

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
THOROUGHbred PAC

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	9

D	D
3	0

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		23221.29
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	50425.95									
(c) Total Receipts (from Line 19)	29951.10	73675.08								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	80377.05	96896.37								
7. Total Disbursements (from Line 31)	27690.67	44209.99								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	52686.38	52686.38								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
THOROUGHbred PAC

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	9

D	D
3	0

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	9451.10	13951.10
(i) Itemized (use Schedule A)	0.00	0.00
(ii) Unitemized	9451.10	13951.10
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	20500.00	53476.20
(c) Other Political Committees (such as PACs)	29951.10	67427.30
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)		
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	6247.78
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	29951.10	73675.08
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	29951.10	73675.08

DETAILED SUMMARY PAGE

of Disbursements

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Page 4

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.....	22190.67	30409.99
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	22190.67	30409.99
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	4000.00	12300.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	500.00	500.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	500.00	500.00
29. Other Disbursements.....	1000.00	1000.00
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))..	27690.67	44209.99
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	27690.67	44209.99

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)	29951.10	67427.30
34. Total Contribution Refunds (from Line 28(d))	500.00	500.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	29451.10	66927.30
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	22190.67	30409.99
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	6247.78
38. Net Operating Expenditures (subtract Line 37 from Line 36)	22190.67	24162.21

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 27
(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)
THOROUGHBRED PAC

A. Full Name (Last, First, Middle Initial)
Julie Hershey Carr

Mailing Address 6038 9th Street, North

City State Zip Code
Arlington VA 22205

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

Name of Employer Occupation
Kountoupes Consulting Consultant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
09 / 29 / 2008

Transaction ID: SA11AI.4481

Amount of Each Receipt this Period
250.00

contribution

B. Full Name (Last, First, Middle Initial)
Colette Desmarais

Mailing Address 2841 Brook Drive

City State Zip Code
Falls Church VA 22042

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

Name of Employer Occupation
United States Senate Health Policy Advisor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
09 / 29 / 2008

Transaction ID: SA11AI.4448

Amount of Each Receipt this Period
250.00

contribution

C. Full Name (Last, First, Middle Initial)
Dale Dirks

Mailing Address 507 Capitol Court, NW Suite 200

City State Zip Code
Washington DC 20002

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

Name of Employer Occupation
Health & Medicine Council President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
09 / 29 / 2008

Transaction ID: SA11AI.4459

Amount of Each Receipt this Period
250.00

contribution

SUBTOTAL of Receipts This Page (optional) ► **750.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 27
	<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)
THOROUGHbred PAC

A.	Full Name (Last, First, Middle Initial) Linda Fareed	Date of Receipt MM / DD / YYYY 07 / 21 / 2008
	Mailing Address 741 Glenvia Street Suite 101	Transaction ID: SA11AI.4491
	City State Zip Code Glendale CA 91206	Amount of Each Receipt this Period 833.33
	FEC ID number of contributing federal political committee. C	contribution from PFK Partners
	Name of Employer Occupation PFK Partners Partner	[MEMO ITEM]
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ .00	

B.	Full Name (Last, First, Middle Initial) Fred Graefe	Date of Receipt MM / DD / YYYY 09 / 29 / 2008
	Mailing Address 319 Constitution Avenue, NE	Transaction ID: SA11AI.4465
	City State Zip Code Washington DC 20002	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	contribution
	Name of Employer Occupation Law Offices of Frederick Graef Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) John Halliwell	Date of Receipt MM / DD / YYYY 09 / 29 / 2008
	Mailing Address 901 N. Nelson Street Apt. 410	Transaction ID: SA11AI.4456
	City State Zip Code Arlington VA 22203	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	contribution
	Name of Employer Occupation Pfizer Director, Federal Government Relations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 27
	<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)
THOROUGHbred PAC

A.	Full Name (Last, First, Middle Initial) Linda Jenckes	Date of Receipt MM / DD / YYYY 09 / 29 / 2008
	Mailing Address 1136 Waverly Way	Transaction ID: SA11AI.4463
	City State Zip Code McLean VA 22101	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	contribution
	Name of Employer Occupation Linda Jenckes & Associates President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Timothy Jenkins	Date of Receipt MM / DD / YYYY 09 / 29 / 2008
	Mailing Address 7515 Honesty Way	Transaction ID: SA11AI.4450
	City State Zip Code Bethesda MD 20817	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	contribution
	Name of Employer Occupation Nossana LLP; O'Connor & Hannan Partner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Desi Keck	Date of Receipt MM / DD / YYYY 07 / 21 / 2008
	Mailing Address 741 Glenvia Street, Suite 101	Transaction ID: SA11AI.4496
	City State Zip Code Glendale CA 91206	Amount of Each Receipt this Period 833.33
	FEC ID number of contributing federal political committee. C	contribution from PFK Partners
	Name of Employer Occupation PFK Partners Partner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ .00	[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)	500.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 9 / 27
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
THOROUGHBRED PAC

A. Full Name (Last, First, Middle Initial)
Peyton Howel Koren

Mailing Address 4724 Carmel Club Drive

City State Zip Code
Charlotte NC 28226

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

Name of Employer Occupation
Lash Group; ABSG Mfg Srve President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 29 / 2008

Transaction ID: SA11AI.4446

Amount of Each Receipt this Period
250.00

contribution

B. Full Name (Last, First, Middle Initial)
Ed Kutler

Mailing Address 601 13th Street, NW
Suite 410 South

City State Zip Code
Washington DC 20005

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

Name of Employer Occupation
Clark & Weinstock Partner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 29 / 2008

Transaction ID: SA11AI.4454

Amount of Each Receipt this Period
250.00

contribution

C. Full Name (Last, First, Middle Initial)
Patrick Morrissey

Mailing Address 1501 K Street, NW

City State Zip Code
Washington DC 20005

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

Name of Employer Occupation
Sidley Austin Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 29 / 2008

Transaction ID: SA11AI.4452

Amount of Each Receipt this Period
500.00

contribution

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 10 / 27
	<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)
THOROUGHbred PAC

A.	Full Name (Last, First, Middle Initial) Sarah McElroy Murphy	Date of Receipt MM / DD / YYYY 09 / 29 / 2008
	Mailing Address 6041 Woodmont Road	Transaction ID: SA11AI.4473
	City State Zip Code Alexandria VA 22307	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	contribution
	Name of Employer Occupation RB Murphy & Associates Legislative Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Jeff Myers	Date of Receipt MM / DD / YYYY 09 / 29 / 2008
	Mailing Address 7704 Georgetown Pike	Transaction ID: SA11AI.4477
	City State Zip Code McLean VA 22101	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	contribution
	Name of Employer Occupation Biogen Idec, Inc. Lobbyist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Rita Norton	Date of Receipt MM / DD / YYYY 09 / 03 / 2008
	Mailing Address 3530 Pinetree Terrace	Transaction ID: SA11AI.4533
	City State Zip Code Falls Church VA 22041	Amount of Each Receipt this Period 1451.10
	FEC ID number of contributing federal political committee. C	In-kind - catering for fundraising event
	Name of Employer Occupation AmerisourceBergen Corp VP, Government Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1451.10	

SUBTOTAL of Receipts This Page (optional)	▶	2201.10
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 11 / 27
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
THOROUGHbred PAC

A.	Full Name (Last, First, Middle Initial) Elinore Pagliuso		Date of Receipt MM / DD / YYYY 07 / 21 / 2008
	Mailing Address 741 Glenvia Street, Suite 101		Transaction ID: SA11AI.4497
	City Glendale	State CA	Zip Code 91206
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 833.33
	Name of Employer PFK Partners	Occupation Partner	contribution from PFK Partners
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ .00	[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) PFK Partners PFK Partners		Date of Receipt MM / DD / YYYY 07 / 21 / 2008
	Mailing Address 741 Glenvia Street Suite 101		Transaction ID: SA11AI.4490
	City Glendale	State CA	Zip Code 91206
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
	Name of Employer	Occupation	contribution - see memo
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2500.00	

C.	Full Name (Last, First, Middle Initial) Greg Scott		Date of Receipt MM / DD / YYYY 09 / 29 / 2008
	Mailing Address 10711 Maplecrest Lane		Transaction ID: SA11AI.4461
	City Potomac	State MD	Zip Code 20854
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer retired	Occupation retired	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	2750.00
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 12 / 27
	<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)
THOROUGHbred PAC

A.	Full Name (Last, First, Middle Initial) Tamara Kerlin Seal	Date of Receipt MM / DD / YYYY 09 / 29 / 2008
	Mailing Address 8956 Old Tolson Mill Road	Transaction ID: SA11AI.4475
	City State Zip Code McLean VA 22102	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	contribution
	Name of Employer requested Occupation requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00

B.	Full Name (Last, First, Middle Initial) Jason Van Pelt	Date of Receipt MM / DD / YYYY 09 / 29 / 2008
	Mailing Address 601 Pennsylvania Avenue, NW Suite 1200 North	Transaction ID: SA11AI.4467
	City State Zip Code Washington DC 20004	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	contribution
	Name of Employer Merck Occupation Counsel, Government Relations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00

C.	Full Name (Last, First, Middle Initial) Dean Walter	Date of Receipt MM / DD / YYYY 09 / 29 / 2008
	Mailing Address 7111 Capitol View Drive	Transaction ID: SA11AI.4469
	City State Zip Code McLean VA 22101	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	contribution
	Name of Employer Walter Consulting Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 13 / 27
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
THOROUGHbred PAC

A.

Full Name (Last, First, Middle Initial) Joel White		Date of Receipt MM / DD / YYYY 09 / 29 / 2008
Mailing Address 4644 24th Street, North		Transaction ID: SA11AI.4479
City Arlington	State VA	Zip Code 22207
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Kountoupes Consulting	Occupation Consultant	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.

Full Name (Last, First, Middle Initial) Nancy Wightman		Date of Receipt MM / DD / YYYY 09 / 29 / 2008
Mailing Address 3523 Pinetree Terrace		Transaction ID: SA11AI.4471
City Falls Church	State VA	Zip Code 22041
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer HDR Architects Inc.	Occupation Interior Designer	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	9451.10

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 27
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
THOROUGHbred PAC

A. Full Name (Last, First, Middle Initial)
AMERICA'S HEALTH INSURANCE PLANS PAC (AHIP PAC)

Mailing Address 601 Penn. Avenue NW
#500 South Bldg.

City State Zip Code
WASHINGTON DC 20004

FEC ID number of contributing federal political committee. **C** C00106740

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 8

Transaction ID: SA11C.4435

Amount of Each Receipt this Period
2000.00

contribution

B. Full Name (Last, First, Middle Initial)
AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Mailing Address 2831 Lone Oak Road

City State Zip Code
Paducah KY 42003

FEC ID number of contributing federal political committee. **C** C00351197

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 8

Transaction ID: SA11C.4484

Amount of Each Receipt this Period
5000.00

contribution

C. Full Name (Last, First, Middle Initial)
AMERISOURCEBERGEN CORPORATION POLITICAL ACTION COMMITTEE (ABC PAC)

Mailing Address 1300 Morris Drive
Suite 100

City State Zip Code
Chesterbrook PA 19355

FEC ID number of contributing federal political committee. **C** C00400929

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

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

Transaction ID: SA11C.4442

Amount of Each Receipt this Period
500.00

contribution

SUBTOTAL of Receipts This Page (optional) ► 7500.00

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

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

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

FOR LINE NUMBER: PAGE 15 / 27
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
THOROUGHbred PAC

A. Full Name (Last, First, Middle Initial)
CLEAR CHANNEL COMMUNICATIONS INC. POLITICAL ACTION COMMITTEE

Mailing Address 200 E. Basse Road

City San Antonio State TX Zip Code 78209

FEC ID number of contributing federal political committee. **C** C00279216

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt: 09 / 25 / 2008
Transaction ID: SA11C.4485
 Amount of Each Receipt this Period: 2000.00
 contribution

B. Full Name (Last, First, Middle Initial)
EXPRESS SCRIPTS INC. POLITICAL FUND (A/K/A EXPRESS SCRIPTS PAC)

Mailing Address One Express Way

City St. Louis State MO Zip Code 63121

FEC ID number of contributing federal political committee. **C** C00365072

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 09 / 29 / 2008
Transaction ID: SA11C.4443
 Amount of Each Receipt this Period: 1000.00
 contribution

C. Full Name (Last, First, Middle Initial)
MEDCO HEALTH SOLUTIONS INC POLITICAL ACTION COMMITTEE (AKA: MEDCO HEALTH PAC)

Mailing Address 591 Redwood Hwy. #4000
MAIL STOP E3-13

City Mill Valley State CA Zip Code 94941

FEC ID number of contributing federal political committee. **C** C00384362

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 09 / 25 / 2008
Transaction ID: SA11C.4487
 Amount of Each Receipt this Period: 1000.00
 contribution

SUBTOTAL of Receipts This Page (optional) ► 4000.00

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

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

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

FOR LINE NUMBER: PAGE 16 / 27

(check only one)

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

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NAME OF COMMITTEE (In Full)
THOROUGHbred PAC

A.

Full Name (Last, First, Middle Initial)
NATIONAL COMMUNITY PHARMACISTS ASSOCIATION - PAC

Mailing Address 100 Daingerfield Road

City State Zip Code
Alexandria VA 22314

FEC ID number of contributing federal political committee. **C** C00030809

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

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

Transaction ID: SA11C.4440

Amount of Each Receipt this Period

1000.00

contribution

B.

Full Name (Last, First, Middle Initial)
SIDLEY AUSTIN LLP GOOD GOVERNMENT FUND

Mailing Address 787 Seventh Ave

City State Zip Code
New York NY 10019

FEC ID number of contributing federal political committee. **C** C00351270

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

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

Transaction ID: SA11C.4437

Amount of Each Receipt this Period

2500.00

contribution

C.

Full Name (Last, First, Middle Initial)
US ONCOLOGY INC GOOD GOVERNMENT COMMITTEE

Mailing Address 16825 NORTHCHASE DRIVE SUITE 1300

City State Zip Code
HOUSTON TX 77060

FEC ID number of contributing federal political committee. **C** C00339655

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

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

Transaction ID: SA11C.4483

Amount of Each Receipt this Period

2500.00

contribution

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: PAGE 17 / 27

(check only one)

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

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NAME OF COMMITTEE (In Full)
THOROUGHbred PAC

A.

Full Name (Last, First, Middle Initial)
US ONCOLOGY INC GOOD GOVERNMENT COMMITTEE
Mailing Address 16825 NORTHCHASE DRIVE SUITE 1300

City State Zip Code
HOUSTON TX 77060

FEC ID number of contributing federal political committee. **C** C00339655

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 3500.00

Date of Receipt
MM / DD / YYYY
09 / 29 / 2008

Transaction ID: SA11C.4439

Amount of Each Receipt this Period
1000.00

contribution

B.

Full Name (Last, First, Middle Initial)
VIACOM INTERNATIONAL INC. POLITICAL ACTION COMMITTEE
Mailing Address 1501 M Street Suite 1100 NW

City State Zip Code
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00167759

Name of Employer Occupation

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

Date of Receipt
MM / DD / YYYY
09 / 25 / 2008

Transaction ID: SA11C.4486

Amount of Each Receipt this Period
2000.00

contribution

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

20500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
THOROUGHbred PAC

A. Full Name (Last, First, Middle Initial) Alaska Air <hr/> Mailing Address multiple locations <hr/> City State Zip Code <hr/> Purpose of Disbursement air travel expense to fundraiser Candidate Name	Transaction ID: SB21B.4524 Date of Disbursement MM / DD / YYYY 07 / 14 / 2008
	Amount of Each Disbursement this Period 3038.00 [MEMO ITEM]
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) ▼	Category/Type 002

B. Full Name (Last, First, Middle Initial) Bank of America <hr/> Mailing Address multiple locations <hr/> City State Zip Code <hr/> Purpose of Disbursement credit card - see memo Candidate Name	Transaction ID: SB21B.4521 Date of Disbursement MM / DD / YYYY 08 / 21 / 2008
	Amount of Each Disbursement this Period 3038.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

C. Full Name (Last, First, Middle Initial) Bank of America <hr/> Mailing Address multiple locations <hr/> City State Zip Code <hr/> Purpose of Disbursement credit card - see memo Candidate Name	Transaction ID: SB21B.4522 Date of Disbursement MM / DD / YYYY 09 / 25 / 2008
	Amount of Each Disbursement this Period 1596.88
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) ▼	Category/Type 003

SUBTOTAL of Disbursements This Page (optional) ▶	4634.88
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
THOROUGHBRED PAC

A. Full Name (Last, First, Middle Initial) Bank of America <hr/> Mailing Address multiple locations <hr/> City State Zip Code <hr/> Purpose of Disbursement credit card - see memo Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4523 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 5 / 2 0 0 8
	Amount of Each Disbursement this Period 563.86
	Category/ Type 003
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B. Full Name (Last, First, Middle Initial) Bogart Associates <hr/> Mailing Address 217 Third Street, SE <hr/> City State Zip Code Washington DC 20003 <hr/> Purpose of Disbursement fundraising consulting Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4519 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 9 / 2 0 0 8
	Amount of Each Disbursement this Period 2697.62
	Category/ Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C. Full Name (Last, First, Middle Initial) Bogart Associates <hr/> Mailing Address 217 Third Street, SE <hr/> City State Zip Code Washington DC 20003 <hr/> Purpose of Disbursement fundraising expenses - travel Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4520 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 9 / 2 0 0 8
	Amount of Each Disbursement this Period 323.89
	Category/ Type 002
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	3585.37
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
THOROUGHbred PAC

A.	Full Name (Last, First, Middle Initial) Centerplate Mailing Address Nationals Park 1500 South Capitol SE City Washington State DC Zip Code 20003 Purpose of Disbursement catering for fundraising event Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4531 Date of Disbursement 07 / 14 / 2008 Amount of Each Disbursement this Period 1300.59 Category/Type: 003
B.	Full Name (Last, First, Middle Initial) Foley & Lardner LLP Mailing Address 3000 K Street, NW Suite 500 City Washington State DC Zip Code 20007 Purpose of Disbursement legal and accounting services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4515 Date of Disbursement 07 / 29 / 2008 Amount of Each Disbursement this Period 524.42 Category/Type: 001
C.	Full Name (Last, First, Middle Initial) Foley & Lardner LLP Mailing Address 3000 K Street, NW Suite 500 City Washington State DC Zip Code 20007 Purpose of Disbursement legal and accounting services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4517 Date of Disbursement 08 / 12 / 2008 Amount of Each Disbursement this Period 511.43 Category/Type: 001

SUBTOTAL of Disbursements This Page (optional) ▶	2336.44
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
THOROUGHbred PAC

<p>A. Full Name (Last, First, Middle Initial) Hertz</p> <p>Mailing Address</p> <p>City: Los Angeles State: CA Zip Code</p> <p>Purpose of Disbursement: rental car - fundraising expense Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.4528 Date of Disbursement: 08 / 13 / 2008</p> <p>Amount of Each Disbursement this Period: 323.07</p> <p>[MEMO ITEM]</p>
<p>B. Full Name (Last, First, Middle Initial) Le Petit Greek</p> <p>Mailing Address</p> <p>City: Los Angeles State: CA Zip Code</p> <p>Purpose of Disbursement: meals - fundraising expense Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.4529 Date of Disbursement: 08 / 12 / 2008</p> <p>Amount of Each Disbursement this Period: 41.61</p> <p>[MEMO ITEM]</p>
<p>C. Full Name (Last, First, Middle Initial) Rita Norton</p> <p>Mailing Address: 3530 Pinetree Terrace</p> <p>City: Falls Church State: VA Zip Code: 22041</p> <p>Purpose of Disbursement: In-kind - catering for fundraising event Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.4535 Date of Disbursement: 09 / 03 / 2008</p> <p>Amount of Each Disbursement this Period: 1451.10</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1451.10

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
THOROUGHBRED PAC

A. Full Name (Last, First, Middle Initial) Plan It Interactive Mailing Address City State Zip Code Los Angeles CA Purpose of Disbursement fundraising event expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4514 Date of Disbursement 07 / 29 / 2008
	Amount of Each Disbursement this Period 750.00 Category/Type 003

B. Full Name (Last, First, Middle Initial) The Beverly Hills Hotel Mailing Address Sunset Blvd City State Zip Code Beverly Hills CA 90210 Purpose of Disbursement event and lodging expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4512 Date of Disbursement 07 / 08 / 2008
	Amount of Each Disbursement this Period 4000.00 Category/Type 003

C. Full Name (Last, First, Middle Initial) The Beverly Hills Hotel Mailing Address Sunset Blvd City State Zip Code Beverly Hills CA 90210 Purpose of Disbursement event and lodging expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4513 Date of Disbursement 07 / 14 / 2008
	Amount of Each Disbursement this Period 5432.88 Category/Type 003

SUBTOTAL of Disbursements This Page (optional) ▶	10182.88
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
THOROUGHbred PAC

A.	Full Name (Last, First, Middle Initial) The Beverly Hills Hotel	Transaction ID: SB21B.4526 Date of Disbursement
	Mailing Address: Sunset Blvd	<input type="text" value="09"/> / <input type="text" value="25"/> / <input type="text" value="2008"/>
	City: Beverly Hills State: CA Zip Code: 90210	Amount of Each Disbursement this Period
	Purpose of Disbursement: lodging expense for fundraisre Candidate Name	<input type="text" value="1596.88"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	Category/Type: <input type="text" value="002"/>	

B.	Full Name (Last, First, Middle Initial) The Beverly Hills Hotel	Transaction ID: SB21B.4527 Date of Disbursement
	Mailing Address: Sunset Blvd	<input type="text" value="09"/> / <input type="text" value="25"/> / <input type="text" value="2008"/>
	City: Beverly Hills State: CA Zip Code: 90210	Amount of Each Disbursement this Period
	Purpose of Disbursement: lodging for fundraiser Candidate Name	<input type="text" value="199.18"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	Category/Type: <input type="text" value="002"/>	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="0.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="22190.67"/>

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)
THOROUGHbred PAC

A. Full Name (Last, First, Middle Initial)
CHABOT OHIO VICTORY COMMITTEE

Mailing Address 3339 Harrison Ave.

City Cincinnati State OH Zip Code 45211

Purpose of Disbursement
campaign contribution

Candidate Name
STEVE CHABOT

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: OH District: 01

Transaction ID: SB23.4506

Date of Disbursement

/ /

Amount of Each Disbursement this Period

B. Full Name (Last, First, Middle Initial)
LINCOLN DIAZ-BALART FOR CONGRESS

Mailing Address 95 Merrick Way Suite 250

City Coral Gables State FL Zip Code 33134

Purpose of Disbursement
campaign contribution

Candidate Name
LINCOLN DIAZ-BALART

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: FL District: 21

Transaction ID: SB23.4499

Date of Disbursement

/ /

Amount of Each Disbursement this Period

C. Full Name (Last, First, Middle Initial)
MARIO DIAZ-BALART FOR CONGRESS

Mailing Address 95 Merrick Way, Suite 250

City Coral Gables State FL Zip Code 33134

Purpose of Disbursement
campaign contribution

Candidate Name
MARIO DIAZ-BALART

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: FL District: 25

Transaction ID: SB23.4498

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ▶

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
THOROUGHbred PAC

A.

Full Name (Last, First, Middle Initial)
WALTER JONES FOR CONGRESS COMMITTEE (2008)

Transaction ID: SB23.4503

Date of Disbursement

Mailing Address PO BOX 99667

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

City RALEIGH State NC Zip Code 27624

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
campaign contribution

011
Category/ Type

Candidate Name
WALTER B JONES

Office Sought: House
 Senate
 President
State: NC District: 03

Disbursement For: 2008
 Primary General
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

1000.00

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

4000.00

**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 26 / 27

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

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NAME OF COMMITTEE (In Full)
THOROUGHbred PAC

A.	Full Name (Last, First, Middle Initial) WINE AND SPIRITS WHOLESALERS OF AMERICA INC. POLITICAL ACTION COMMITTEE		Transaction ID: SB28C.4536	
	Mailing Address 805 FIFTEENTH ST NW SUITE 430		Date of Disbursement 07 / 15 / 2008	
City WASHINGTON		State DC	Zip Code 20005	
Purpose of Disbursement refund of \$500 over contribution limit		Amount of Each Disbursement this Period 500.00		
Candidate Name		Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:				

SUBTOTAL of Disbursements This Page (optional)	500.00
TOTAL This Period (last page this line number only)	500.00

**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 27 / 27

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

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NAME OF COMMITTEE (In Full)
THOROUGHbred PAC

A.

Full Name (Last, First, Middle Initial)
Citizens to Elect Derek Fink

Mailing Address 7170 Springhouse Lane

City Baltimore State MD Zip Code 21226

Purpose of Disbursement
contribution - candidate for MD Legis

Candidate Name

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB29.4510

Date of Disbursement

09 / 25 / 2008

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

1000.00

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

1000.00