt this Period 75.00

**C.** Full Name (Last, First, Middle Initial)  
MR ROBERT GANNETT 053  
Mailing Address 619 PLEASANT VALLEY RD  
City BRATTLEBORO State VT Zip Code 05301  
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 10 / 23 / 2008  
Transaction ID: SA11AI.40255  
Amount of Each Receipt this Period 300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 625.00  
**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 / 61  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Republican Member Senate Fund

**A.** Full Name (Last, First, Middle Initial)  
MRS OPAL I GARDNER 770  
 Mailing Address 11900 BARRYKNOLL LN APT 8118  
 City HOUSTON State TX Zip Code 77024  
 Date of Receipt 10 / 30 / 2008  
**Transaction ID:** SA11AI.36739  
 Amount of Each Receipt this Period 225.00  
 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 ▼ 275.00

**B.** Full Name (Last, First, Middle Initial)  
DR DONALD H GAYLOR 181  
 Mailing Address 3761 DEVONSHIRE RD  
 City ALLENTOWN State PA Zip Code 18103  
 Date of Receipt 10 / 29 / 2008  
**Transaction ID:** SA11AI.40895  
 Amount of Each Receipt this Period 300.00  
 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 ▼ 300.00

**C.** Full Name (Last, First, Middle Initial)  
MRS JEANETTE GLEESON 323  
 Mailing Address 2106 OLD BAINBRIDGE RD  
 City TALLAHASSEE State FL Zip Code 32303  
 Date of Receipt 10 / 31 / 2008  
**Transaction ID:** SA11AI.35211  
 Amount of Each Receipt this Period 200.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 725.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 61  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Republican Member Senate Fund

**A.**

Full Name (Last, First, Middle Initial)  
MS MARILYN G GRAY 284

Mailing Address 1808 MEWS DR

City State Zip Code  
WILMINGTON NC 28405

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 ▼ 300.00

Date of Receipt M M / D D / Y Y Y Y  
10 / 16 / 2008

**Transaction ID:** SA11AI.35030

Amount of Each Receipt this Period 300.00

**B.**

Full Name (Last, First, Middle Initial)  
W GREENMAN 950

Mailing Address 10864 DRYDEN AVE

City State Zip Code  
CUPERTINO CA 95014

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 ▼ 1000.00

Date of Receipt M M / D D / Y Y Y Y  
10 / 17 / 2008

**Transaction ID:** SA11AI.39264

Amount of Each Receipt this Period 1000.00

**C.**

Full Name (Last, First, Middle Initial)  
MR RICHARD S GRIFFITH 770

Mailing Address 3417 MILAM ST

City State Zip Code  
HOUSTON TX 77002

FEC ID number of contributing federal political committee. C

Name of Employer SELF EMPLOYED Occupation INVESTER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt M M / D D / Y Y Y Y  
10 / 20 / 2008

**Transaction ID:** SA11AI.36564

Amount of Each Receipt this Period 300.00

**SUBTOTAL** of Receipts This Page (optional) ..... 1600.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 61

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Republican Member Senate Fund

**A.**

Full Name (Last, First, Middle Initial)  
MR RICHARD S GRIFFITH 770

Mailing Address 3417 MILAM ST

City State Zip Code  
HOUSTON TX 77002

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

Name of Employer Occupation  
SELF EMPLOYED INVESTER

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 7 / 2 0 0 8

Transaction ID: SA11AI.36565

Amount of Each Receipt this Period  
300.00

**B.**

Full Name (Last, First, Middle Initial)  
MR EDWARD H HAMM 334

Mailing Address 243 S BEACH RD

City State Zip Code  
HOBE SOUND FL 33455

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

Name of Employer Occupation  
ACOMA OIL CO MANAGING PARTNER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2000.00

Date of Receipt

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

Transaction ID: SA11AI.35305

Amount of Each Receipt this Period  
2000.00

**C.**

Full Name (Last, First, Middle Initial)  
MARIE HARLAN 956

Mailing Address 27140 E EL MACERO DR

City State Zip Code  
EL MACERO CA 95618

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

Name of Employer Occupation  
CA STATE SENATE SUPERVISOR

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 0 / 2 0 0 8

Transaction ID: SA11AI.38786

Amount of Each Receipt this Period  
1000.00

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

3300.00

**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 / 61  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Republican Member Senate Fund

**A.**

Full Name (Last, First, Middle Initial)  
MS CAROLAN HASS 940

Mailing Address 275 CAMINO AL LAGO

City State Zip Code  
ATHERTON CA 94027

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

Name of Employer Occupation  
RETIRED 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 1 / 2 0 0 8

Transaction ID: SA11AI.39280

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)  
MRS AUDREY HICKMAN 338

Mailing Address 109 FLORA DR

City State Zip Code  
HAINES CITY FL 33844

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

Name of Employer Occupation  
NONE RETIRED

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 750.00

Date of Receipt

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

Transaction ID: SA11AI.35351

Amount of Each Receipt this Period

750.00

**C.**

Full Name (Last, First, Middle Initial)  
MR BRUCE H HOOPER 190

Mailing Address PO BOX 8303

City State Zip Code  
RADNOR PA 19087

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

Name of Employer Occupation  
RETIRED RETIRED

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 0 8

Transaction ID: SA11AI.39747

Amount of Each Receipt this Period

1000.00

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

2000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 61
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Republican Member Senate Fund

<b>A.</b>	Full Name (Last, First, Middle Initial) JAMES HOUSTON 922		Date of Receipt
	Mailing Address 345 N VIA LAS PALMAS		<input type="text" value="10"/> / <input type="text" value="27"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	PALM SPRINGS	CA	92262
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.37419
Name of Employer NONE		Occupation RETIRED	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="1000.00"/>
		<input type="text" value="1000.00"/>	

<b>B.</b>	Full Name (Last, First, Middle Initial) MS CHRISTINE HOWCROFT 380		Date of Receipt
	Mailing Address 155 FIRE TOWER RD		<input type="text" value="10"/> / <input type="text" value="16"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	SOMERVILLE	TN	38068
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.35536
Name of Employer SELF EMPLOYED		Occupation TRUCK DRIVER	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="250.00"/>
		<input type="text" value="250.00"/>	

<b>C.</b>	Full Name (Last, First, Middle Initial) MS CHRISTINE HOWCROFT 380		Date of Receipt
	Mailing Address 155 FIRE TOWER RD		<input type="text" value="11"/> / <input type="text" value="18"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	SOMERVILLE	TN	38068
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.35535
Name of Employer SELF EMPLOYED		Occupation TRUCK DRIVER	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="300.00"/>
		<input type="text" value="500.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="1550.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 61  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Republican Member Senate Fund

**A.**

Full Name (Last, First, Middle Initial)  
MR ROBERT HROMADNIK 660

Mailing Address PO BOX 562

City OSAWATOMIE State KS Zip Code 66064

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: 10 / 27 / 2008  
**Transaction ID: SA11AI.36435**  
 Amount of Each Receipt this Period: 250.00

**B.**

Full Name (Last, First, Middle Initial)  
MR DAVID A HUETTNER 730

Mailing Address 3750 W MAIN ST STE AA

City NORMAN State OK Zip Code 73072

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 ▼ 1000.00

Date of Receipt: 10 / 20 / 2008  
**Transaction ID: SA11AI.36644**  
 Amount of Each Receipt this Period: 1000.00

**C.**

Full Name (Last, First, Middle Initial)  
MR DAVID A HUETTNER 730

Mailing Address 3750 W MAIN ST STE AA

City NORMAN State OK Zip Code 73072

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 ▼ 2000.00

Date of Receipt: 11 / 03 / 2008  
**Transaction ID: SA11AI.36643**  
 Amount of Each Receipt this Period: 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Republican Member Senate Fund

<b>A.</b>	Full Name (Last, First, Middle Initial) MR WILLIAM HUSTON 900		Date of Receipt	
	Mailing Address 545 S FIGUEROA ST		M M / D D / Y Y Y Y Y 1 0 / 2 0 / 2 0 0 8	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.37198
	LOS ANGELES	CA	90071	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		1000.00	
Name of Employer NONE		Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) MR TERRENCE JACOBS 156		Date of Receipt	
	Mailing Address 3106 TREELINE DR		M M / D D / Y Y Y Y Y 1 0 / 2 4 / 2 0 0 8	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.40730
	MURRYSVILLE	PA	15668	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		250.00	
Name of Employer RETIRED		Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) MR PAUL JOHNSON 651		Date of Receipt	
	Mailing Address 2006 DAISY LN		M M / D D / Y Y Y Y Y 1 0 / 2 4 / 2 0 0 8	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.36411
	JEFFERSON CITY	MO	65109	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		1000.00	
Name of Employer RETIRED		Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00		

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 61  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Republican Member Senate Fund

**A.**

Full Name (Last, First, Middle Initial)  
COL FRED JOHNSTON 201, III

Mailing Address 19355 CYPRESS RIDGE TER

City State Zip Code  
LEESBURG VA 20176

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

Name of Employer Occupation  
RETIRED 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 1 / 0 3 / 2 0 0 8

**Transaction ID:** SA11AI.39514

Amount of Each Receipt this Period  
300.00

**B.**

Full Name (Last, First, Middle Initial)  
MR TERRY JOHNSTON 605

Mailing Address 835 S ASHLAND AVE

City State Zip Code  
LA GRANGE IL 60525

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

Name of Employer Occupation

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 / 3 0 / 2 0 0 8

**Transaction ID:** SA11AI.36251

Amount of Each Receipt this Period  
50.00

**C.**

Full Name (Last, First, Middle Initial)  
Lawrence Kadish

Mailing Address 135 Jericho Turnpike

City State Zip Code  
Old Westbury NY 11568

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

Name of Employer Occupation  
First Fiscal Fund Co President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

**Transaction ID:** SA11AI.34579

Amount of Each Receipt this Period  
5000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **5350.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 61
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Republican Member Senate Fund

<b>A.</b>	Full Name (Last, First, Middle Initial) MR DONALD KELLEY 992	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 3 / 2 0 0 8
	Mailing Address 221 E ROCKWOOD BLVD APT 320	<b>Transaction ID:</b> SA11AI.37886
	City State Zip Code SPOKANE WA 99202	Amount of Each Receipt this Period 243.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer NONE	Occupation RETIRED
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 243.00

<b>B.</b>	Full Name (Last, First, Middle Initial) MR JAMES KERNAN 134	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 9 / 2 0 0 8
	Mailing Address 273 CLINTON ST	<b>Transaction ID:</b> SA11AI.40600
	City State Zip Code WHITESBORO NY 13492	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer NONE	Occupation RETIRED
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00

<b>C.</b>	Full Name (Last, First, Middle Initial) MR CHARLES J KERSHAW 030, JR	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 7 / 2 0 0 8
	Mailing Address 5 HAISE WAY	<b>Transaction ID:</b> SA11AI.40227
	City State Zip Code MERRIMACK NH 03054	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer RETIRED	Occupation RETIRED
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>793.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 61  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Republican Member Senate Fund

**A.**

Full Name (Last, First, Middle Initial)  
MR WALTER KLEINER 980

Mailing Address 1725 89TH PL NE

City State Zip Code  
CLYDE HILL WA 98004

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 ▼ 1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 4 / 2 0 0 8

**Transaction ID:** SA11AI.37809

Amount of Each Receipt this Period  
1500.00

**B.**

Full Name (Last, First, Middle Initial)  
MR WALTER KLEINER 980

Mailing Address 1725 89TH PL NE

City State Zip Code  
CLYDE HILL WA 98004

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 ▼ 1550.00

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

**Transaction ID:** SA11AI.37810

Amount of Each Receipt this Period  
50.00

**C.**

Full Name (Last, First, Middle Initial)  
MR LOUIS G LA POINTE 010, JR

Mailing Address 226 PARKER ST

City State Zip Code  
E LONGMEADOW MA 01028

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 ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

**Transaction ID:** SA11AI.39282

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1850.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 61
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Republican Member Senate Fund

<b>A.</b>	Full Name (Last, First, Middle Initial) MR GERARDO LARREA 009	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 7 / 2 0 0 8
	Mailing Address PO BOX 364043	<b>Transaction ID:</b> SA11AI.38900
	City State Zip Code SAN JUAN PR 00936	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation S AMERICAN RESTAURANTS CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MR GERARDO LARREA 009	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 7 / 2 0 0 8
	Mailing Address PO BOX 364043	<b>Transaction ID:</b> SA11AI.38901
	City State Zip Code SAN JUAN PR 00936	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation S AMERICAN RESTAURANTS CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) MR MICHAEL S LEHNKERING 194	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 6 / 2 0 0 8
	Mailing Address 1032 BODINE RD	<b>Transaction ID:</b> SA11AI.39727
	City State Zip Code CHESTER SPRINGS PA 19425	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation RETIRED RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	10250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 61

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Republican Member Senate Fund

**A.**

Full Name (Last, First, Middle Initial)  
MR PAUL F LIENEMANN 681

Mailing Address 3024 S 101ST ST

City State Zip Code  
OMAHA NE 68124

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt

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

Transaction ID: SA11AI.37930

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
MR DIANA R LINGENFELTER 864

Mailing Address 1080 RIATA VALLEY RD

City State Zip Code  
KINGMAN AZ 86409

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

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

Transaction ID: SA11AI.37118

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
MR ROLLISTON W LINSKOTT 342, JR

Mailing Address 3710 GULF OF MEXICO DR LOT C18

City State Zip Code  
LONGBOAT KEY FL 34228

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 0 8

Transaction ID: SA11AI.35404

Amount of Each Receipt this Period  
300.00

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

650.00

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

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

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

FOR LINE NUMBER: PAGE 34 / 61  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Republican Member Senate Fund

**A.** Full Name (Last, First, Middle Initial)  
P LLOYD 853  
Mailing Address 11001 N 99TH AVE STE 11634  
City PEORIA State AZ Zip Code 85345  
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 10 / 24 / 2008  
Transaction ID: SA11AI.37068  
Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
MR WILBURN L LUNA 840  
Mailing Address 1720 S 3135 W  
City VERNAL State UT Zip Code 84078  
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 11 / 18 / 2008  
Transaction ID: SA11AI.37006  
Amount of Each Receipt this Period 150.00

**C.** Full Name (Last, First, Middle Initial)  
MR THOMAS ALLEN LUPTON 374, JR  
Mailing Address 1201 TALLAN BLDG TWO UNION SQ  
City CHATTANOOGA State TN Zip Code 37402  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NONE Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00  
Date of Receipt 10 / 24 / 2008  
Transaction ID: SA11AI.35513  
Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 900.00  
**TOTAL** This Period (last page this line number only) ..... ►

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

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

FOR LINE NUMBER: PAGE 35 / 61  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Republican Member Senate Fund

**A.** Full Name (Last, First, Middle Initial)  
MR EDWARD S MARTIN 150  
Mailing Address 1046 WOODBERRY RD  
City NEW KENSINGTON State PA Zip Code 15068  
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 ▼ 400.00  
Date of Receipt 10 / 23 / 2008  
Transaction ID: SA11AI.40672  
Amount of Each Receipt this Period 400.00

**B.** Full Name (Last, First, Middle Initial)  
MR DANIEL D MARTIN 620  
Mailing Address RR 3 BOX 115  
City CARROLLTON State IL Zip Code 62016  
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 10 / 29 / 2008  
Transaction ID: SA11AI.36305  
Amount of Each Receipt this Period 300.00

**C.** Full Name (Last, First, Middle Initial)  
MS BETTY C MAULER 210  
Mailing Address 2525 POT SPRING RD UNIT L525  
City LUTHERVILLE TIMONI State MD Zip Code 21093  
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 ▼ 300.00  
Date of Receipt 10 / 27 / 2008  
Transaction ID: SA11AI.34829  
Amount of Each Receipt this Period 300.00

**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: (check only one)	PAGE 36 / 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Republican Member Senate Fund

**A.**

Full Name (Last, First, Middle Initial) MR WILLIAM MCGUIRE 751		Date of Receipt
Mailing Address 3913 MODLIN ST		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
City State Zip Code MESQUITE TX 75150		<input type="text"/> 1 0 / <input type="text"/> 2 4 / <input type="text"/> 2 0 0 8
FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>		<b>Transaction ID:</b> SA11AI.38256
Name of Employer Occupation SELF EMPLOYED REAL ESTATE BROKER		Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text"/> 750.00
Aggregate Year-to-Date ▼ <input type="text"/> 750.00		

**B.**

Full Name (Last, First, Middle Initial) MS ELSIE MCKINNEY 928		Date of Receipt
Mailing Address 213 N DAHLIA DR		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
City State Zip Code ANAHEIM CA 92801		<input type="text"/> 1 1 / <input type="text"/> 0 3 / <input type="text"/> 2 0 0 8
FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>		<b>Transaction ID:</b> SA11AI.37477
Name of Employer Occupation RETIRED RETIRED		Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text"/> 1000.00
Aggregate Year-to-Date ▼ <input type="text"/> 1000.00		

**C.**

Full Name (Last, First, Middle Initial) MR SEWELL A MCMILLAN 631		Date of Receipt
Mailing Address 1 SHERATON DR		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
City State Zip Code SAINT LOUIS MO 63124		<input type="text"/> 1 1 / <input type="text"/> 1 9 / <input type="text"/> 2 0 0 8
FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>		<b>Transaction ID:</b> SA11AI.40139
Name of Employer Occupation RETIRED RETIRED		Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text"/> 500.00
Aggregate Year-to-Date ▼ <input type="text"/> 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 2250.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 / 61  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Republican Member Senate Fund

**A.**

Full Name (Last, First, Middle Initial)  
L MEEKER 761

Mailing Address 4900 WESTRIDGE AVE

City State Zip Code  
FORT WORTH TX 76116

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1550.00

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

Transaction ID: SA11AI.39204

Amount of Each Receipt this Period  
1550.00

**B.**

Full Name (Last, First, Middle Initial)  
MRS MARY MELTZER 139

Mailing Address 14 EDGEWATER RD

City State Zip Code  
BINGHAMTON NY 13905

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

Name of Employer Occupation  
NONE HOMEMAKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.40616

Amount of Each Receipt this Period  
1500.00

**C.**

Full Name (Last, First, Middle Initial)  
DANIEL G MENZER 535

Mailing Address N3099 STATE ROAD 89

City State Zip Code  
JEFFERSON WI 53549

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

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

Transaction ID: SA11AI.36005

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3350.00**

**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 38 / 61  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Republican Member Senate Fund

**A.** Full Name (Last, First, Middle Initial)  
MS MARY K MONTGOMERY 379  
Mailing Address 7433 SOMERSET RD

City State Zip Code  
KNOXVILLE TN 37909

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 ▼ 253.00

Date of Receipt: 11 / 12 / 2008  
Transaction ID: SA11AI.38226  
Amount of Each Receipt this Period: 200.00

**B.** Full Name (Last, First, Middle Initial)  
DR CRAIG M MORGAN 257  
Mailing Address 200 CAMELOT DR

City State Zip Code  
HUNTINGTON WV 25701

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

Name of Employer SELF EMPLOYED Occupation DOCTOR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 23 / 2008  
Transaction ID: SA11AI.34971  
Amount of Each Receipt this Period: 250.00

**C.** Full Name (Last, First, Middle Initial)  
GUILLERMO M NARVACAN 774, JR  
Mailing Address 407 BAY BRIDGE DR

City State Zip Code  
SUGAR LAND TX 77478

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 ▼ 225.00

Date of Receipt: 11 / 03 / 2008  
Transaction ID: SA11AI.38053  
Amount of Each Receipt this Period: 225.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 675.00

**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 39 / 61  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Republican Member Senate Fund

**A.** Full Name (Last, First, Middle Initial)  
MR RAY P ODEN 711, JR  
Mailing Address 702 THORA BLVD  
City SHREVEPORT State LA Zip Code 71106  
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 ▼ 1000.00  
Date of Receipt 10 / 29 / 2008  
Transaction ID: SA11AI.36597  
Amount of Each Receipt this Period 1000.00

**B.** Full Name (Last, First, Middle Initial)  
MR RAY P ODEN 711, JR  
Mailing Address 702 THORA BLVD  
City SHREVEPORT State LA Zip Code 71106  
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 ▼ 4000.00  
Date of Receipt 10 / 29 / 2008  
Transaction ID: SA11AI.36598  
Amount of Each Receipt this Period 3000.00

**C.** Full Name (Last, First, Middle Initial)  
MRS JANE PASTELAK 194  
Mailing Address 1192 LAURELWOOD RD  
City POTTSTOWN State PA Zip Code 19465  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NONE Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 350.00  
Date of Receipt 10 / 30 / 2008  
Transaction ID: SA11AI.34731  
Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 4250.00  
**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 40 / 61  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Republican Member Senate Fund

**A.** Full Name (Last, First, Middle Initial)  
L L PENNEY 652

Mailing Address 1502 E BROADWAY STE 106

City State Zip Code  
COLUMBIA MO 65201

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

Name of Employer SELF EMPLOYED      Occupation PHYSICIAN

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      300.00

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

**Transaction ID:** SA11AI.36413

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
MR JOHN PENSON 752

Mailing Address 3756 ARMSTRONG AVE

City State Zip Code  
DALLAS TX 75205

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

Name of Employer PENSON PROPERTIES INC      Occupation INVESTOR

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

**Transaction ID:** SA11AI.38208

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
MR THOMAS PUGNO 481

Mailing Address 22215 HURON RIVER DR

City State Zip Code  
ROCKWOOD MI 48173

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

Name of Employer SELF EMPLOYED      Occupation SELF EMPLOYED

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

**Transaction ID:** SA11AI.39603

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: (check only one)	PAGE 41 / 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Republican Member Senate Fund

**A.** Full Name (Last, First, Middle Initial)  
MR ROBERT REWEY 334

Mailing Address 810 S OCEAN BLVD

City PALM BEACH State FL Zip Code 33480

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 ▼ 250.00

Date of Receipt: 10 / 30 / 2008

Transaction ID: SA11AI.35317

Amount of Each Receipt this Period: 150.00

**B.** Full Name (Last, First, Middle Initial)  
MR HALL ROBERTS 521

Mailing Address PO BOX 10

City POSTVILLE State IA Zip Code 52162

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

Name of Employer HALL ROBERTS & SON INC Occupation PRESIDENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 11 / 03 / 2008

Transaction ID: SA11AI.35953

Amount of Each Receipt this Period: 150.00

**C.** Full Name (Last, First, Middle Initial)  
MR WILLIAM L ROSENBERGER 194

Mailing Address 753 SPRING LN

City LANSDALE State PA Zip Code 19446

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: 10 / 29 / 2008

Transaction ID: SA11AI.39114

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 42 / 61  
(check only one)  
 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)  
Republican Member Senate Fund

**A.** Full Name (Last, First, Middle Initial)  
MR FRED W SCHEIGERT 223

Mailing Address 123 S PITT ST

City State Zip Code  
ALEXANDRIA VA 22314

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

Name of Employer 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 Y  
1 0 / 2 7 / 2 0 0 8

**Transaction ID:** SA11AI.34906

Amount of Each Receipt this Period  
150.00

**B.** Full Name (Last, First, Middle Initial)  
JANE SMITH 871

Mailing Address 3390 SAINT ANDREWS DR SE

City State Zip Code  
RIO RANCHO NM 87124

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

Name of Employer Occupation  
NONE WIDOW

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 3 / 2 0 0 8

**Transaction ID:** SA11AI.38727

Amount of Each Receipt this Period  
225.00

**C.** Full Name (Last, First, Middle Initial)  
MR WILLIAM B SNYDER 337

Mailing Address 555 5TH AVE NE PH 2

City State Zip Code  
SAINT PETERSBURG FL 33701

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

Name of Employer Occupation  
NONE RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

**Transaction ID:** SA11AI.35328

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1375.00**

**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 43 / 61

(check only one)

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

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

NAME OF COMMITTEE (In Full)  
Republican Member Senate Fund

**A.**

Full Name (Last, First, Middle Initial)  
MR WILLIAM B SNYDER 337

Mailing Address 555 5TH AVE NE PH 2

City State Zip Code  
SAINT PETERSBURG FL 33701

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

Name of Employer Occupation  
NONE RETIRED

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2000.00

Date of Receipt

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

Transaction ID: SA11AI.35329

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)  
MR WILBER B SPALDING 662, JR

Mailing Address 6900 OVERHILL RD

City State Zip Code  
MISSION HILLS KS 66208

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

Name of Employer Occupation  
DOCTOR

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 2 / 2 0 0 8

Transaction ID: SA11AI.36448

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)  
MR ROBERT E STAIRS 325

Mailing Address 10443 TAM O SHANTER RD

City State Zip Code  
PENSACOLA FL 32514

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

Name of Employer Occupation

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 8 / 2 0 0 8

Transaction ID: SA11AI.35225

Amount of Each Receipt this Period

75.00

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 61  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Republican Member Senate Fund

**A.** Full Name (Last, First, Middle Initial)  
MRS ADA ANDERSON STRASENBURGH 082  
Mailing Address PO BOX X 608

City State Zip Code  
OCEAN VIEW NJ 08230

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 ▼ 400.00

Date of Receipt: 10 / 29 / 2008  
Transaction ID: SA11AI.40406  
Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)  
MRS ADA ANDERSON STRASENBURGH 082  
Mailing Address PO BOX X 608

City State Zip Code  
OCEAN VIEW NJ 08230

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 ▼ 650.00

Date of Receipt: 11 / 05 / 2008  
Transaction ID: SA11AI.40408  
Amount of Each Receipt this Period: 250.00

**C.** Full Name (Last, First, Middle Initial)  
MRS ADA ANDERSON STRASENBURGH 082  
Mailing Address PO BOX X 608

City State Zip Code  
OCEAN VIEW NJ 08230

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 ▼ 700.00

Date of Receipt: 11 / 13 / 2008  
Transaction ID: SA11AI.40405  
Amount of Each Receipt this Period: 50.00

**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 45 / 61  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Republican Member Senate Fund

**A.** Full Name (Last, First, Middle Initial)  
MR JOHN R STREET 300  
Mailing Address 386 POLK ST NW

City State Zip Code  
MARIETTA GA 30064

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

Name of Employer Occupation  
RETIRED 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 0 8

**Transaction ID:** SA11AI.35120

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
MRS ALICE SUMIDA 972  
Mailing Address 2309 SW 1ST AVE APT 1545

City State Zip Code  
PORTLAND OR 97201

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

Name of Employer Occupation  
RETIRED 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 / 3 1 / 2 0 0 8

**Transaction ID:** SA11AI.38069

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
MR ROBERT SUNDERLAND 890  
Mailing Address 953 PYRITE AVE  
953 PYRITE AVE

City State Zip Code  
HENDERSON NV 89011

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

Name of Employer Occupation  
NONE RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

**Transaction ID:** SA11AI.37146

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1100.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 46 / 61  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
Republican Member Senate Fund

**A.**

Full Name (Last, First, Middle Initial)  
MR ROBERT SUNDERLAND 890

Mailing Address 953 PYRITE AVE  
953 PYRITE AVE

City Henderson State NV Zip Code 89011

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 ▼ 1000.00

Date of Receipt: 10 / 27 / 2008  
Transaction ID: SA11AI.37144  
Amount of Each Receipt this Period: 500.00

**B.**

Full Name (Last, First, Middle Initial)  
MR ROBERT SUNDERLAND 890

Mailing Address 953 PYRITE AVE  
953 PYRITE AVE

City Henderson State NV Zip Code 89011

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 ▼ 1100.00

Date of Receipt: 11 / 03 / 2008  
Transaction ID: SA11AI.37145  
Amount of Each Receipt this Period: 100.00

**C.**

Full Name (Last, First, Middle Initial)  
MRS JANNETTE E SWENSON 068

Mailing Address 36 GAME COCK RD

City GREENWICH State CT Zip Code 06830

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

Name of Employer NONE Occupation HOMEMAKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 16 / 2008  
Transaction ID: SA11AI.40308  
Amount of Each Receipt this Period: 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **850.00**

**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 47 / 61  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Republican Member Senate Fund

**A.** Full Name (Last, First, Middle Initial)  
MR JOHN THOMETZ 606  
Mailing Address 6248 N KEATING AVE  
City CHICAGO State IL Zip Code 60646  
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 ▼ 500.00  
Date of Receipt 10 / 23 / 2008  
Transaction ID: SA11AI.38084  
Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
MRS ROSE VALA 607  
Mailing Address 7919 N HARLEM AVE  
City NILES State IL Zip Code 60714  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 225.00  
Date of Receipt 10 / 31 / 2008  
Transaction ID: SA11AI.39351  
Amount of Each Receipt this Period 150.00

**C.** Full Name (Last, First, Middle Initial)  
MR JAMES VAN VALKENBURG 190  
Mailing Address 535 GRADYVILLE RD  
City NEWTOWN SQUARE State PA Zip Code 19073  
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 ▼ 300.00  
Date of Receipt 11 / 05 / 2008  
Transaction ID: SA11AI.34676  
Amount of Each Receipt this Period 300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 950.00  
**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 48 / 61  
(check only one)

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

**A.**

Full Name (Last, First, Middle Initial)  
MR VERL WADDOUPS 832

Mailing Address 44 S 600 W

City State Zip Code  
BLACKFOOT ID 83221

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

Name of Employer Occupation

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 8 / 2 0 0 8

**Transaction ID:** SA11AI.36984

Amount of Each Receipt this Period  
150.00

**B.**

Full Name (Last, First, Middle Initial)  
MRS BEVERLEY WADSWORTH 046

Mailing Address PO BOX 52

City State Zip Code  
HANCOCK ME 04640

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

Name of Employer Occupation  
RETIRED RETIRED

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 0 / 2 2 / 2 0 0 8

**Transaction ID:** SA11AI.38990

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
MR ROBERT D WEINBERG 113

Mailing Address 3565 85TH ST APT 1F

City State Zip Code  
JACKSON HEIGHTS NY 11372

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

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

**Transaction ID:** SA11AI.40505

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **700.00**

**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 49 / 61  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Republican Member Senate Fund

**A.** Full Name (Last, First, Middle Initial)  
JANIS WILLIAMS 956  
Mailing Address 905 INDIAN RANCHERIA RD  
City AUBURN State CA Zip Code 95603  
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 ▼ 1000.00  
Date of Receipt 10 / 27 / 2008  
Transaction ID: SA11AI.39368  
Amount of Each Receipt this Period 1000.00

**B.** Full Name (Last, First, Middle Initial)  
BERT WINSTON 768, JR  
Mailing Address 1919 KC 450  
City JUNCTION State TX Zip Code 76849  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NONE Occupation HOUSEWIFE  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00  
Date of Receipt 10 / 16 / 2008  
Transaction ID: SA11AI.36817  
Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
DR CHARLES R WINTER 176  
Mailing Address 80 SILOULHOUSE RD  
City LANCASTER State PA Zip Code 17603  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SELF EMPLOYED Occupation DOCTOR  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00  
Date of Receipt 10 / 29 / 2008  
Transaction ID: SA11AI.38186  
Amount of Each Receipt this Period 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2500.00  
**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 50 / 61

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Republican Member Senate Fund

**A.**

Full Name (Last, First, Middle Initial)  
MR JAMES WINTERSTEEN 949

Mailing Address 27 MYRTLE AVE

City State Zip Code  
MILL VALLEY CA 94941

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

Name of Employer Occupation  
SELF EMPLOYED SELF EMPLOYED

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 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.37621

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)  
MRS HARRIET YOUNG 922

Mailing Address 81910 ARUS AVE

City State Zip Code  
INDIO CA 92201

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

Name of Employer Occupation  
YOUNG & SONS NURSERY BUSINESS OWNER

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 0 / 2 0 0 8

Transaction ID: SA11AI.37404

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)  
MRS HARRIET YOUNG 922

Mailing Address 81910 ARUS AVE

City State Zip Code  
INDIO CA 92201

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

Name of Employer Occupation  
YOUNG & SONS NURSERY BUSINESS OWNER

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 0 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.37403

Amount of Each Receipt this Period

200.00

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

1000.00

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

79538.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 51 / 61</span>
	(check only one)
<input 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 checked="" type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Republican Member Senate Fund

<b>A.</b>	Full Name (Last, First, Middle Initial) MCCAIN VICTORY COMMITTEE		Date of Receipt
	Mailing Address 228 S WASHINGTON ST STE 115		<input type="text" value="10"/> / <input type="text" value="16"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	ALEXANDRIA	VA	22314
	FEC ID number of contributing federal political committee.		<input type="text" value="C00446682"/>
Name of Employer		Occupation	Transaction ID: SA16.40922
Receipt For: 2008		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="2500.00"/>		<input type="text" value="2500.00"/>
<input type="checkbox"/> Other (specify) ▼			Refund of contribution

<b>B.</b>	Full Name (Last, First, Middle Initial) MCCAIN VICTORY COMMITTEE		Date of Receipt
	Mailing Address 228 S WASHINGTON ST STE 115		<input type="text" value="10"/> / <input type="text" value="20"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	ALEXANDRIA	VA	22314
	FEC ID number of contributing federal political committee.		<input type="text" value="C00446682"/>
Name of Employer		Occupation	Transaction ID: SA16.40923
Receipt For: 2008		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="5000.00"/>		<input type="text" value="2500.00"/>
<input type="checkbox"/> Other (specify) ▼			Refund of contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="5000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="5000.00"/>

**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 52 / 61

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

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

NAME OF COMMITTEE (In Full)  
Republican Member Senate Fund

A.	Full Name (Last, First, Middle Initial) BMW Direct Inc	Transaction ID: SB21B.40926 Date of Disbursement 11 / 24 / 2008
	Mailing Address 1155 15th Street NW Ste 614	Amount of Each Disbursement this Period 135337.94
	City Washington State DC Zip Code 20005	
	Purpose of Disbursement Fundraising-no specified candidate Candidate Name	003 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) BMW Direct Inc	Transaction ID: SB21B.40939 Date of Disbursement 11 / 24 / 2008
	Mailing Address 1155 15th Street NW Ste 614	Amount of Each Disbursement this Period 14055.71
	City Washington State DC Zip Code 20005	
	Purpose of Disbursement Fundraising-no specific candidate Candidate Name	003 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Contact Services	Transaction ID: SB21B.30175 Date of Disbursement 10 / 20 / 2008
	Mailing Address 2275 Burlingame SW	Amount of Each Disbursement this Period 1050.00
	City Grand Rapids State MI Zip Code 49509	
	Purpose of Disbursement Consulting Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>150443.65</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 53 / 61

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

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NAME OF COMMITTEE (In Full)  
Republican Member Senate Fund

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) E Design Company</p> <p>Mailing Address 2052 College Avenue SE</p> <p>City Grand Rapids State MI Zip Code 49507</p> <p>Purpose of Disbursement Design and printing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.40928</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2684.50"/></p> <p>Category/Type: <input type="text" value="003"/></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) E Design Company</p> <p>Mailing Address 2052 College Avenue SE</p> <p>City Grand Rapids State MI Zip Code 49507</p> <p>Purpose of Disbursement Design services-no specific candidate</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.40938</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="19980.13"/></p> <p>Category/Type: <input type="text" value="003"/></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Sage Consultants, LLC</p> <p>Mailing Address 2870 Dobie Rd</p> <p>City Mason State MI Zip Code 48854</p> <p>Purpose of Disbursement Accounting services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.40934</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="3075.00"/></p> <p>Category/Type: <input type="text" value="001"/></p>

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

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 54 / 61

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

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NAME OF COMMITTEE (In Full)  
Republican Member Senate Fund

A.	Full Name (Last, First, Middle Initial) Mark VanderWal			Transaction ID: SB21B.40932 Date of Disbursement																					
	Mailing Address 7433 Willow Point			<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>7</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>			M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	7		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y																
1	0		2	7		2	0	0	8																
	City Caledonia	State MI	Zip Code 49316	Amount of Each Disbursement this Period																					
	Purpose of Disbursement Consulting			<table border="1"> <tr> <td colspan="6">1300.00</td> </tr> </table>			1300.00																		
1300.00																									
	Candidate Name																								
	Office Sought:	Disbursement For:																							
	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																							
	State:	District:																							

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

<b>1300.00</b>
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TOTAL This Period (last page this line number only) ..... ►

<b>177483.28</b>
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# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Republican Member Senate Fund

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>CHAMBLISS FOR SENATE</b>  Mailing Address <b>POST OFFICE BOX 12469</b>  City <b>ATLANTA</b> State <b>GA</b> Zip Code <b>30355</b> Purpose of Disbursement Political contribution Candidate Name <b>C SAXBY CHAMBLISS</b> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <b>GA</b> District: <b>00</b> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB23.30163 <b>Date of Disbursement</b> M M / D D / Y Y Y Y <b>1 0 / 1 8 / 2 0 0 8</b>  Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">2500.00</div>
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>CHAMBLISS FOR SENATE</b>  Mailing Address <b>POST OFFICE BOX 12469</b>  City <b>ATLANTA</b> State <b>GA</b> Zip Code <b>30355</b> Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Runoff	<b>Transaction ID:</b> SB23.34581 <b>Date of Disbursement</b> M M / D D / Y Y Y Y <b>1 1 / 0 7 / 2 0 0 8</b>  Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">5000.00</div>
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>DARREN WHITE FOR CONGRESS</b>  Mailing Address <b>P.O. Box 16601</b>  City <b>Albuquerque</b> State <b>NM</b> Zip Code <b>87191</b> Purpose of Disbursement Political contribution Candidate Name <b>DARREN P. WHITE</b> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>NM</b> District: <b>01</b> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB23.30168 <b>Date of Disbursement</b> M M / D D / Y Y Y Y <b>1 0 / 2 0 / 2 0 0 8</b>  Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">1000.00</div>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<div style="border: 1px solid black; padding: 5px;">8500.00</div>
<b>TOTAL</b> This Period (last page this line number only) .....	<div style="border: 1px solid black; padding: 5px; height: 20px;"></div>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Republican Member Senate Fund

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>FRIENDS OF ERIK PAULSEN</b>	<b>Transaction ID:</b> SB23.30174 Date of Disbursement 10 / 20 / 2008	
	Mailing Address P.O. Box 44369 250 Prairie Center Drive		
	City Eden Prairie State MN Zip Code 55344	Amount of Each Disbursement this Period 3000.00	
	Purpose of Disbursement Political contribution	011 Category/ Type	
	Candidate Name <b>ERIK PAULSEN</b>		
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 03	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>JOSEPH CAO FOR CONGRESS</b>	<b>Transaction ID:</b> SB23.34592 Date of Disbursement 11 / 07 / 2008	
	Mailing Address 401 WESTBANK EXPRESSWAY SUITE 202		
	City GRETNLA State LA Zip Code 70053	Amount of Each Disbursement this Period 2000.00	
	Purpose of Disbursement Political contribution	011 Category/ Type	
	Candidate Name		
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 02	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Runoff	
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>LYNN JENKINS FOR CONGRESS</b>	<b>Transaction ID:</b> SB23.30165 Date of Disbursement 10 / 20 / 2008	
	Mailing Address P.O. Box 1441		
	City Topeka State KS Zip Code 66601	Amount of Each Disbursement this Period 1000.00	
	Purpose of Disbursement Political contribution	011 Category/ Type	
	Candidate Name <b>LYNN JENKINS</b>		
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 02	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>6000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Republican Member Senate Fund

<p><b>A.</b> Full Name (Last, First, Middle Initial) <b>MEMBERS CAMPAIGN FUND</b></p> <p>Mailing Address 7736 SOUTH MAY STREET</p> <p>City CHICAGO State IL Zip Code 60620</p> <p>Purpose of Disbursement Political contribution</p> <p>Candidate Name <b>ANTOINE MEMBERS</b></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 01</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.34569 <b>Date of Disbursement</b> 10 / 27 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) <b>PARKER FOR CONGRESS</b></p> <p>Mailing Address P.O. Box 16135</p> <p>City Huntsville State AL Zip Code 35802</p> <p>Purpose of Disbursement Political contribution</p> <p>Candidate Name <b>WAYNE JR. PARKER</b></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 05</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.30171 <b>Date of Disbursement</b> 10 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) <b>REPUBLICAN PARTY OF MINNESOTA RECOUNT FUND</b></p> <p>Mailing Address 525 PARK STREET SUITE 250</p> <p>City ST PAUL State MN Zip Code 55103</p> <p>Purpose of Disbursement</p> <p>Candidate Name <b>AUMUA AMATA COLEMAN</b></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AS District: 00</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Recount</p>	<p><b>Transaction ID:</b> SB23.34582 <b>Date of Disbursement</b> 11 / 07 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>

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

7000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Republican Member Senate Fund

A.

Full Name (Last, First, Middle Initial)  
WILLIAM RUSSELL FOR CONGRESS

Transaction ID: SB23.30156

Date of Disbursement

Mailing Address PO BOX 630

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

City JOHNSTOWN State PA Zip Code 15907

Amount of Each Disbursement this Period

2500.00
---------

Purpose of Disbursement  
Political contribution

011
Category/ Type

Candidate Name  
WILLIAM RUSSELL

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: PA District: 12

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

2500.00
---------

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

24000.00
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**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
Republican Member Senate Fund

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor BMW Direct Inc	Nature of Debt (Purpose): Fundraising and solicitation
Mailing Address 1155 15th Street NW Ste 614	
City State ZIP Code Washington DC 20005	

Outstanding Balance Beginning This Period 32855.57	<b>Transaction ID:</b> SD10.14211	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 32855.57

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor BMW Direct Inc	Nature of Debt (Purpose): fundraising and solicitation
Mailing Address 1155 15th Street NW Ste 614	
City State ZIP Code Washington DC 20005	

Outstanding Balance Beginning This Period 149110.22	<b>Transaction ID:</b> SD10.30143	
Amount Incurred This Period 0.00	Payment This Period 135337.94	Outstanding Balance at Close of This Period 13772.28

1) <b>SUBTOTALS</b> This Period This Page (optional).....	46627.85
2) <b>TOTALS</b> This Period (last page this line number only).....	46627.85
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	46627.85

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

NAME OF COMMITTEE (In Full) Republican Member Senate Fund	FEC IDENTIFICATION NUMBER <b>C</b> C00413872
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
Battle Creek Enquirer

Date  
M M / D D / Y Y Y Y  
1 0 / 2 4 / 2 0 0 8

Mailing Address  
155 W VanBuren

Amount  
3855.81

City State Zip Code  
Battle Creek MI 49017

Transaction ID: SE.40936

Purpose of Expenditure Category/Type  
Newspaper ad 004

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

Name of Federal Candidate supported or Opposed by expenditure:  
JOHN S MCCAIN

Check One:  Support  Oppose

Calendar Year-To-Date Per Election for Office Sought  
3855.81

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2008

Full Name (Last, First, Middle, Initial) of Payee  
CL Slack's Design Studio

Date  
M M / D D / Y Y Y Y  
1 1 / 1 7 / 2 0 0 8

Mailing Address  
7902 Englewood Rd

Amount  
850.00

City State Zip Code  
Indianapolis IN 46240

Transaction ID: SE.34604

Purpose of Expenditure Category/Type  
Website design 004

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

Name of Federal Candidate supported or Opposed by expenditure:  
CARL LEVIN

Check One:  Support  Oppose

Calendar Year-To-Date Per Election for Office Sought  
1645.50

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2014

(a) SUBTOTAL of Itemized Independent Expenditures .....	4705.81
(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.

Holly Hughes  
Signature

Date M M / D D / Y Y Y Y  
1 2 / 0 4 / 2 0 0 8

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

NAME OF COMMITTEE (In Full) Republican Member Senate Fund	FEC IDENTIFICATION NUMBER <b>C</b> C00413872
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
Vandelay Software

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Mailing Address  
502 King Farm Blvd #108

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City Rockville	State MD	Zip Code 20850
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Purpose of Expenditure website development	Category/ Type 004
-----------------------------------------------	--------------------------

---

Name of Federal Candidate supported or Opposed by expenditure:  
CARL LEVIN

---

Calendar Year-To-Date Per Election for Office Sought	795.50
---------------------------------------------------------	--------

Date  
M M / D D / Y Y Y Y  
1 1 / 1 7 / 2 0 0 8

Amount  
795.50

Transaction ID: SE.34601

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

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2014

Full Name (Last, First, Middle, Initial) of Payee  
Zeeland Record

---

Mailing Address  
16 S Elm

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City Zeeland	State MI	Zip Code 49464
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Purpose of Expenditure Print Ad	Category/ Type 004
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---

Name of Federal Candidate supported or Opposed by expenditure:  
JOHN S MCCAIN

---

Calendar Year-To-Date Per Election for Office Sought	8055.81
---------------------------------------------------------	---------

Date  
M M / D D / Y Y Y Y  
1 1 / 1 7 / 2 0 0 8

Amount  
4200.00

Transaction ID: SE.34610

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

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2008

(a) SUBTOTAL of Itemized Independent Expenditures .....	4995.50
(b) SUBTOTAL of Unitemized Independent Expenditures .....	_____
(c) TOTAL Independent Expenditures .....	9701.31

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.

Holly Hughes  
Signature

Date M M / D D / Y Y Y Y  
1 2 / 0 4 / 2 0 0 8