

# 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  
Altria Group, Inc. Political Action Committee (Altriapac)

ADDRESS (number and street) 101 Constitution Ave NW  
Suite 400W  
 Check if different than previously reported. (ACC)  
Washington DC 20001

2. **FEC IDENTIFICATION NUMBER** C00089136  
**3. IS THIS REPORT**  NEW (N) **OR**  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on 11 02 2010 in the State of 0  
(d) 30-Day **Post -Election** Report for the:  General (30G)  Runoff (30R)  Special (30S)  
Election on in the State of

5. Covering Period 10 01 2010 through 10 13 2010

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 Gayle Drisco  
Signature of Treasurer Electronically Filed by Gayle Drisco Date 12 28 2010

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

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

A. Form/Schedule : **F3X**

Transaction ID :

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

Write or Type Committee Name  
Altria Group, Inc. Political Action Committee (Altriapac)

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
1	0

D	D
1	3

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		74200.11
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	82222.09									
(c) Total Receipts (from Line 19) .....	162275.25	882940.04								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	244497.34	957140.15								
7. Total Disbursements (from Line 31) .....	78515.95	791158.76								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	165981.39	165981.39								
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) .....	150000.00									

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

**For further information contact:**

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

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Altria Group, Inc. Political Action Committee (Altriapac)

Report Covering the Period: From:    To:

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	9595.29	413636.26
(ii) Unitemized .....	2679.96	312332.34
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	12275.25	725968.60
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	2500.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	12275.25	728468.60
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	150000.00	150000.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	4100.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	371.44
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)) .....	162275.25	882940.04
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	162275.25	882940.04

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	15.95	1083.52
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	15.95	1083.52
22. Transfers to Affiliated/Other Party Committees.....	0.00	1379.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	12500.00	601500.00
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	1342.38
(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	1342.38
29. Other Disbursements.....	66000.00	185853.86
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))..	78515.95	791158.76
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	78515.95	791158.76

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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) .....	12275.25	728468.60
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	1342.38
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	12275.25	727126.22
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	15.95	1083.52
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	15.95	1083.52

**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 / 51
	<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)  
Altria Group, Inc. Political Action Committee (Altriapac)

<b>A.</b>	Full Name (Last, First, Middle Initial) Terry P. Adams	Date of Receipt MM / DD / YYYY 10 / 08 / 2010
	Mailing Address 1664 204th Ave NE	<b>Transaction ID:</b> 20101008-39-SMWE-15
	City State Zip Code Sammamish WA 98074-4463	Amount of Each Receipt this Period 28.84
	FEC ID number of contributing federal political committee. C	
	Name of Employer Ste Michelle Wine Estates Non Ag Occupation Division Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 519.12	

<b>B.</b>	Full Name (Last, First, Middle Initial) Joseph F. Aschbacher	Date of Receipt MM / DD / YYYY 10 / 08 / 2010
	Mailing Address 4501 105th Ave NE	<b>Transaction ID:</b> 20101008-30-SMWE-15
	City State Zip Code Kirkland WA 98033-7637	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Ste Michelle Wine Estates Non Ag Occupation Business Development Mgr Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Robert J. Bertheau	Date of Receipt MM / DD / YYYY 10 / 08 / 2010
	Mailing Address 20825 NE 141st St	<b>Transaction ID:</b> 20101008-46-SMWE-15
	City State Zip Code Woodinville WA 98077-7667	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Ste Michelle Wine Estates Non Ag Occupation Winemaker-Head Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	68.84
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 51  
(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)  
Altria Group, Inc. Political Action Committee (Altriapac)

**A.**

Full Name (Last, First, Middle Initial)  
Dale L. Bezona

Mailing Address 81673 Harbor Lite Dr

City Umatilla State OR Zip Code 97882-6257

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

Name of Employer Ste Michelle Wine Estates Non Ag  
Occupation Maintenance Manager-Wa

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 346.14

Date of Receipt 10 / 08 / 2010  
**Transaction ID:** 20101008-37-SMWE-15  
Amount of Each Receipt this Period 19.23

**B.**

Full Name (Last, First, Middle Initial)  
Deborah A. Bowden

Mailing Address 1127 Spokane Ave  
PO Box 149

City Prosser State WA Zip Code 99350-1357

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

Name of Employer Ste Michelle Wine Estates Non Ag  
Occupation Sr Human Resource Prj Mgr

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 519.12

Date of Receipt 10 / 08 / 2010  
**Transaction ID:** 20101008-40-SMWE-15  
Amount of Each Receipt this Period 28.84

**C.**

Full Name (Last, First, Middle Initial)  
Colleen P. Brennan

Mailing Address 1504 Chesapeake Dr

City Plano State TX Zip Code 75093-5089

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

Name of Employer Ste Michelle Wine Estates Non Ag  
Occupation Director Global Accounts

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt 10 / 08 / 2010  
**Transaction ID:** 20101008-1-SMWE-15  
Amount of Each Receipt this Period 14.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **62.07**

**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 / 51  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Altria Group, Inc. Political Action Committee (Altriapac)

**A.** Full Name (Last, First, Middle Initial)  
Karen L. Burke  
Mailing Address 19611 SE 31st PI  
City State Zip Code  
Sammamish WA 98075-9654  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Ste Michelle Wine Estates Non Ag Occupation Director Regnl Chain Sls  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 519.12  
Date of Receipt 10 / 08 / 2010  
**Transaction ID:** 20101008-11-SMWE-15  
Amount of Each Receipt this Period 28.84

**B.** Full Name (Last, First, Middle Initial)  
Dennis Butler  
Mailing Address 11624 Branch Mooring Dr  
City State Zip Code  
Tampa FL 33635-6275  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Ste Michelle Wine Estates Non Ag Occupation Division Manager  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 252.00  
Date of Receipt 10 / 08 / 2010  
**Transaction ID:** 20101008-5-SMWE-15  
Amount of Each Receipt this Period 14.00

**C.** Full Name (Last, First, Middle Initial)  
Richard T. Casqueiro  
Mailing Address 201 Windwood Ln  
City State Zip Code  
Richland WA 99352-7678  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Ste Michelle Wine Estates Non Ag Occupation Sparkling Winemaker  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 430.00  
Date of Receipt 10 / 08 / 2010  
**Transaction ID:** 20101008-43-SMWE-15  
Amount of Each Receipt this Period 10.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 52.84  
**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 10 / 51  
(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)  
Altria Group, Inc. Political Action Committee (Altriapac)

**A.**

Full Name (Last, First, Middle Initial)  
Morgan A. Connor

Mailing Address 5640 SW 88th Ave

City State Zip Code  
Cooper City FL 33328-5909

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

Name of Employer Ste Michelle Wine Estates Non Ag  
Occupation State Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 414.00

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

**Transaction ID:** 20101008-10-SMWE-15

Amount of Each Receipt this Period  
23.00

**B.**

Full Name (Last, First, Middle Initial)  
Kevin A. Corliss

Mailing Address 12021 S 1518 PR SW

City State Zip Code  
Prosser WA 99350-7780

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

Name of Employer Ste Michelle Wine Estates Non Ag  
Occupation Director Viticulture

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 692.28

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

**Transaction ID:** 20101008-35-SMWE-15

Amount of Each Receipt this Period  
38.46

**C.**

Full Name (Last, First, Middle Initial)  
Michael G. Davey

Mailing Address 902 W Melinda Ln

City State Zip Code  
Spokane WA 99203-1363

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

Name of Employer Ste Michelle Wine Estates Non Ag  
Occupation Division Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 311.40

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

**Transaction ID:** 20101008-32-SMWE-15

Amount of Each Receipt this Period  
17.30

**SUBTOTAL** of Receipts This Page (optional) ..... ► **78.76**

**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 / 51
	<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)  
Altria Group, Inc. Political Action Committee (Altriapac)

<b>A.</b>	Full Name (Last, First, Middle Initial) Dinyar Devitre	Date of Receipt MM / DD / YYYY 10 / 04 / 2010
	Mailing Address 45 Rockefeller Plz Ste 2114	<b>Transaction ID:</b> C9EA37B53628D9364C7
	City State Zip Code New York NY 10111-2196	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Devitre, LLC Occupation President 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) Randall L. Dobratz	Date of Receipt MM / DD / YYYY 10 / 08 / 2010
	Mailing Address 16540 Hyland Ct	<b>Transaction ID:</b> 20101008-21-SMWE-15
	City State Zip Code Lakeville MN 55044-4608	Amount of Each Receipt this Period 23.08
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Ste Michelle Wine Estates Non Ag Occupation Division Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 415.44	

<b>C.</b>	Full Name (Last, First, Middle Initial) Joseph C. Dumm, III	Date of Receipt MM / DD / YYYY 10 / 13 / 2010
	Mailing Address 7827 Twilight Ln	<b>Transaction ID:</b> 416AE734D775D42F563
	City State Zip Code Lenexa KS 66217-9405	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Altria Sales & Distribution Inc Occupation Territory Sales Mgr 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>5323.08</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 12 / 51  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Altria Group, Inc. Political Action Committee (Altriapac)

**A.**

Full Name (Last, First, Middle Initial) Gerald R. Filippone		Date of Receipt MM / DD / YYYY 10 / 04 / 2010
Mailing Address 14712 Yarcombe Rd		<b>Transaction ID:</b> 76754B53DC00B51B322
City Midlothian	State Zip Code VA 23112-4491	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Altria Client Services Inc	Occupation Mgr Trust Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 262.00	

**B.**

Full Name (Last, First, Middle Initial) David C. Fitzpatrick		Date of Receipt MM / DD / YYYY 10 / 08 / 2010
Mailing Address 18114 NE 100th Ct		<b>Transaction ID:</b> 20101008-3-SMWE-15
City Redmond	State Zip Code WA 98052-3261	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Ste Michelle Wine Estates Non Ag	Occupation Controller	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00	

**C.**

Full Name (Last, First, Middle Initial) Carey L. Fredrick		Date of Receipt MM / DD / YYYY 10 / 08 / 2010
Mailing Address 154 S Montclair Ave		<b>Transaction ID:</b> 20101008-18-SMWE-15
City Glen Ellyn	State Zip Code IL 60137-6357	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 14.00
Name of Employer Ste Michelle Wine Estates Non Ag	Occupation Director Global Accounts	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 252.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	134.00
<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 13 / 51  
(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)  
Altria Group, Inc. Political Action Committee (Altriapac)

**A.**

Full Name (Last, First, Middle Initial)  
Mark D. Freudenberger

Mailing Address 3053 Pebble Beach Cir

City State Zip Code  
Fairfield CA 94534-8306

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

Name of Employer Ste Michelle Wine Estates Non Ag  
Occupation Chain Business Dev Mgr

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

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

**Transaction ID:** 20101008-9-SMWE-15

Amount of Each Receipt this Period  
14.00

**B.**

Full Name (Last, First, Middle Initial)  
Joseph Gregg

Mailing Address 25850 SE 22nd PI

City State Zip Code  
Sammamish WA 98075-7915

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

Name of Employer Ste Michelle Wine Estates Non Ag  
Occupation Director IS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 707.54

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

**Transaction ID:** 20101008-25-SMWE-15

Amount of Each Receipt this Period  
11.53

**C.**

Full Name (Last, First, Middle Initial)  
Chris Gross

Mailing Address 1029 NE 127th St

City State Zip Code  
Seattle WA 98125-4005

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

Name of Employer Ste Michelle Wine Estates Non Ag  
Occupation Category Development Mgr

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 311.40

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

**Transaction ID:** 20101008-42-SMWE-15

Amount of Each Receipt this Period  
17.30

**SUBTOTAL** of Receipts This Page (optional) ..... ► **42.83**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 51  
(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)  
Altria Group, Inc. Political Action Committee (Altriapac)

**A.**

Full Name (Last, First, Middle Initial)  
Daniel B. Heller

Mailing Address 620 Island View Dr

City Seal Beach State CA Zip Code 90740-5737

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

Name of Employer Ste Michelle Wine Estates Non Ag Occupation Region VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 323.12

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

**Transaction ID:** 20101008-15-SMWE-15

Amount of Each Receipt this Period  
23.08

**B.**

Full Name (Last, First, Middle Initial)  
Rebecca Ann Hellfeldt

Mailing Address 1936 N 17th Ave

City Pasco State WA Zip Code 99301-3478

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

Name of Employer Ste Michelle Wine Estates Non Ag Occupation Workers Comp Specialist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

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

**Transaction ID:** 20101008-26-SMWE-15

Amount of Each Receipt this Period  
14.00

**C.**

Full Name (Last, First, Middle Initial)  
Daniel L. Horsch

Mailing Address 1107 Hardman Ave # B

City Napa State CA Zip Code 94558-1408

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

Name of Employer Ste Michelle Wine Estates Non Ag Occupation Division Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 415.26

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

**Transaction ID:** 20101008-22-SMWE-15

Amount of Each Receipt this Period  
23.07

**SUBTOTAL** of Receipts This Page (optional) ..... ► **60.15**

**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 / 51
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Altria Group, Inc. Political Action Committee (Altriapac)

<b>A.</b>	Full Name (Last, First, Middle Initial) Martin C. Johnson	Date of Receipt MM / DD / YYYY 10 / 08 / 2010
	Mailing Address 16635 168th PI NE	<b>Transaction ID:</b> 20101008-41-SMWE-15
	City State Zip Code Woodinville WA 98072-8988	Amount of Each Receipt this Period 38.46
	FEC ID number of contributing federal political committee. C	
	Name of Employer Ste Michelle Wine Estates Non Ag Occupation Sr VP Marketing Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 692.28	

<b>B.</b>	Full Name (Last, First, Middle Initial) John A. Koch	Date of Receipt MM / DD / YYYY 10 / 08 / 2010
	Mailing Address 175 W Old Inland Empire Hwy	<b>Transaction ID:</b> 20101008-27-SMWE-15
	City State Zip Code Prosser WA 99350-9707	Amount of Each Receipt this Period 11.53
	FEC ID number of contributing federal political committee. C	
	Name of Employer Ste Michelle Wine Estates Non Ag Occupation Safety Services Spec Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 207.54	

<b>C.</b>	Full Name (Last, First, Middle Initial) Wallace C. Krentz	Date of Receipt MM / DD / YYYY 10 / 13 / 2010
	Mailing Address 183 Acorn Ln	<b>Transaction ID:</b> 0C2CE743EF5EFA163D3
	City State Zip Code Bloomington IL 60108-2154	Amount of Each Receipt this Period 1100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Altria Client Services Inc Occupation Mgr Accounting Plant Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1100.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1149.99
<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 / 51

(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)  
Altria Group, Inc. Political Action Committee (Altriapac)

**A.**

Full Name (Last, First, Middle Initial)

Michael McGrath

Mailing Address 2458 Balfour Ct

City State Zip Code  
Napa CA 94558-2608

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

Name of Employer Occupation  
Ste Michelle Wine Estates Winemaker-Head  
Non Ag

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 372.60

Date of Receipt

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

Transaction ID: 20101008-14-SMWE-15

Amount of Each Receipt this Period

20.70

**B.**

Full Name (Last, First, Middle Initial)

Susan Mulligan

Mailing Address 862 Towne House Rd

City State Zip Code  
Fairfield CT 06824-1819

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

Name of Employer Occupation  
Unemployed Unemployed

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1500.00

Date of Receipt

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

Transaction ID: BB8874BB13A81CE33C0

Amount of Each Receipt this Period

1500.00

**C.**

Full Name (Last, First, Middle Initial)

Mary E. Mullin

Mailing Address 43 6th Ave

City State Zip Code  
Atlantic Highlands NJ 07716-1301

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

Name of Employer Occupation  
Ste Michelle Wine Estates Business Development Mgr  
Non Ag

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 346.14

Date of Receipt

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

Transaction ID: 20101008-8-SMWE-15

Amount of Each Receipt this Period

19.23

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

1539.93

**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 / 51

(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)  
Altria Group, Inc. Political Action Committee (Altriapac)

<b>A.</b>	Full Name (Last, First, Middle Initial) Henry C. Oakes, Jr.	Date of Receipt MM / DD / YYYY 10 / 13 / 2010
	Mailing Address 45 Putter Ln	<b>Transaction ID:</b> 8DB18C1D97823AAB63D
	City State Zip Code Pottstown PA 19464-7800	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer John Middleton Co	Occupation Dir Operations Support	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	
<b>B.</b>	Full Name (Last, First, Middle Initial) David Richard Prescott	Date of Receipt MM / DD / YYYY 10 / 08 / 2010
	Mailing Address 2366 Anthony Ave	<b>Transaction ID:</b> 20101008-49-SMWE-15
	City State Zip Code Clearwater FL 33759-1201	Amount of Each Receipt this Period 11.54
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Ste Michelle Wine Estates Non Ag	Occupation Director Regnl Chain Sls	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 207.72	
<b>C.</b>	Full Name (Last, First, Middle Initial) Michael J. Reid	Date of Receipt MM / DD / YYYY 10 / 08 / 2010
	Mailing Address 4900 S Ulster St Apt 2-115	<b>Transaction ID:</b> 20101008-50-SMWE-15
	City State Zip Code Denver CO 80237-2880	Amount of Each Receipt this Period 14.03
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Ste Michelle Wine Estates Non Ag	Occupation Chain Business Dev Mgr	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 252.54	

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

525.57

**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 / 51  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Altria Group, Inc. Political Action Committee (Altriapac)

**A.** Full Name (Last, First, Middle Initial)  
Rodger W. Rolland

Mailing Address 219 Kinloch Rd

City State Zip Code  
Manakin Sabot VA 23103-2911

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

Name of Employer Occupation  
Altria Client Services Inc VP Human Resources

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2817.50

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

**Transaction ID:** D2CF03A37938996FF22

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Maureen Costello Trippe

Mailing Address 36 Acacia Dr

City State Zip Code  
Orinda CA 94563-1704

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

Name of Employer Occupation  
Ste Michelle Wine Estates Non Ag Regnl Dir Global Accts

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 346.14

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

**Transaction ID:** 20101008-2-SMWE-15

Amount of Each Receipt this Period  
19.23

**C.** Full Name (Last, First, Middle Initial)  
Eric M. Wylie

Mailing Address 4205 W Klamath Ave

City State Zip Code  
Kennewick WA 99336-2373

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

Name of Employer Occupation  
Ste Michelle Wine Estates Non Ag Agricultural Engineer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

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

**Transaction ID:** 20101008-48-SMWE-15

Amount of Each Receipt this Period  
14.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **533.23**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 19 / 51	
	(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"/> 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)  
Altria Group, Inc. Political Action Committee (Altriapac)

<b>A.</b>	Full Name (Last, First, Middle Initial) Jeannie A. Yun		Date of Receipt																					
	Mailing Address 320 1st Ave N		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	3		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	0		1	3		2	0	1	0														
	City	State	Zip Code		<b>Transaction ID:</b> 2D2EEC3B293652D69A3																			
Algona	WA	98001-8542																						
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>		Amount of Each Receipt this Period																				
Name of Employer Altria Sales & Distribution Inc		Occupation Territory Sales Mgr		<input type="text" value="24.00"/>																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		<input type="text" value="250.30"/>																				

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="24.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="9595.29"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 20 / 51	
	(check only one)			
	<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input checked="" 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)  
Altria Group, Inc. Political Action Committee (Altriapac)

<b>A.</b>	Full Name (Last, First, Middle Initial) Chain Bridge Bank, NA		Date of Receipt
	Mailing Address 1445-A Laughlin Avenue		<input type="text" value="10"/> / <input type="text" value="13"/> / <input type="text" value="2010"/>
	City McLean	State VA	Zip Code 22101
	FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID:</b> C67920BD9EFA7E602CA
	Name of Employer		Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Receipt this Period <input type="text" value="150000.00"/>  Loan Received, Deposited 10/14/10	
Aggregate Year-to-Date ▼		<input type="text" value="150000.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="150000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="150000.00"/>

**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)

<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)  
Altria Group, Inc. Political Action Committee (Altriapac)

<b>A.</b> Full Name (Last, First, Middle Initial) SunTrust Bank <hr/> Mailing Address PO Box 85024 <hr/> City Richmond State VA Zip Code 23285 <hr/> Purpose of Disbursement Merchant Service Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: DC72F63DBC576CBCEAC Date of Disbursement 10 / 01 / 2010
	Amount of Each Disbursement this Period 7.53
	001 Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) SunTrust Bank <hr/> Mailing Address PO Box 85024 <hr/> City Richmond State VA Zip Code 23285 <hr/> Purpose of Disbursement Merchant Service Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 991935B7394C806FA0D Date of Disbursement 10 / 04 / 2010
	Amount of Each Disbursement this Period 3.78
	001 Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) SunTrust Bank <hr/> Mailing Address PO Box 85024 <hr/> City Richmond State VA Zip Code 23285 <hr/> Purpose of Disbursement Merchant Service Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: F2A768B095795DC96B1 Date of Disbursement 10 / 04 / 2010
	Amount of Each Disbursement this Period 3.04
	001 Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

14.35

**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 22 / 51

<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)  
Altria Group, Inc. Political Action Committee (Altriapac)

<b>A.</b> Full Name (Last, First, Middle Initial) SunTrust Bank Mailing Address PO Box 85024 City Richmond State VA Zip Code 23285 Purpose of Disbursement Merchant Service Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 2B3BE34947488C8FF55 <b>Date of Disbursement</b> 10 / 08 / 2010
	Amount of Each Disbursement this Period 0.87 Category/Type: 001
<b>B.</b> Full Name (Last, First, Middle Initial) SunTrust Bank Mailing Address PO Box 85024 City Richmond State VA Zip Code 23285 Purpose of Disbursement Merchant Service Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> BE972FE0A5EEF2EC77E <b>Date of Disbursement</b> 10 / 12 / 2010
	Amount of Each Disbursement this Period 0.73 Category/Type: 001

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

1.60

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

15.95

**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)  
Altria Group, Inc. Political Action Committee (Altriapac)

<p><b>A.</b> Full Name (Last, First, Middle Initial) Buck for Colorado</p> <p>Mailing Address PO Box 101465</p> <p>City Denver State CO Zip Code 80250</p> <p>Purpose of Disbursement 2010 General</p> <p>Candidate Name Kenneth R. Buck</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CO District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 0062CF43E0397FA908C</p> <p>Date of Disbursement 10 / 01 / 2010</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) Dan Coats for Indiana</p> <p>Mailing Address PO Box 301141</p> <p>City Indianapolis State IN Zip Code 46230</p> <p>Purpose of Disbursement 2010 General</p> <p>Candidate Name Daniel Coats</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IN District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 311131A0D03360E063B</p> <p>Date of Disbursement 10 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Frank Kratovil for Congress</p> <p>Mailing Address 222 Main Sail Drive PO Box 518</p> <p>City Stevensville State MD Zip Code 21666</p> <p>Purpose of Disbursement 2010 General</p> <p>Candidate Name Frank Michael Kratovil, Jr.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 01</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 93B8D6828A90D2651BD</p> <p>Date of Disbursement 10 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>

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

4500.00

**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)  
Altria Group, Inc. Political Action Committee (Altriapac)

<p><b>A.</b> Full Name (Last, First, Middle Initial) Friends of David Harmer</p> <p>Mailing Address 9321 Silverbend Lane</p> <p>City Elk Grove State CA Zip Code 95624</p> <p>Purpose of Disbursement 2010 General</p> <p>Candidate Name David J. Harmer</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CA District: 11</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 07DB73B719B95F46515</p> <p>Date of Disbursement 10 / 04 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Friends of Mike Lee Inc</p> <p>Mailing Address 190 West 800 North Ste 100</p> <p>City Provo State UT Zip Code 84601</p> <p>Purpose of Disbursement 2010 General</p> <p>Candidate Name Michael Lee</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: UT District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> CFA928C0AF159AE4F4C</p> <p>Date of Disbursement 10 / 01 / 2010</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) John D. Dingell for Congress</p> <p>Mailing Address 607 14th Street, NW Suite 800</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement 2010 General</p> <p>Candidate Name John D. Dingell</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: MI District: 15</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 4DF1077AA055F53833F</p> <p>Date of Disbursement 10 / 04 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>

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

5500.00

**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)

Altria Group, Inc. Political Action Committee (Altriapac)

A.

Full Name (Last, First, Middle Initial)

Long Leaf Pine Pac

Mailing Address 607 14th Street, NW  
Suite 800

City Washington State DC Zip Code 20005

Purpose of Disbursement  
2010 Other

Candidate Name  
Long Leaf Pine Pac

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Contribution

Transaction ID: 38E26399D11360ED750

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 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)  
Altria Group, Inc. Political Action Committee (Altriapac)

<b>A.</b> Full Name (Last, First, Middle Initial) Batchelder for Representative Committee <hr/> Mailing Address 105 West Liberty Street <hr/> City Medina State OH Zip Code 44256 <hr/> Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 48297A3418DB35530C9 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 8 / 2 0 1 0	
	Amount of Each Disbursement this Period 2000.00	
	011 Category/ Type	
	Full Name (Last, First, Middle Initial) Citizens for Amstutz <hr/> Mailing Address 172 South Sunset <hr/> City Orrville State OH Zip Code 44667 <hr/> Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2A51E6474B67889E858 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 8 / 2 0 1 0
Amount of Each Disbursement this Period 2000.00		
011 Category/ Type	Full Name (Last, First, Middle Initial) Citizens for Carey <hr/> Mailing Address 401 S Arkansas Avenue <hr/> City Wellston State OH Zip Code 45692 <hr/> Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 7AB3B2ADD4622898393 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 8 / 2 0 1 0
Amount of Each Disbursement this Period 1000.00		
011 Category/ Type		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5000.00
<b>TOTAL</b> 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)

<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)  
Altria Group, Inc. Political Action Committee (Altriapac)

<b>A.</b> Full Name (Last, First, Middle Initial) Citizens for Kramer <hr/> Mailing Address 2005 Cliff Alex Court South, #3 <hr/> City Waukesha State WI Zip Code 53189 <hr/> Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 145BFA8AC9680E23E77 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 8 / 2 0 1 0
	Amount of Each Disbursement this Period 250.00
	011 Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Citizens for Tiffany <hr/> Mailing Address PO Box 59 <hr/> City Merrill State WI Zip Code 54452 <hr/> Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 467806E95F09914B23D Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 8 / 2 0 1 0
	Amount of Each Disbursement this Period 500.00
	011 Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Citizens for Zipperer <hr/> Mailing Address PO Box 297 <hr/> City Pewaukee State WI Zip Code 53072 <hr/> Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 0EF6F9777A0C5275ED8 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 8 / 2 0 1 0
	Amount of Each Disbursement this Period 500.00
	011 Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

1250.00

**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 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)  
Altria Group, Inc. Political Action Committee (Altriapac)

<b>A.</b> Full Name (Last, First, Middle Initial) Committee to Elect Bill Devlin <hr/> Mailing Address PO Box 505 <hr/> City Finley State ND Zip Code 58230 <hr/> Purpose of Disbursement Nonfederal Contribution 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: 385F431A379297F495D Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 1 0
	Amount of Each Disbursement this Period 100.00
	Category/ Type 011
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Committee to Elect Blessing <hr/> Mailing Address 3153 McGill Lane <hr/> City Cinninnati State OH Zip Code 45251 <hr/> Purpose of Disbursement Nonfederal Contribution 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: 81EBB1315AEF953D3B6 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 8 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Committee to Elect Chris Widener <hr/> Mailing Address 23 S. Center Street <hr/> City Springfield State OH Zip Code 45502 <hr/> Purpose of Disbursement Nonfederal Contribution 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: 1901486F7E075C58E5F Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 8 / 2 0 1 0
	Amount of Each Disbursement this Period 2000.00
	Category/ Type 011
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

3100.00

**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)

<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)  
Altria Group, Inc. Political Action Committee (Altriapac)

<p><b>A.</b> Full Name (Last, First, Middle Initial) Committee to Elect Gerald Uglem</p> <p>Mailing Address 4510 1st Avenue N.E.</p> <p>City Northwood State ND Zip Code 58267</p> <p>Purpose of Disbursement Nonfederal Contribution Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 07DE8F658F507A378D6</p> <p>Date of Disbursement 10 / 12 / 2010</p> <p>Amount of Each Disbursement this Period 100.00</p> <p>011 Category/Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Committee to Elect John Adams</p> <p>Mailing Address 835 S. Miami Street</p> <p>City Sidney State OH Zip Code 45365</p> <p>Purpose of Disbursement Nonfederal Contribution Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 1BAE251D4D7ECA28B17</p> <p>Date of Disbursement 10 / 08 / 2010</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) Committee to Elect Niehaus</p> <p>Mailing Address 1131 Little Indian Creek Road</p> <p>City New Richmond State OH Zip Code 45157</p> <p>Purpose of Disbursement Nonfederal Contribution Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 539B34959240B88310E</p> <p>Date of Disbursement 10 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/Type</p>

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

3100.00

**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)

<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)  
Altria Group, Inc. Political Action Committee (Altriapac)

<p><b>A.</b> Full Name (Last, First, Middle Initial) Committee to Re-Elect Al Carlson</p> <p>Mailing Address 2548 Rose Creek Parkway S.</p> <p>City Fargo State ND Zip Code 58104</p> <p>Purpose of Disbursement Nonfederal Contribution Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 200CB0382C3809F8C26 <b>Date of Disbursement</b> 10 / 12 / 2010</p> <p>Amount of Each Disbursement this Period 200.00</p> <p>011 Category/Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Committee to Re-Elect Alon Wieland</p> <p>Mailing Address 1414 Sheyenne Street</p> <p>City West Fargo State ND Zip Code 58078</p> <p>Purpose of Disbursement Nonfederal Contribution Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 6806C349E6D75EACBDF <b>Date of Disbursement</b> 10 / 12 / 2010</p> <p>Amount of Each Disbursement this Period 200.00</p> <p>011 Category/Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Committee to Re-Elect Arden Anderson</p> <p>Mailing Address 524 2nd Street N.</p> <p>City Wahpeton State ND Zip Code 58075</p> <p>Purpose of Disbursement Nonfederal Contribution Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 28937A1A567624464AF <b>Date of Disbursement</b> 10 / 12 / 2010</p> <p>Amount of Each Disbursement this Period 150.00</p> <p>011 Category/Type</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>550.00</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 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)  
Altria Group, Inc. Political Action Committee (Altriapac)

<p><b>A.</b> Full Name (Last, First, Middle Initial) Committee to Re-Elect Bette Grande</p> <p>Mailing Address 3204 39th Avenue South</p> <p>City Fargo State ND Zip Code 58104</p> <p>Purpose of Disbursement Nonfederal Contribution Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 72BAA75D859967FDE74 <b>Date of Disbursement</b> 10 / 12 / 2010</p> <p>Amount of Each Disbursement this Period 200.00</p> <p>011 Category/Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Committee to Re-elect Bob Stenehjem</p> <p>Mailing Address 7475 41st Street S.E.</p> <p>City Bismarck State ND Zip Code 58504-3200</p> <p>Purpose of Disbursement Nonfederal Contribution Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> E57FC8431B3C0B2F999 <b>Date of Disbursement</b> 10 / 12 / 2010</p> <p>Amount of Each Disbursement this Period 125.00</p> <p>011 Category/Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Committee to Re-Elect Brenda Heller</p> <p>Mailing Address 1661 60th Avenue S.W.</p> <p>City Beulah State ND Zip Code 58523</p> <p>Purpose of Disbursement Nonfederal Contribution Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 66CFCDDB55B5A46A5ABC <b>Date of Disbursement</b> 10 / 12 / 2010</p> <p>Amount of Each Disbursement this Period 200.00</p> <p>011 Category/Type</p>

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

525.00

**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)

<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)  
Altria Group, Inc. Political Action Committee (Altriapac)

<p><b>A.</b> Full Name (Last, First, Middle Initial) Committee to Re-Elect Clark Williams</p> <p>Mailing Address 112 3rd Avenue N</p> <p>City Wahpeton State ND Zip Code 58075</p> <p>Purpose of Disbursement Nonfederal Contribution</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> 1F12CA4542CD71C5AE0</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="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="100.00"/></p> <p style="text-align: center;"><b>011</b> Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Committee to Re-elect Dave Nething</p> <p>Mailing Address PO Box 1059</p> <p>City Jamestown State ND Zip Code 58402</p> <p>Purpose of Disbursement Nonfederal Contribution</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> 9B26484E773F76557C4</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="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="200.00"/></p> <p style="text-align: center;"><b>011</b> Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Committee to Re-Elect David Drovdal</p> <p>Mailing Address 2802 131st Ave. NW</p> <p>City Arnegard State ND Zip Code 58835</p> <p>Purpose of Disbursement Nonfederal Contribution</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> ED701E4EC1062B21BE0</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="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="200.00"/></p> <p style="text-align: center;"><b>011</b> Category/ Type</p>

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

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



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

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

FOR LINE NUMBER: (check only one)

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<input 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)  
Altria Group, Inc. Political Action Committee (Altriapac)

<b>A.</b> Full Name (Last, First, Middle Initial) Committee to Re-Elect Delmore <hr/> Mailing Address 714 S. 22nd Street <hr/> City Grand Forks State ND Zip Code 58201 <hr/> Purpose of Disbursement Nonfederal Contribution 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: 1A8F8B12A943D330A83 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 1 0
	Amount of Each Disbursement this Period 100.00
	Category/Type 011
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Committee to Re-Elect Don Vigesaa <hr/> Mailing Address 203 Fairway Drive N.W. <hr/> City Coopertown State ND Zip Code 58425 <hr/> Purpose of Disbursement Nonfederal Contribution 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: E59F3C0A020AD4ED2BD Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 1 0
	Amount of Each Disbursement this Period 100.00
	Category/Type 011
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Committee to Re-elect Dwight Cook <hr/> Mailing Address 1408 17th Street S.E. <hr/> City Mandan State ND Zip Code 58554-4895 <hr/> Purpose of Disbursement Nonfederal Contribution 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: 458136E7519BDEA5EDE Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 1 0
	Amount of Each Disbursement this Period 125.00
	Category/Type 011
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>325.00</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 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)  
Altria Group, Inc. Political Action Committee (Altriapac)

<b>A.</b> Full Name (Last, First, Middle Initial) Committee to Re-Elect Dwight Wrangham <hr/> Mailing Address 301 52nd Street S.E. <hr/> City Bismarck State ND Zip Code 58501 <hr/> Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 419AF702D3259374B56 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 1 0
	Amount of Each Disbursement this Period 200.00
	Category/ Type 011
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Committee to Re-Elect Gary Kreidt <hr/> Mailing Address 3892 County Road 86 <hr/> City New Salem State ND Zip Code 58563 <hr/> Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 135C97D988EB9458F82 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 1 0
	Amount of Each Disbursement this Period 100.00
	Category/ Type 011
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Committee to Re-Elect Gary Sukut <hr/> Mailing Address 1603 4th Avenue E. <hr/> City Williston State ND Zip Code 58801 <hr/> Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 7AE00F45D209A9382AC <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 1 0
	Amount of Each Disbursement this Period 200.00
	Category/ Type 011
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 35 / 51

<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)  
Altria Group, Inc. Political Action Committee (Altriapac)

<b>A.</b> Full Name (Last, First, Middle Initial) Committee to Re-Elect John Wall <hr/> Mailing Address 530 3rd Street N <hr/> City Wahpeton State ND Zip Code 58075 <hr/> Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: DAE22E82E8AD9B64B7E Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 1 0
	Amount of Each Disbursement this Period 100.00
	Category/ Type 011
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Committee to Re-Elect Judy Lee <hr/> Mailing Address 1822 Brentwood Cout <hr/> City West Fargo State ND Zip Code 58078 <hr/> Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 5853CADD2DF0561A733 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 1 0
	Amount of Each Disbursement this Period 200.00
	Category/ Type 011
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Committee to Re-Elect Karen Karls <hr/> Mailing Address 2112 Senate Drive <hr/> City Bismarck State ND Zip Code 58501 <hr/> Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: C6025689A63F7B33E96 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 1 0
	Amount of Each Disbursement this Period 100.00
	Category/ Type 011
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

400.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 36 / 51

<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)  
Altria Group, Inc. Political Action Committee (Altriapac)

<b>A.</b> Full Name (Last, First, Middle Initial) Committee to Re-Elect Keith Kempenich <hr/> Mailing Address 9005 151st Avenue, SW <hr/> City Bowman State ND Zip Code 58623 <hr/> Purpose of Disbursement Nonfederal Contribution 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: 64A140B6B96565EA633 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 1 0
	Amount of Each Disbursement this Period 200.00
	011 Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Committee to Re-Elect Margaret Sitte <hr/> Mailing Address 808 West Avenue C <hr/> City Bismarck State ND Zip Code 58501 <hr/> Purpose of Disbursement Nonfederal Contribution 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: 00CBEA68E9AB2C01EF6 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 1 0
	Amount of Each Disbursement this Period 100.00
	011 Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Committee to Re-Elect Randel Christmann <hr/> Mailing Address 401 3rd Avenue N.E. <hr/> City Hazen State ND Zip Code 58545 <hr/> Purpose of Disbursement Nonfederal Contribution 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: B1A594E530F6B57F44C Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 1 0
	Amount of Each Disbursement this Period 200.00
	011 Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 37 / 51

<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)  
Altria Group, Inc. Political Action Committee (Altriapac)

<b>A.</b> Full Name (Last, First, Middle Initial) Committee to Re-Elect Ray Holmberg <hr/> Mailing Address 621 High Plains CT <hr/> City Grand Forks State ND Zip Code 58201 <hr/> Purpose of Disbursement Nonfederal Contribution 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: EB08051585A31DAF2D0 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 1 0
	Amount of Each Disbursement this Period 200.00
	Category/ Type 011
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Committee to Re-Elect Rep. Bob Martinson <hr/> Mailing Address 2947 Pacific Avenue <hr/> City Bismarck State ND Zip Code 58501 <hr/> Purpose of Disbursement Nonfederal Contribution 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: B05F6C88AC38B77B29A Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 1 0
	Amount of Each Disbursement this Period 100.00
	Category/ Type 011
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Committee to Re-Elect Rep. Kim Koppelman <hr/> Mailing Address 513 First Avenue, N.W. <hr/> City West Fargo State ND Zip Code 58078-1101 <hr/> Purpose of Disbursement Nonfederal Contribution 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: 2AB39C4BA749537D535 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 1 0
	Amount of Each Disbursement this Period 200.00
	Category/ Type 011
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

500.00

**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)

<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)  
Altria Group, Inc. Political Action Committee (Altriapac)

<b>A.</b> Full Name (Last, First, Middle Initial) Committee to Re-Elect Rod Froelich <hr/> Mailing Address 8710 Highway 6 <hr/> City Selfridge State ND Zip Code 58568 <hr/> Purpose of Disbursement Nonfederal Contribution 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: 00951D0BDF04D396A10 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 1 0
	Amount of Each Disbursement this Period 200.00
	011 Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Committee to Re-Elect Tim Mathern <hr/> Mailing Address 429 16th Avenue S. <hr/> City Fargo State ND Zip Code 58103 <hr/> Purpose of Disbursement Nonfederal Contribution 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: 0529E0AAE7DED6DB757 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 1 0
	Amount of Each Disbursement this Period 200.00
	011 Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Committee to Re-Elect Tony Grindberg <hr/> Mailing Address 4755 Douglas Drive <hr/> City Fargo State ND Zip Code 58104 <hr/> Purpose of Disbursement Nonfederal Contribution 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: 162257C4C9B4FD357E5 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 1 0
	Amount of Each Disbursement this Period 200.00
	011 Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

600.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 39 / 51

<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)  
Altria Group, Inc. Political Action Committee (Altriapac)

<b>A.</b> Full Name (Last, First, Middle Initial) Committee to Re-Elect Wesley Belter <hr/> Mailing Address 819 Birdie Court <hr/> City Mapleton State ND Zip Code 58059-4029 <hr/> Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B8799A153556765E025 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 1 0
	Amount of Each Disbursement this Period 200.00
	011 Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Daugaard For South Dakota <hr/> Mailing Address 24930 480th Avenue <hr/> City Garretson State SD Zip Code 57030 <hr/> Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2B64BBC768B27FD17C7 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) David Dewhurst Campaign Fund <hr/> Mailing Address P O Box 12068 <hr/> City Austin State TX Zip Code 78711 <hr/> Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 61B75F4496DE0F9B260 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 8 / 2 0 1 0
	Amount of Each Disbursement this Period 3000.00
	011 Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

4200.00

**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)

<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)  
Altria Group, Inc. Political Action Committee (Altriapac)

<b>A.</b> Full Name (Last, First, Middle Initial) Friends of Armond Budish <hr/> Mailing Address 23240 Chagrin Blvd Bldg 4 Suite 450 <hr/> City Beachwood State OH Zip Code 44122 <hr/> Purpose of Disbursement Nonfederal Contribution 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: B959FE946FF0599AFEB Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 8 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Friends of David Daniels <hr/> Mailing Address 440 North Street <hr/> City Greenfield State OH Zip Code 45123 <hr/> Purpose of Disbursement Nonfederal Contribution 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: 2B6823EFD785785864C Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 8 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Friends of Faber <hr/> Mailing Address 7706 State Route 703 <hr/> City Celina State OH Zip Code 45822 <hr/> Purpose of Disbursement Nonfederal Contribution 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: 4C5CEA437D87E659B87 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 8 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

3000.00

**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)

<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)  
Altria Group, Inc. Political Action Committee (Altriapac)

<p><b>A.</b> Full Name (Last, First, Middle Initial) Friends of Heard</p> <p>Mailing Address 2603 Burnaby Drive</p> <p>City Columbus State OH Zip Code 43209</p> <p>Purpose of Disbursement Nonfederal Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> EB45E545595F387B7B9</p> <p>Date of Disbursement 10 / 08 / 2010</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) Friends of Leon D. Young</p> <p>Mailing Address 2224 North 17th Street</p> <p>City Milwaukee State WI Zip Code 53205</p> <p>Purpose of Disbursement Nonfederal Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 6611709AA11D44B43EA</p> <p>Date of Disbursement 10 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 250.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Friends of Mark Pocan</p> <p>Mailing Address PO Box 1671</p> <p>City Madison State WI Zip Code 53701</p> <p>Purpose of Disbursement Nonfederal Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 505776553D80FB9F905</p> <p>Date of Disbursement 10 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 250.00</p> <p>011 Category/ Type</p>

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

1500.00

**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)

<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)  
Altria Group, Inc. Political Action Committee (Altriapac)

<p><b>A.</b> Full Name (Last, First, Middle Initial) Friends of Matt Szollosi</p> <p>Mailing Address 3166 N. Republic</p> <p>City Toledo State OH Zip Code 43615</p> <p>Purpose of Disbursement Nonfederal Contribution Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> F0A4D4DA3C608B46A00 <b>Date of Disbursement</b> 10 / 08 / 2010</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) Friends of Shannon Jones</p> <p>Mailing Address 800 Valley View point</p> <p>City Springboro State OH Zip Code 45066</p> <p>Purpose of Disbursement Nonfederal Contribution Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B7518CD7ACA4A89AFFD <b>Date of Disbursement</b> 10 / 08 / 2010</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) Friends of Shirley Smith</p> <p>Mailing Address 13901 Woodworth Avenue</p> <p>City Cleveland State OH Zip Code 44112</p> <p>Purpose of Disbursement Nonfederal Contribution Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> FD37DAC632CD3E6253A <b>Date of Disbursement</b> 10 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/Type</p>

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

3000.00

**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)

<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)  
Altria Group, Inc. Political Action Committee (Altriapac)

<p><b>A.</b> Full Name (Last, First, Middle Initial) House Majority Fund</p> <p>Mailing Address 621 E 9th Street</p> <p>City Des Moines State IA Zip Code 50309</p> <p>Purpose of Disbursement Nonfederal Contribution</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> C72CED2778BC48FF16E</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1500.00"/></p> <p><input type="text" value="011"/> Category/Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) House Truman Fund</p> <p>Mailing Address 5661 Fleur Drive</p> <p>City Des Moines State IA Zip Code 50321</p> <p>Purpose of Disbursement Nonfederal Contribution</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> BFD4D3EB213D198CC1D</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="500.00"/></p> <p><input type="text" value="011"/> Category/Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Jason Field for Assembly</p> <p>Mailing Address 5686 North 60th Street</p> <p>City Milwaukee State WI Zip Code 53218</p> <p>Purpose of Disbursement Nonfederal Contribution</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> 76B10602C6521C3A1F7</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="250.00"/></p> <p><input type="text" value="011"/> Category/Type</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)

<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)  
Altria Group, Inc. Political Action Committee (Altriapac)

<p><b>A.</b> Full Name (Last, First, Middle Initial) Joe Strauss Campaign Fund</p> <p>Mailing Address 7373 Broadway Suite 202A</p> <p>City San Antonio State TX Zip Code 78209</p> <p>Purpose of Disbursement Nonfederal Contribution Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BA77F60C3BB958FB90E <b>Date of Disbursement</b> 10 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Leticia Van De Putte Campaign Fund</p> <p>Mailing Address 700 N. Saint Mary's Street 1725</p> <p>City San Antonio State TX Zip Code 78205</p> <p>Purpose of Disbursement Other 2010 Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 3F7359F478F166EF57A <b>Date of Disbursement</b> 10 / 13 / 2010</p> <p>Amount of Each Disbursement this Period -500.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Matt Huffman for State Representative</p> <p>Mailing Address 2220 Merit Dr.</p> <p>City Lima State OH Zip Code 45805</p> <p>Purpose of Disbursement Nonfederal Contribution Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> EEFBB506FEF59D7061C <b>Date of Disbursement</b> 10 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>

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

2000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 45 / 51

<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)  
Altria Group, Inc. Political Action Committee (Altriapac)

<b>A.</b> Full Name (Last, First, Middle Initial) Michigan Altria Group, Inc. Pac <hr/> Mailing Address 101 Constitution Avenue, NW <hr/> City Washington State DC Zip Code 20001 <hr/> Purpose of Disbursement Nonfederal Contribution 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: C036E4D68D16E762236 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 8 / 2 0 1 0
	Amount of Each Disbursement this Period 10000.00
	Category/ Type 011
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Mitch Fargen for House Campaign <hr/> Mailing Address 603 2nd Avenue West <hr/> City Flandreau State SD Zip Code 57028 <hr/> Purpose of Disbursement Nonfederal Contribution 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: F24E359ACEE82134475 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 1 0
	Amount of Each Disbursement this Period 200.00
	Category/ Type 011
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) North Dakota Republican Party- Non Federal Account <hr/> Mailing Address P.O.Box 1917 <hr/> City Bismarck State ND Zip Code 58502-1917 <hr/> Purpose of Disbursement Nonfederal Contribution 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: 154675422D3909B8347 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 1 0
	Amount of Each Disbursement this Period 7500.00
	Category/ Type 011
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

17700.00

**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)

<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)  
Altria Group, Inc. Political Action Committee (Altriapac)

<b>A.</b> Full Name (Last, First, Middle Initial) North Dakota Republican Party- Non Federal Account <hr/> Mailing Address P.O.Box 1917 <hr/> City Bismarck State ND Zip Code 58502-1917 <hr/> Purpose of Disbursement Nonfederal Contribution 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: AC3DDB18AC84533EA54 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 1 0
	Amount of Each Disbursement this Period 500.00
	Category/ Type 011
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Ohio Senate Democratic Caucus <hr/> Mailing Address 340 E. Fulton Street <hr/> City Columbus State OH Zip Code 43215 <hr/> Purpose of Disbursement Nonfederal Contribution 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: 2CEF7661E93537ECF95 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 8 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) People for Kleefisch <hr/> Mailing Address PO Box 273 <hr/> City Okauchee State WI Zip Code 53169 <hr/> Purpose of Disbursement Nonfederal Contribution 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: B5326D4CB35129E9571 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 8 / 2 0 1 0
	Amount of Each Disbursement this Period 250.00
	Category/ Type 011
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

1750.00

**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)

<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)  
Altria Group, Inc. Political Action Committee (Altriapac)

<b>A.</b> Full Name (Last, First, Middle Initial) Scott Pruitt for Attorney General <hr/> Mailing Address P.O. Box 30356 <hr/> City Edmond State OK Zip Code 73003 <hr/> Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: C01A1E5938B193E2DBA Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 8 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	011 Category/Type
	State: District:
<b>B.</b> Full Name (Last, First, Middle Initial) Seitz for Senate Committee <hr/> Mailing Address 4401 Abby Ct. <hr/> City Cincinnati State OH Zip Code 45248 <hr/> Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: E0B5168C97735CB028C Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 8 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	011 Category/Type
	State: District:
<b>C.</b> Full Name (Last, First, Middle Initial) Senate Majority Fund- Democrat <hr/> Mailing Address 5661 Fleur Drive <hr/> City Des Moines State IA Zip Code 50321 <hr/> Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 1193C3CD80318DE4B10 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	011 Category/Type
	State: District:

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

3000.00

**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 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

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)  
Altria Group, Inc. Political Action Committee (Altriapac)

<p><b>A.</b> Full Name (Last, First, Middle Initial) Senate Majority Fund- Republican</p> <p>Mailing Address 621 E. 9th Street</p> <p>City Des Moines State IA Zip Code 50309</p> <p>Purpose of Disbursement Nonfederal Contribution</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> 70704BF0B5C2BB2E3DC</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="500.00"/></p> <p><input type="text" value="011"/> Category/Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Shilling for Assembly</p> <p>Mailing Address PO Box 1261</p> <p>City La Crosse State WI Zip Code 54602-1261</p> <p>Purpose of Disbursement Nonfederal Contribution</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> 317980A716C1B4056A0</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="250.00"/></p> <p><input type="text" value="011"/> Category/Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Susan Combs Campaign Fund</p> <p>Mailing Address P O Box 13528</p> <p>City Austin State TX Zip Code 78711-3528</p> <p>Purpose of Disbursement Nonfederal Contribution</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> 5556BBCE41A786D6166</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1500.00"/></p> <p><input type="text" value="011"/> Category/Type</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)

<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)  
Altria Group, Inc. Political Action Committee (Altriapac)

<p><b>A.</b> Full Name (Last, First, Middle Initial) Sykes for Office</p> <p>Mailing Address 133 Furnace Run Dr.</p> <p>City Akron State OH Zip Code 44307</p> <p>Purpose of Disbursement Nonfederal Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> DDDA75CA647B004BAF8</p> <p>Date of Disbursement 10 / 08 / 2010</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) UST LLC Executives, Administrators and Managers Political Action Committee- Tennessee</p> <p>Mailing Address 101 Constitution Avenue, NW Suite 400W</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement Nonfederal Contribution not subject to allocation rules</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 02F22114F553D0733F9</p> <p>Date of Disbursement 10 / 06 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) UST LLC Executives, Administrators and Managers Political Action Committee- Tennessee</p> <p>Mailing Address 101 Constitution Avenue, NW Suite 400W</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement Nonfederal Contribution not subject to allocation rules</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 1044692E5045ED46C9A</p> <p>Date of Disbursement 10 / 13 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>

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

8500.00

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

66000.00

**SCHEDULE C (FEC Form 3X)**

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

**LOANS**

NAME OF COMMITTEE (In Full)  
Altria Group, Inc. Political Action Committee (Altriapac) Transaction ID: 3791B8D6DEDE4B529E7

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Chain Bridge Bank, NA	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1445-A Laughlin Avenue	
City McLean State VA ZIP Code 22101	
Original Amount of Loan <span style="float: right;">Cumulative Payment To Date</span>	Balance Outstanding at Close of This Period
<input style="width: 100%;" type="text" value="150000.00"/>	<input style="width: 100%;" type="text" value="0.00"/>
<input style="width: 100%;" type="text" value="150000.00"/>	

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate	Secured:
	<input style="width: 100%;" type="text" value="M M 10 D D 13 Y Y Y Y 2010"/>	<input style="width: 100%;" type="text" value="20110930"/>	<input style="width: 100%;" type="text" value="6.50"/> % (apr)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional) .....	<input style="width: 100%;" type="text" value="150000.00"/>
<b>TOTALS</b> This Period (last page in this line only) .....	<input style="width: 100%;" type="text" value="150000.00"/>

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

# SCHEDULE C-1 (FEC Form 3X) LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Federal Election Commission, Washington, D.C. 20463

 Supplementary for  
 Information found on  
 Page 51 / 51 of Schedule C

Name of Committee (in Full) <b>Altria Group, Inc. Political Action Committee (Altriapac)</b>		FEC IDENTIFICATION NUMBER C00089136	
Back Ref ID: 3791B8D6DEDE4B529E7			
LENDING INSTITUTION (LENDER) Full Name Chain Bridge Bank, NA		Amount of Loan 150000.00	Interest Rate (APR) 6.50 %
Mailing Address 1445-A Laughlin Avenue		Date Incurred or Established 10 13 2010	
City McLean	State VA	Zip Code 22101	Date Due 20110930
A. Has loan been restructured? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes      If yes, date originally incurred :			
B. If line of credit, Amount of this Draw: 0.00		Total Outstanding balance :	
C. Are other parties secondarily liable for the debt incurred? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Endorsers and guarantors must be reported on Sch. C)			
D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____		What is the value of this collateral? 0.00  Does the lender have a perfected security interest in it? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, specify: _____ <u>Future payroll contributions /Receipts serve as collateral</u>		What is the estimated value? 150000.00	
A depository account must be established pursuant to 11 CFR 100.82 and 100.142. Date account established: 10 14 2010		Location of account Chain Bridge Bank ,NA Address: 1445-A Laughlin Avenue City, State, Zip: McLean VA 22101	
F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.			
G. COMMITTEE TREASURER Typed Name      Gayle Drisco Signature		DATE 12 28 2010	
H. Attach a signed copy of the loan agreement.			
I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of this loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.			
AUTHORIZED REPRESENTATIVE Typed Name      Dave Evinger Signature		DATE 10 19 2010	
		Title Chief Credit Officer	