

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

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

REPUBLICAN MAJORITY CAMPAIGN

ADDRESS (number and street)

13421 MALENA DR

☐Check if different
than previously
reported. (ACC)

SANTA ANA

CA

92705

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00442319

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

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

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

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

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

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

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

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

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

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

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

1 1

2 3

2 0 1 0

through

1 2

3 1

2 0 1 0

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

Type or Print Name of Treasurer

Randy Goodwin

Signature of Treasurer

Electronically Filed by Randy Goodwin

Date

0 1

3 1

2 0 1 0

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

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

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 19

Write or Type Committee Name
 REPUBLICAN MAJORITY CAMPAIGN

Report Covering the Period: From:

M	M
1	1

D	D
2	3

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2010	245475.23
(b) Cash on Hand at Beginning of Reporting Period	43864.24	
(c) Total Receipts (from Line 19)	197626.92	2065462.97
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	241491.16	2310938.20
7. Total Disbursements (from Line 31)	202909.41	2272356.45
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	38581.75	38581.75
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	4714.15	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

3 / 19

Write or Type Committee Name

REPUBLICAN MAJORITY CAMPAIGN

Report Covering the Period:

From:

M	M
1	1

D	D
2	3

Y	Y	Y	Y
2	0	1	0

To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	250.00	47112.76
(ii) Unitemized	197376.92	2013350.21
(iii) TOTAL (add Lines 11(a)(i) and (ii)	197626.92	2060462.97
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	197626.92	2060462.97
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	5000.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	197626.92	2065462.97
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	197626.92	2065462.97

DETAILED SUMMARY PAGE

of Disbursements

4 / 19

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	7954.95	1828359.86	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	7954.95	1828359.86	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	11000.00	
24. Independent Expenditure (use Schedule E)	194954.46	432496.59	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00	
29. Other Disbursements.....	0.00	500.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	202909.41	2272356.45	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	202909.41	2272356.45	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 19

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	197626.92	2060462.97
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	197626.92	2060462.97
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	7954.95	1828359.86
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	5000.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	7954.95	1823359.86

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

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

FOR LINE NUMBER: PAGE 6 / 19

(check only one)

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

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

NAME OF COMMITTEE (In Full)

REPUBLICAN MAJORITY CAMPAIGN

A.

Full Name (Last, First, Middle Initial)

Mr Harold McVey

Mailing Address 426 Via Ventana Dr

City

Mesquite

State

NV

Zip Code

89027

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

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

Transaction ID: SA11AI.6199

Amount of Each Receipt this Period

200.00

Contribution

B.

Full Name (Last, First, Middle Initial)

David Wheeler

Mailing Address PO Box 611

City

Cottage Grove

State

OR

Zip Code

97424

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.6200

Amount of Each Receipt this Period

50.00

Contribution

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

250.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 7 / 19

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

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

NAME OF COMMITTEE (In Full)
 REPUBLICAN MAJORITY CAMPAIGN

A. Full Name (Last, First, Middle Initial) ADP Mailing Address 8825 Aero Dr	Transaction ID: SB21B.6214 Date of Disbursement <div> <div>12</div> <div>01</div> <div>2010</div> </div>
City San Diego State CA Zip Code 92123 Purpose of Disbursement Financial 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) ▼	Amount of Each Disbursement this Period <div>1151.88</div>
B. Full Name (Last, First, Middle Initial) ADP Mailing Address 8825 Aero Dr	Transaction ID: SB21B.6223 Date of Disbursement <div> <div>12</div> <div>08</div> <div>2010</div> </div>
City San Diego State CA Zip Code 92123 Purpose of Disbursement Payroll Fee 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) ▼	Amount of Each Disbursement this Period <div>115.00</div>
C. Full Name (Last, First, Middle Initial) ADP Mailing Address 8825 Aero Dr	Transaction ID: SB21B.6224 Date of Disbursement <div> <div>12</div> <div>08</div> <div>2010</div> </div>
City San Diego State CA Zip Code 92123 Purpose of Disbursement Payroll Fee 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) ▼	Amount of Each Disbursement this Period <div>117.50</div>

SUBTOTAL of Disbursements This Page (optional)

1384.38

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 8 / 19

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

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

NAME OF COMMITTEE (In Full)
 REPUBLICAN MAJORITY CAMPAIGN

A. Full Name (Last, First, Middle Initial) American Express	Transaction ID: SB21B.6218 Date of Disbursement																				
Mailing Address PO Box 360001	<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>2</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	3		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		0	3		2	0	1	0												
City Ft Lauderdale State FL Zip Code 33336 Purpose of Disbursement Merchant Fee Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>7</td><td>9</td><td>5</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>	7	9	5																	
7	9	5																			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type																				
B. Full Name (Last, First, Middle Initial) Darshan Brahmbhatt	Transaction ID: SB21B.6229 Date of Disbursement																				
Mailing Address 932 D Street	<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>2</td><td></td><td>2</td><td>7</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	2		2	7		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		2	7		2	0	1	0												
City Ramona State CA Zip Code 92065 Purpose of Disbursement Meeting Expenses Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>3</td><td>8</td><td>9</td><td>.</td><td>8</td><td>6</td><td></td><td></td><td></td><td></td> </tr> </table>	3	8	9	.	8	6														
3	8	9	.	8	6																
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type																				
C. Full Name (Last, First, Middle Initial) Cagle Cartoons	Transaction ID: SB21B.6216 Date of Disbursement																				
Mailing Address PO Box 22342	<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>2</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	3		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		0	3		2	0	1	0												
City Santa Barbara State CA Zip Code 93121 Purpose of Disbursement Graphics Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>4</td><td>5</td><td>.</td><td>0</td><td>0</td><td></td><td></td><td></td><td></td><td></td> </tr> </table>	4	5	.	0	0															
4	5	.	0	0																	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type																				

SUBTOTAL of Disbursements This Page (optional)

442.81

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 9 / 19

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

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

NAME OF COMMITTEE (In Full)
 REPUBLICAN MAJORITY CAMPAIGN

A. Full Name (Last, First, Middle Initial) California Bank & Trust Mailing Address PO Box 489	Transaction ID: SB21B.6219 Date of Disbursement <div> <div>12</div> <div>03</div> <div>2010</div> </div>
City Lawndale State CA Zip Code 90260 Purpose of Disbursement Wire Fee 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) ▼	Amount of Each Disbursement this Period <div>30.00</div>
B. Full Name (Last, First, Middle Initial) Daniel Paul Diaz Mailing Address 709 Garden Drive City Pompano Beach State FL Zip Code 34243 Purpose of Disbursement Management Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.6217 Date of Disbursement <div> <div>12</div> <div>03</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>1000.00</div>
C. Full Name (Last, First, Middle Initial) Betty Doomey Mailing Address 932 D Street City Ramona State CA Zip Code 92065 Purpose of Disbursement Clerical Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.6226 Date of Disbursement <div> <div>12</div> <div>02</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>191.63</div>

SUBTOTAL of Disbursements This Page (optional)

1221.63

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 10 / 19

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

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

NAME OF COMMITTEE (In Full)
 REPUBLICAN MAJORITY CAMPAIGN

A.

Full Name (Last, First, Middle Initial)
 Excellentia

Mailing Address PO Box 65450

City Tacoma State WA Zip Code 98464

Purpose of Disbursement
 Media Services

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.6231

Date of Disbursement

12 / 20 / 2010

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)
 Federal Express

Mailing Address 18062 Yorba

City Tustin State CA Zip Code 92780

Purpose of Disbursement
 Shipping

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.6220

Date of Disbursement

12 / 06 / 2010

Amount of Each Disbursement this Period

29.84

C.

Full Name (Last, First, Middle Initial)
 Healthplan Services

Mailing Address 932 D St

City Ramona State CA Zip Code 92065

Purpose of Disbursement
 Insurance

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.6235

Date of Disbursement

12 / 02 / 2010

Amount of Each Disbursement this Period

45.65

SUBTOTAL of Disbursements This Page (optional)

2575.49

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 11 / 19

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

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

NAME OF COMMITTEE (In Full)
 REPUBLICAN MAJORITY CAMPAIGN

A. Full Name (Last, First, Middle Initial) Highbeam.com	Transaction ID: SB21B.6222 Date of Disbursement
Mailing Address 1122 Parkway Ave	<div> <div>12</div> <div>08</div> <div>2010</div> </div>
City New York State NY Zip Code 10014	Amount of Each Disbursement this Period
Purpose of Disbursement Research Service	<div>29.95</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Kaiser Permanente	Transaction ID: SB21B.6238 Date of Disbursement
Mailing Address 4647 Zion Ave	<div> <div>11</div> <div>23</div> <div>2010</div> </div>
City San Diego State CA Zip Code 92120	Amount of Each Disbursement this Period
Purpose of Disbursement Insurance	<div>324.50</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Kaiser Permanente	Transaction ID: SB21B.6228 Date of Disbursement
Mailing Address 4647 Zion Ave	<div> <div>12</div> <div>27</div> <div>2010</div> </div>
City San Diego State CA Zip Code 92120	Amount of Each Disbursement this Period
Purpose of Disbursement Medical Insurance	<div>587.50</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

941.95

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 12 / 19

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

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

NAME OF COMMITTEE (In Full)
 REPUBLICAN MAJORITY CAMPAIGN

A. Full Name (Last, First, Middle Initial) Gary Kleep	Transaction ID: SB21B.6233 Date of Disbursement
Mailing Address 932 D Street	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 0 6 / 2 0 1 0</div> </div>
City Ramona State CA Zip Code 92065	Amount of Each Disbursement this Period
Purpose of Disbursement Office Rent	<div> <div></div> <div>950.00</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) New York Times	Transaction ID: SB21B.6221 Date of Disbursement
Mailing Address 1 Times Square	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 0 6 / 2 0 1 0</div> </div>
City New York State NY Zip Code 10020	Amount of Each Disbursement this Period
Purpose of Disbursement Research Fee	<div> <div></div> <div>32.63</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) San Diego Gas & Electric	Transaction ID: SB21B.6227 Date of Disbursement
Mailing Address 456 Main	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 2 1 / 2 0 1 0</div> </div>
City San Diego State CA Zip Code 92117	Amount of Each Disbursement this Period
Purpose of Disbursement Utilities	<div> <div></div> <div>17.00</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

999.63

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 13 / 19

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

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

NAME OF COMMITTEE (In Full)

REPUBLICAN MAJORITY CAMPAIGN

A.

Full Name (Last, First, Middle Initial)

Staples

Mailing Address 2120 East 17th St

City
Santa Ana

State
CA

Zip Code
92701

Purpose of Disbursement
Office Supplies

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.6225

Date of Disbursement

12 / 24 / 2010

Amount of Each Disbursement this Period

96.50

B.

Full Name (Last, First, Middle Initial)

Verizon

Mailing Address 272 E Via Rancho Parkway

City
Escondido

State
CA

Zip Code
92025

Purpose of Disbursement
Phone Service

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.6232

Date of Disbursement

12 / 02 / 2010

Amount of Each Disbursement this Period

137.65

SUBTOTAL of Disbursements This Page (optional)

234.15

TOTAL This Period (last page this line number only)

7800.04

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 14 / 19

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10NAME OF COMMITTEE (In Full)
REPUBLICAN MAJORITY CAMPAIGN**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
Response EnterprisesNature of Debt (Purpose):
Credit Card Processing

Mailing Address 284 Shalom Rd

City State ZIP Code
Waynesboro VA 22980

Outstanding Balance Beginning This Period

3620.05

Transaction ID: SD10.5563

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3620.05

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Response EnterprisesNature of Debt (Purpose):
Credit Card Processing

Mailing Address 284 Shalom Rd

City State ZIP Code
Waynesboro VA 22980

Outstanding Balance Beginning This Period

1094.10

Transaction ID: SD10.5564

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1094.10

1) **SUBTOTALS** This Period This Page (optional)..... ▶

4714.15

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

4714.15

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)..... ▶

4714.15

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

PAGE 15 / 19

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) REPUBLICAN MAJORITY CAMPAIGN		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00442319</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Card Service International		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 1</div> <div style="border: 1px solid black; padding: 2px;">D D 3 0</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 1 0</div> </div>	
Mailing Address PO Box 5180		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">125.07</div>	
City State Zip Code Simi Valley CA 93062		Transaction ID: SE.6205	
Purpose of Expenditure Credit Card Discount Fees		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">003</div>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: BARACK OBAMA		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">16511.90</div>		2012	
Full Name (Last, First, Middle, Initial) of Payee Political Advertising		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 1</div> <div style="border: 1px solid black; padding: 2px;">D D 2 4</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 1 0</div> </div>	
Mailing Address 1201 S Alma School Rd		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">16386.83</div>	
City State Zip Code Mesa AZ 85210		Transaction ID: SE.6204	
Purpose of Expenditure Phone/mail communication		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: BARACK OBAMA		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">16386.83</div>		2012	
(a) SUBTOTAL of Itemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px;">16511.90</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Randy Goodwin Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 0 1</div> <div style="border: 1px solid black; padding: 2px;">D D 3 1</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 1 0</div> </div>	

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

PAGE 16 / 19

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) REPUBLICAN MAJORITY CAMPAIGN		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00442319</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Political Advertising		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 1 2</div> <div><small>D D</small> 0 6</div> <div><small>Y Y Y Y</small> 2 0 1 0</div> </div>	
Mailing Address 1201 S Alma School Rd		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">36266.09</div>	
City State Zip Code Mesa AZ 85210		Transaction ID: SE.6206	
Purpose of Expenditure Phone/Mail Communication		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: BARACK OBAMA		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2012	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">52777.99</div>	

Full Name (Last, First, Middle, Initial) of Payee Political Advertising		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 1 2</div> <div><small>D D</small> 1 0</div> <div><small>Y Y Y Y</small> 2 0 1 0</div> </div>	
Mailing Address 1201 S Alma School Rd		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">35003.06</div>	
City State Zip Code Mesa AZ 85210		Transaction ID: SE.6207	
Purpose of Expenditure Phone/Mail Communication		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: BARACK OBAMA		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2012	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">87781.05</div>	

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;">71269.15</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Randy Goodwin

Signature

Date

M M
0 1

D D
3 1

Y Y Y Y
2 0 1 0

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

PAGE 17 / 19

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) REPUBLICAN MAJORITY CAMPAIGN		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00442319</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Political Advertising		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 1 2</div> <div><small>D D</small> 2 0</div> <div><small>Y Y Y Y</small> 2 0 1 0</div> </div>	
Mailing Address 1201 S Alma School Rd		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">34758.83</div>	
City: Mesa State: AZ Zip Code: 85210		Transaction ID: SE.6209	
Purpose of Expenditure Phone/Mail Communication		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: BARACK OBAMA		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">125241.77</div>		2012	

Full Name (Last, First, Middle, Initial) of Payee Political Advertising		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 1 2</div> <div><small>D D</small> 2 4</div> <div><small>Y Y Y Y</small> 2 0 1 0</div> </div>	
Mailing Address 1201 S Alma School Rd		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">30220.64</div>	
City: Mesa State: AZ Zip Code: 85210		Transaction ID: SE.6210	
Purpose of Expenditure Phone/Mail Communication		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: BARACK OBAMA		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">155462.41</div>		2012	

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;">64979.47</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Randy Goodwin _____

Signature

Date

M M
0 1

D D
3 1

Y Y Y Y
2 0 1 0

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

PAGE 18 / 19

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) REPUBLICAN MAJORITY CAMPAIGN		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00442319</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Political Advertising		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 1 2</div> <div><small>D D</small> 3 1</div> <div><small>Y Y Y Y</small> 2 0 1 0</div> </div>	
Mailing Address 1201 S Alma School Rd		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">38060.77</div>	
City: Mesa State: AZ Zip Code: 85210		Transaction ID: SE.6212	
Purpose of Expenditure Phone/Mail Communication		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: BARACK OBAMA		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">194954.46</div>		2012	
Full Name (Last, First, Middle, Initial) of Payee United Printing and Mailing		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 1 2</div> <div><small>D D</small> 2 0</div> <div><small>Y Y Y Y</small> 2 0 1 0</div> </div>	
Mailing Address 4833 S 38th St		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">2701.89</div>	
City: Phoenix State: AZ Zip Code: 85040		Transaction ID: SE.6208	
Purpose of Expenditure Printing		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: BARACK OBAMA		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">90482.94</div>		2012	
(a) SUBTOTAL of Itemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;">40762.66</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Randy Goodwin Signature		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 0 1</div> <div><small>D D</small> 3 1</div> <div><small>Y Y Y Y</small> 2 0 1 0</div> </div>	

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

PAGE 19 / 19

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) REPUBLICAN MAJORITY CAMPAIGN		FEC IDENTIFICATION NUMBER C C00442319	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee United Printing and Mailing		Date M M / D D / Y Y Y Y 1 2 / 2 4 / 2 0 1 0	
Mailing Address 4833 S 38th St		Amount 1431.28	
City Phoenix	State AZ	Zip Code 85040	Transaction ID: SE.6211
Purpose of Expenditure Printing	Category/ Type	004	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential
Name of Federal Candidate supported or Opposed by expenditure: BARACK OBAMA		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2012	
		156893.69	

(a) SUBTOTAL of Itemized Independent Expenditures	1431.28
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	194954.46

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Randy Goodwin
Signature

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