

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
REPUBLICAN MEMBER SENATE FUND

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <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>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		66600.77
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	50336.72									
(c) Total Receipts (from Line 19)	130306.06	479575.73								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	180642.78	546176.50								
7. Total Disbursements (from Line 31)	161785.15	527318.87								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	18857.63	18857.63								
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)	46627.85									

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

For further information contact:

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

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name
 REPUBLICAN MEMBER SENATE FUND

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	35750.00	116667.00
(ii) Unitemized	94556.06	362908.73
(iii) TOTAL (add Lines 11(a)(i) and (ii)	130306.06	479575.73
(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)	130306.06	479575.73
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	130306.06	479575.73
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	130306.06	479575.73

DETAILED SUMMARY PAGE

of Disbursements

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.....	155785.15	507176.37
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	155785.15	507176.37
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	6000.00	16000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	4142.50
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))..	161785.15	527318.87
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	161785.15	527318.87

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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)	130306.06	479575.73
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	130306.06	479575.73
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	155785.15	507176.37
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	155785.15	507176.37

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

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

FOR LINE NUMBER: PAGE 6 / 110
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
REPUBLICAN MEMBER SENATE FUND

A. Full Name (Last, First, Middle Initial)
MS ANNA MAY AUSTIN 329
Mailing Address 2355 S RIVER RD
City MELBOURNE BEACH State FL Zip Code 32951
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00
Date of Receipt MM / DD / YYYY 12 / 17 / 2009
Transaction ID: SA11AI.21915
Amount of Each Receipt this Period 100.00

B. Full Name (Last, First, Middle Initial)
MS SHIZUKO AUSTIN 564
Mailing Address PO BOX 469
City NISSWA State MN Zip Code 56468
FEC ID number of contributing federal political committee. **C**
Name of Employer NONE Occupation HOMEMAKER
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt MM / DD / YYYY 07 / 13 / 2009
Transaction ID: SA11AI.21917
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
MR LOUIS BARRELL 912
Mailing Address 410 CANYON DR
City GLENDALE State CA Zip Code 91206
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt MM / DD / YYYY 08 / 28 / 2009
Transaction ID: SA11AI.21970
Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional) ► 700.00
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 110
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN MEMBER SENATE FUND

A. Full Name (Last, First, Middle Initial)
MR EUGENE W BECKER 610
Mailing Address 1008 S LOGAN ST APT 12
City LENA State IL Zip Code 61048
FEC ID number of contributing federal political committee. **C**
Name of Employer NONE Occupation RETIRED
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 275.00
Date of Receipt 07 / 20 / 2009
Transaction ID: SA11AI.22027
Amount of Each Receipt this Period 50.00

B. Full Name (Last, First, Middle Initial)
MR EUGENE W BECKER 610
Mailing Address 1008 S LOGAN ST APT 12
City LENA State IL Zip Code 61048
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 ▼ 375.00
Date of Receipt 08 / 21 / 2009
Transaction ID: SA11AI.22025
Amount of Each Receipt this Period 100.00

C. Full Name (Last, First, Middle Initial)
MR EUGENE W BECKER 610
Mailing Address 1008 S LOGAN ST APT 12
City LENA State IL Zip Code 61048
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 ▼ 475.00
Date of Receipt 12 / 18 / 2009
Transaction ID: SA11AI.22026
Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional) ▶ 250.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 110
(check only one)

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

A.

Full Name (Last, First, Middle Initial)
MR KAREN BLAKE 460, JR

Mailing Address 11179 ESTANCIA WAY

City State Zip Code
CARMEL IN 46032

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

Name of Employer NONE Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
08 / 19 / 2009

Transaction ID: SA11AI.22128

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
MARK E BORGERDING 563

Mailing Address PO BOX 510

City State Zip Code
BELGRADE MN 56312

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 ▼ 900.00

Date of Receipt
MM / DD / YYYY
09 / 25 / 2009

Transaction ID: SA11AI.22181

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
MR HENRY BOWES 334

Mailing Address 11287 LOST TREE WAY

City State Zip Code
NORTH PALM BEACH FL 33408

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
MM / DD / YYYY
11 / 13 / 2009

Transaction ID: SA11AI.22197

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional) ► 1700.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 110

(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN MEMBER SENATE FUND

A.

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

Mailing Address 4532 INTELCO LOOP SE APT 354

City State Zip Code
LACEY WA 98503

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

Name of Employer Occupation
NONE RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 425.00

Date of Receipt

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

Transaction ID: SA11AI.22206

Amount of Each Receipt this Period

250.00

B.

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

Mailing Address 4532 INTELCO LOOP SE APT 354

City State Zip Code
LACEY WA 98503

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

Name of Employer Occupation
NONE RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 525.00

Date of Receipt

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

Transaction ID: SA11AI.22205

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)
MR JOHN BREWER 306

Mailing Address 7 LAKE OGLETHORPE DR

City State Zip Code
ARNOLDSVILLE GA 30619

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

Name of Employer Occupation
THE UNIVERSITY OF GEORGIA BIOCHEMISTRY PROFESSOR

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 4 / 2 0 0 9

Transaction ID: SA11AI.22246

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional) ▶

550.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 110
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN MEMBER SENATE FUND

A. Full Name (Last, First, Middle Initial)
MR JOHN BREWER 306

Mailing Address 7 LAKE OGLETHORPE DR

City State Zip Code
ARNOLDSVILLE GA 30619

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

Name of Employer Occupation
THE UNIVERSITY OF GEORGIA BIOCHEMISTRY PROFESSOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
10 / 13 / 2009

Transaction ID: SA11AI.22245

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
MS ARLENE BRUBAKER 170

Mailing Address 812 S COLLEGE ST APT 2

City State Zip Code
PALMYRA PA 17078

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
MM / DD / YYYY
12 / 17 / 2009

Transaction ID: SA11AI.22289

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
MRS MARY M BUOL 193

Mailing Address 1008 DUNVEGAN RD

City State Zip Code
WEST CHESTER PA 19382

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

Name of Employer Occupation
NONE RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
MM / DD / YYYY
09 / 25 / 2009

Transaction ID: SA11AI.22319

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► 250.00

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

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

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

FOR LINE NUMBER: PAGE 11 / 110
(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN MEMBER SENATE FUND

A.

Full Name (Last, First, Middle Initial)
MR MARLOWE BURG Y 545

Mailing Address 4877 COUNTY RD G #7

City State Zip Code
EAGLE RIVER WI 54521

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

Name of Employer Occupation
NONE RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 202.24

Date of Receipt

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

Transaction ID: SA11AI.22326

Amount of Each Receipt this Period

38.00

B.

Full Name (Last, First, Middle Initial)
MR ALLEN BUSH 723

Mailing Address PO BOX 246

City State Zip Code
BLYTHEVILLE AR 72316

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

Name of Employer Occupation
SELF EMPLOYED ACCOUNTANT

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

Date of Receipt

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

Transaction ID: SA11AI.22356

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)
MRS BILLIE M CAMPBELL 401

Mailing Address 900 SEMINOLE RD

City State Zip Code
RADCLIFF KY 40160

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

Name of Employer Occupation
NONE HOMEMAKER

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 215.00

Date of Receipt

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

Transaction ID: SA11AI.22405

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

163.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 110
(check only one)

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

A.

Full Name (Last, First, Middle Initial)
MISS JUANITA CARTER 287

Mailing Address PO BOX 388

City State Zip Code
FLETCHER NC 28732

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
09 / 25 / 2009

Transaction ID: SA11AI.22455

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
MS ANNE H CAVENEY 070

Mailing Address 550 CENTRAL AVE APT 41

City State Zip Code
HARRISON NJ 07029

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

Name of Employer Occupation
NONE RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
MM / DD / YYYY
08 / 03 / 2009

Transaction ID: SA11AI.22478

Amount of Each Receipt this Period
75.00

C.

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

Mailing Address 7608 UTICA AVE

City State Zip Code
LUBBOCK TX 79424

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

Name of Employer Occupation
NONE RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
335.00

Date of Receipt
MM / DD / YYYY
07 / 20 / 2009

Transaction ID: SA11AI.22504

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional) ► **325.00**

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

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

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FOR LINE NUMBER: PAGE 13 / 110
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN MEMBER SENATE FUND

A. Full Name (Last, First, Middle Initial)
NEAL CHASTAIN 794
Mailing Address 7608 UTICA AVE
City LUBBOCK State TX Zip Code 79424
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 ▼ 370.00
Date of Receipt 08 / 10 / 2009
Transaction ID: SA11AI.22505
Amount of Each Receipt this Period 35.00

B. Full Name (Last, First, Middle Initial)
NEAL CHASTAIN 794
Mailing Address 7608 UTICA AVE
City LUBBOCK State TX Zip Code 79424
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 ▼ 420.00
Date of Receipt 08 / 24 / 2009
Transaction ID: SA11AI.22501
Amount of Each Receipt this Period 50.00

C. Full Name (Last, First, Middle Initial)
NEAL CHASTAIN 794
Mailing Address 7608 UTICA AVE
City LUBBOCK State TX Zip Code 79424
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 ▼ 620.00
Date of Receipt 09 / 24 / 2009
Transaction ID: SA11AI.22502
Amount of Each Receipt this Period 200.00

SUBTOTAL of Receipts This Page (optional) ► 285.00
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 110
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN MEMBER SENATE FUND

A. Full Name (Last, First, Middle Initial)
NEAL CHASTAIN 794
Mailing Address 7608 UTICA AVE
City LUBBOCK State TX Zip Code 79424
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 ▼ 720.00
Date of Receipt 11 / 16 / 2009
Transaction ID: SA11AI.22503
Amount of Each Receipt this Period 100.00

B. Full Name (Last, First, Middle Initial)
MR PAUL DE CLEVA 752
Mailing Address 400 N SAINT PAUL ST
City DALLAS State TX Zip Code 75201
FEC ID number of contributing federal political committee. **C**
Name of Employer DP CONSULTANTS Occupation CONSULTANT
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 07 / 23 / 2009
Transaction ID: SA11AI.22549
Amount of Each Receipt this Period 50.00

C. Full Name (Last, First, Middle Initial)
MR PAUL DE CLEVA 752
Mailing Address 400 N SAINT PAUL ST
City DALLAS State TX Zip Code 75201
FEC ID number of contributing federal political committee. **C**
Name of Employer DP CONSULTANTS Occupation CONSULTANT
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 09 / 25 / 2009
Transaction ID: SA11AI.22548
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ▶ 400.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 110
(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN MEMBER SENATE FUND

A.

Full Name (Last, First, Middle Initial)
MISS ROSALIE CORNELL 522

Mailing Address 1010 SCOTT PARK DR APT 302

City State Zip Code
IOWA CITY IA 52245

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

Name of Employer Occupation
NONE RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 245.00

Date of Receipt

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

Transaction ID: SA11AI.22623

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)
MR W ED CRANE 316

Mailing Address 910 MOSS WAY

City State Zip Code
VALDOSTA GA 31602

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

Name of Employer Occupation
SO. GEORGIA PECAN CO. CHAIRMAN

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

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 2 / 2 0 0 9

Transaction ID: SA11AI.22673

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
MISS WANDA CRAWLEY 629

Mailing Address 1213 PRESTWICKE DR

City State Zip Code
HERRIN IL 62948

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

Name of Employer Occupation
NONE RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 335.00

Date of Receipt

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

Transaction ID: SA11AI.22676

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 110

(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN MEMBER SENATE FUND

A.

Full Name (Last, First, Middle Initial)

DR HAROLD CRISSINGER 498, MD

Mailing Address 1522 1ST ST

City State Zip Code
MENOMINEE MI 49858

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

Name of Employer Occupation
SELF EMPLOYED PHYSICIAN

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

Date of Receipt

M M / D D / Y Y Y Y
09 / 25 / 2009

Transaction ID: SA11AI.22683

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

DR ANDREW CROOK 950

Mailing Address 2600 CASTELLO WAY

City State Zip Code
SANTA CLARA CA 95051

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

Name of Employer Occupation
DOCTOR

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 24 / 2009

Transaction ID: SA11AI.22693

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

MR JAMES CRUPPER 731

Mailing Address 2400 S PINE ST

City State Zip Code
OKLAHOMA CITY OK 73128

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

Name of Employer Occupation

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

Date of Receipt

M M / D D / Y Y Y Y
10 / 08 / 2009

Transaction ID: SA11AI.22708

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional) ▶

450.00

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

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

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

FOR LINE NUMBER: PAGE 17 / 110
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN MEMBER SENATE FUND

A. Full Name (Last, First, Middle Initial)
MS F LUCILLE DALEY 672

Mailing Address 2056 S ESTELLE ST

City State Zip Code
WICHITA KS 67211

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 ▼ 245.00

Date of Receipt: M M / D D / Y Y Y Y Y
1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.22753

Amount of Each Receipt this Period: 25.00

B. Full Name (Last, First, Middle Initial)
CAROLYN J DAMON 967

Mailing Address PO BOX 791719

City State Zip Code
PAIA HI 96779

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 215.00

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

Transaction ID: SA11AI.22755

Amount of Each Receipt this Period: 75.00

C. Full Name (Last, First, Middle Initial)
MR MYRON R DAY 442

Mailing Address 395 E PIONEER TRL

City State Zip Code
AURORA OH 44202

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

Name of Employer NONE Occupation SELF EMPLOYED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt: M M / D D / Y Y Y Y Y
1 1 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.22796

Amount of Each Receipt this Period: 30.00

SUBTOTAL of Receipts This Page (optional) ► 130.00

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

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

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

FOR LINE NUMBER: PAGE 18 / 110
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
REPUBLICAN MEMBER SENATE FUND

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

Mailing Address 325 N SAINT PAUL ST

City State Zip Code
DALLAS TX 75201

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

Name of Employer NONE Occupation SELF EMPLOYED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
07 / 02 / 2009

Transaction ID: SA11AI.22808

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
MR PAUL DEELEVA 752

Mailing Address 325 N SAINT PAUL ST

City State Zip Code
DALLAS TX 75201

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

Name of Employer NONE Occupation SELF EMPLOYED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
08 / 21 / 2009

Transaction ID: SA11AI.22807

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
MALEVA DEPALMA 221

Mailing Address 937 MACKALL AVE

City State Zip Code
MC LEAN VA 22101

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 ▼ 220.00

Date of Receipt
MM / DD / YYYY
09 / 28 / 2009

Transaction ID: SA11AI.22841

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional) ► 170.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 110
(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN MEMBER SENATE FUND

A.	Full Name (Last, First, Middle Initial) MALEVA DEPALMA 221		Date of Receipt																					
	Mailing Address 937 MACKALL AVE		<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>1</td><td>/</td><td>0</td><td>9</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	9	/	2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	1	/	0	9	/	2	0	0	9														
	City	State	Zip Code	Transaction ID: SA11AI.22843																				
MC LEAN	VA	22101	Amount of Each Receipt this Period																					
FEC ID number of contributing federal political committee.	C		25.00																					
Name of Employer NONE	Occupation RETIRED																							
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	245.00																						

B.	Full Name (Last, First, Middle Initial) MR WALTER A DETJEN 935		Date of Receipt																					
	Mailing Address 41621 25TH ST W		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td>/</td><td>0</td><td>4</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	8	/	0	4	/	2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	8	/	0	4	/	2	0	0	9														
	City	State	Zip Code	Transaction ID: SA11AI.22852																				
LANCASTER	CA	93536	Amount of Each Receipt this Period																					
FEC ID number of contributing federal political committee.	C		114.00																					
Name of Employer NONE	Occupation RETIRED																							
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	275.00																						

C.	Full Name (Last, First, Middle Initial) MRS LOUISE C DOWNS 041		Date of Receipt																					
	Mailing Address 20 BLUEBERRY LN #L342		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td>/</td><td>2</td><td>0</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	7	/	2	0	/	2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	7	/	2	0	/	2	0	0	9														
	City	State	Zip Code	Transaction ID: SA11AI.22931																				
FALMOUTH	ME	04105	Amount of Each Receipt this Period																					
FEC ID number of contributing federal political committee.	C		150.00																					
Name of Employer NONE	Occupation RETIRED																							
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	250.00																						

SUBTOTAL of Receipts This Page (optional)	▶	289.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 20 / 110
(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN MEMBER SENATE FUND

A.

Full Name (Last, First, Middle Initial)
CAPT JOHN DRAIN 221

Mailing Address 1703 WARNER AVE

City State Zip Code
MC LEAN VA 22101

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

Name of Employer Occupation
US MILITARY OFFICER

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00

Date of Receipt

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

Transaction ID: SA11AI.22937

Amount of Each Receipt this Period

70.00

B.

Full Name (Last, First, Middle Initial)
DR GRANT DUNCAN 927

Mailing Address 1822 BEVERLY GLEN DR

City State Zip Code
SANTA ANA CA 92705

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

Name of Employer Occupation
NONE RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00

Date of Receipt

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

Transaction ID: SA11AI.22962

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)
DR GRANT DUNCAN 927

Mailing Address 1822 BEVERLY GLEN DR

City State Zip Code
SANTA ANA CA 92705

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

Name of Employer Occupation
NONE RETIRED

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

Date of Receipt

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

Transaction ID: SA11AI.22961

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

270.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 21 / 110
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN MEMBER SENATE FUND

A. Full Name (Last, First, Middle Initial)
DR GRANT DUNCAN 927

Mailing Address 1822 BEVERLY GLEN DR

City State Zip Code
SANTA ANA CA 92705

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 ▼ 600.00

Date of Receipt
MM / DD / YYYY
12 / 16 / 2009

Transaction ID: SA11AI.22963

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
MRS MURIEL ELLIOTT 334

Mailing Address 19900 BEACH RD

City State Zip Code
JUPITER FL 33469

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

Name of Employer NONE Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt
MM / DD / YYYY
12 / 18 / 2009

Transaction ID: SA11AI.23041

Amount of Each Receipt this Period
200.00

C. Full Name (Last, First, Middle Initial)
MR JOHN F ELMQUIST 113

Mailing Address 20-38 169TH ST

City State Zip Code
WHITESTONE NY 11357

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

Name of Employer NONE Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
09 / 25 / 2009

Transaction ID: SA11AI.23051

Amount of Each Receipt this Period
150.00

SUBTOTAL of Receipts This Page (optional) ► **450.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 110
(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN MEMBER SENATE FUND

A.

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

Mailing Address 460 S GREENFIELD RD STE 2

City MESA State AZ Zip Code 85206

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

Name of Employer FARNSWORTH COMPANIES Occupation REAL ESTATE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 09 / 18 / 2009
Transaction ID: SA11AI.23109
Amount of Each Receipt this Period: 1000.00

B.

Full Name (Last, First, Middle Initial)
MR THOMAS FITZGIBBON 600

Mailing Address 9640 REDING CIR

City DES PLAINES State IL Zip Code 60016

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 10 / 01 / 2009
Transaction ID: SA11AI.23184
Amount of Each Receipt this Period: 100.00

C.

Full Name (Last, First, Middle Initial)
DOROTHY A GAMBRELL 763

Mailing Address 2409 MCNIEL AVE

City WICHITA FALLS State TX Zip Code 76309

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 215.00

Date of Receipt: 08 / 28 / 2009
Transaction ID: SA11AI.23312
Amount of Each Receipt this Period: 20.00

SUBTOTAL of Receipts This Page (optional) ► 1120.00

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

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

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

FOR LINE NUMBER: PAGE 23 / 110
(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN MEMBER SENATE FUND

A.

Full Name (Last, First, Middle Initial)
DOROTHY A GAMBRELL 763

Mailing Address 2409 MCNIEL AVE

City State Zip Code
WICHITA FALLS TX 76309

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
235.00

Date of Receipt

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

Transaction ID: SA11AI.23314

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)
MR ROBERT GANNETT 053

Mailing Address 619 PLEASANT VALLEY RD

City State Zip Code
BRATTLEBORO VT 05301

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

Name of Employer Occupation
NONE RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1725.00

Date of Receipt

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

Transaction ID: SA11AI.23319

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
DR FRANK N GENOVESE 162, MD

Mailing Address 176 THE BRANCHES

City State Zip Code
KITTANNING PA 16201

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

Name of Employer Occupation
SELF EMPLOYED PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

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

Transaction ID: SA11AI.23363

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

370.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 24 / 110
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN MEMBER SENATE FUND

A. Full Name (Last, First, Middle Initial)
DR FRANK N GENOVESE 162, MD
Mailing Address 176 THE BRANCHES

City State Zip Code
KITTANNING PA 16201

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

Name of Employer SELF EMPLOYED Occupation PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
12 / 23 / 2009

Transaction ID: SA11AI.23365

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
MR LOUIS T GETTERMAN 767, JR
Mailing Address 5 HILLANDALE RD

City State Zip Code
WACO TX 76710

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

Name of Employer NONE Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
07 / 17 / 2009

Transaction ID: SA11AI.23381

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
MR PAUL J GOLDRICK 035
Mailing Address PO BOX 439

City State Zip Code
LITTLETON NH 03561

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

Name of Employer SELF EMPLOYED Occupation SALES

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 235.00

Date of Receipt
MM / DD / YYYY
09 / 03 / 2009

Transaction ID: SA11AI.23430

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► 200.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 110
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
REPUBLICAN MEMBER SENATE FUND

A.

Full Name (Last, First, Middle Initial)
MR PAUL J GOLDRICK 035

Mailing Address PO BOX 439

City LITTLETON State NH Zip Code 03561

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

Name of Employer SELF EMPLOYED Occupation SALES

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt: 09 / 21 / 2009
Transaction ID: SA11AI.23433
 Amount of Each Receipt this Period: 50.00

B.

Full Name (Last, First, Middle Initial)
MR CLARENCE GOOD 175

Mailing Address 355 W ROUTE 897

City REINHOLDS State PA Zip Code 17569

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 238.00

Date of Receipt: 09 / 25 / 2009
Transaction ID: SA11AI.23443
 Amount of Each Receipt this Period: 80.00

C.

Full Name (Last, First, Middle Initial)
MR CHARLES F GORDER 921, SR

Mailing Address 5526 TOYON RD

City SAN DIEGO State CA Zip Code 92115

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

Name of Employer ALHADEFF & SOLAR LLP Occupation ATTORNEY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 07 / 20 / 2009
Transaction ID: SA11AI.23447
 Amount of Each Receipt this Period: 100.00

SUBTOTAL of Receipts This Page (optional) ► **230.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 110
(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN MEMBER SENATE FUND

A.

Full Name (Last, First, Middle Initial)
MR CHARLES F GORDER 921, SR

Mailing Address 5526 TOYON RD

City State Zip Code
SAN DIEGO CA 92115

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

Name of Employer Occupation
ALHADEFF & SOLAR LLP ATTORNEY

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

Date of Receipt

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

Transaction ID: SA11AI.23446

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)
MRS MARY FARSON GRIFFITHS 329

Mailing Address 546 ERICH ST

City State Zip Code
WERNERSVILLE PA 19565

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

Name of Employer Occupation
NONE RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 450.00

Date of Receipt

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

Transaction ID: SA11AI.23508

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)
MS MARY J Y GULINO 220

Mailing Address 4200 OLD COLUMBIA PIKE

City State Zip Code
ANNANDALE VA 22003

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

Name of Employer Occupation
NONE RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 261.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 5 / 2 0 0 9

Transaction ID: SA11AI.23537

Amount of Each Receipt this Period

113.00

SUBTOTAL of Receipts This Page (optional)

463.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 27 / 110

(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN MEMBER SENATE FUND

A.

Full Name (Last, First, Middle Initial)

DONALD GUMPERTZ 916

Mailing Address PO BOX 2450

City State Zip Code
TOLUCA LAKE CA 91610

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

Name of Employer Occupation
NONE RETIRED

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

Date of Receipt

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

Transaction ID: SA11AI.23541

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)

DONALD GUMPERTZ 916

Mailing Address PO BOX 2450

City State Zip Code
TOLUCA LAKE CA 91610

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

Name of Employer Occupation
NONE RETIRED

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 350.00

Date of Receipt

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

Transaction ID: SA11AI.23542

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)

DONALD GUMPERTZ 916

Mailing Address PO BOX 2450

City State Zip Code
TOLUCA LAKE CA 91610

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

Name of Employer Occupation
NONE RETIRED

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 850.00

Date of Receipt

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

Transaction ID: SA11AI.23543

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 28 / 110
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN MEMBER SENATE FUND

A. Full Name (Last, First, Middle Initial)
MR J KERN HAMILTON 950
Mailing Address 800 BLOSSOM HILL RD UNIT E324
City LOS GATOS State CA Zip Code 95032
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 ▼ 201.00
Date of Receipt 10 / 08 / 2009
Transaction ID: SA11AI.23590
Amount of Each Receipt this Period 101.00

B. Full Name (Last, First, Middle Initial)
MRS VIOLET HANNA 916
Mailing Address 4123 MARY ELLEN AVE
City STUDIO CITY State CA Zip Code 91604
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 ▼ 1250.00
Date of Receipt 11 / 16 / 2009
Transaction ID: SA11AI.23600
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
MISS MARGARET L HANSON 190
Mailing Address 240 WALNUT ST
City BRISTOL State PA Zip Code 19007
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 ▼ 230.00
Date of Receipt 08 / 24 / 2009
Transaction ID: SA11AI.23611
Amount of Each Receipt this Period 40.00

SUBTOTAL of Receipts This Page (optional) ▶ 641.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 110
(check only one)

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

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

NAME OF COMMITTEE (In Full)
REPUBLICAN MEMBER SENATE FUND

A.

Full Name (Last, First, Middle Initial)
MISS MARGARET L HANSON 190

Mailing Address 240 WALNUT ST

City State Zip Code
BRISTOL PA 19007

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

Name of Employer Occupation
NONE RETIRED

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 270.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 23 / 2009

Transaction ID: SA11AI.23612

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)
MISS MARGARET L HANSON 190

Mailing Address 240 WALNUT ST

City State Zip Code
BRISTOL PA 19007

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

Name of Employer Occupation
NONE RETIRED

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 310.00

Date of Receipt

M M / D D / Y Y Y Y
11 / 24 / 2009

Transaction ID: SA11AI.23614

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)
MRS DOROTHY M HARKNESS 915

Mailing Address 925 IRVING DR

City State Zip Code
BURBANK CA 91504

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

Name of Employer Occupation
NONE RETIRED

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

Date of Receipt

M M / D D / Y Y Y Y
09 / 24 / 2009

Transaction ID: SA11AI.23645

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional) ▶

180.00

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

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

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

FOR LINE NUMBER: PAGE 30 / 110
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN MEMBER SENATE FUND

A. Full Name (Last, First, Middle Initial)
MRS DOROTHY M HARKNESS 915
Mailing Address 925 IRVING DR
City BURBANK State CA Zip Code 91504
FEC ID number of contributing federal political committee. **C**
Name of Employer NONE Occupation RETIRED
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 12 / 17 / 2009
Transaction ID: SA11AI.23643
Amount of Each Receipt this Period 200.00

B. Full Name (Last, First, Middle Initial)
MR WILLIAM HARLAN 850
Mailing Address 118 W MARYLAND AVE APT 114
City PHOENIX State AZ Zip Code 85013
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 520.00
Date of Receipt 07 / 23 / 2009
Transaction ID: SA11AI.23646
Amount of Each Receipt this Period 300.00

C. Full Name (Last, First, Middle Initial)
MRS ROSEMARY L HEGENBART 912
Mailing Address 6266 ALTURA AVE
City LA CRESCENTA State CA Zip Code 91214
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 ▼ 330.00
Date of Receipt 07 / 20 / 2009
Transaction ID: SA11AI.23700
Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional) ▶ 550.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER: PAGE 31 / 110
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN MEMBER SENATE FUND

A. Full Name (Last, First, Middle Initial)
MRS DORIS T HENDRICKS 212
Mailing Address 8810 WALTHER BLVD APT 2229

City State Zip Code
BALTIMORE MD 21234

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 ▼ 463.00

Date of Receipt: MM / DD / YYYY
07 / 27 / 2009
Transaction ID: SA11AI.23729
Amount of Each Receipt this Period: 173.00

B. Full Name (Last, First, Middle Initial)
MRS DORIS T HENDRICKS 212
Mailing Address 8810 WALTHER BLVD APT 2229

City State Zip Code
BALTIMORE MD 21234

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 ▼ 548.00

Date of Receipt: MM / DD / YYYY
11 / 16 / 2009
Transaction ID: SA11AI.23730
Amount of Each Receipt this Period: 85.00

C. Full Name (Last, First, Middle Initial)
MS FLORENCE HOOTEN 207
Mailing Address 7017 SAINT ANNES AVE

City State Zip Code
LANHAM MD 20706

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 ▼ 230.00

Date of Receipt: MM / DD / YYYY
09 / 24 / 2009
Transaction ID: SA11AI.23824
Amount of Each Receipt this Period: 60.00

SUBTOTAL of Receipts This Page (optional) ► 318.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 110
(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN MEMBER SENATE FUND

A.

Full Name (Last, First, Middle Initial)
MS FLORENCE HOOTEN 207

Mailing Address 7017 SAINT ANNES AVE

City State Zip Code
LANHAM MD 20706

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

Name of Employer Occupation
NONE RETIRED

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 280.00

Date of Receipt

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

Transaction ID: SA11AI.23823

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)
MR HARVEY J HOWARD 404

Mailing Address 223 RICHMOND ST

City State Zip Code
LANCASTER KY 40444

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

Name of Employer Occupation

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

Date of Receipt

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

Transaction ID: SA11AI.23840

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)
MR HARVEY J HOWARD 404

Mailing Address 223 RICHMOND ST

City State Zip Code
LANCASTER KY 40444

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

Name of Employer Occupation

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

Date of Receipt

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

Transaction ID: SA11AI.23838

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional) ▶

150.00

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

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

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

FOR LINE NUMBER: PAGE 33 / 110
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN MEMBER SENATE FUND

A. Full Name (Last, First, Middle Initial)
MR VINCENT S HUGHES 328
Mailing Address 560 IVANHOE PLZ
City ORLANDO State FL Zip Code 32804
FEC ID number of contributing federal political committee. **C**
Name of Employer NONE Occupation RETIRED
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00
Date of Receipt 09 / 03 / 2009
Transaction ID: SA11AI.23858
Amount of Each Receipt this Period 100.00

B. Full Name (Last, First, Middle Initial)
MR BEN ISAAC 678
Mailing Address 2012 N ANTLER RIDGE DR
City GARDEN CITY State KS Zip Code 67846
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 209.00
Date of Receipt 07 / 20 / 2009
Transaction ID: SA11AI.23906
Amount of Each Receipt this Period 9.00

C. Full Name (Last, First, Middle Initial)
MRS REBECCA P IVANS 920
Mailing Address 807 LA JOLLA RANCHO RD
City LA JOLLA State CA Zip Code 92037
FEC ID number of contributing federal political committee. **C**
Name of Employer NONE Occupation RETIRED
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt 11 / 24 / 2009
Transaction ID: SA11AI.23912
Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional) ► 209.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 34 / 110

(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN MEMBER SENATE FUND

A.

Full Name (Last, First, Middle Initial)

MR VICTOR JAWORSKY 109

Mailing Address PO BOX 196

City State Zip Code
ORANGEBURG NY 10962

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 17 / 2009

Transaction ID: SA11AI.23941

Amount of Each Receipt this Period

180.00

B.

Full Name (Last, First, Middle Initial)

MR VICTOR JAWORSKY 109

Mailing Address PO BOX 196

City State Zip Code
ORANGEBURG NY 10962

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
401.00

Date of Receipt

M M / D D / Y Y Y Y
10 / 01 / 2009

Transaction ID: SA11AI.23942

Amount of Each Receipt this Period

51.00

C.

Full Name (Last, First, Middle Initial)

MR DAVID S JENNEY 027

Mailing Address 4 BEACON ST

City State Zip Code
MATTAPOISETT MA 02739

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

Name of Employer Occupation
NONE RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 20 / 2009

Transaction ID: SA11AI.23954

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) ▶

731.00

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

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

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

FOR LINE NUMBER: PAGE 35 / 110
(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN MEMBER SENATE FUND

A.

Full Name (Last, First, Middle Initial)
MR HOWLAND B JONES 064, JR

Mailing Address 217 ESSEX MDWS

City State Zip Code
ESSEX CT 06426

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

Name of Employer Occupation
NONE RETIRED

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

Date of Receipt

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

Transaction ID: SA11AI.23989

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
MR GORDON KINLEY 921

Mailing Address 7227 GLENFLORA AVE

City State Zip Code
SAN DIEGO CA 92119

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 229.00

Date of Receipt

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

Transaction ID: SA11AI.24119

Amount of Each Receipt this Period
53.00

C.

Full Name (Last, First, Middle Initial)
MR GORDON KINLEY 921

Mailing Address 7227 GLENFLORA AVE

City State Zip Code
SAN DIEGO CA 92119

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 335.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.24116

Amount of Each Receipt this Period
106.00

SUBTOTAL of Receipts This Page (optional) ▶

659.00

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

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

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

FOR LINE NUMBER: PAGE 36 / 110
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN MEMBER SENATE FUND

A. Full Name (Last, First, Middle Initial)
MR WALTER H KLEINER 980
Mailing Address 1725 89TH PL NE
City State Zip Code
CLYDE HILL WA 98004
FEC ID number of contributing federal political committee. **C**
Name of Employer NONE Occupation RETIRED
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt: MM / DD / YYYY 07 / 20 / 2009
Transaction ID: SA11AI.24133
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
MR ROBERT KNUEPPEL 125
Mailing Address 107 SUNRISE HILL RD
City State Zip Code
FISHKILL NY 12524
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: MM / DD / YYYY 12 / 31 / 2009
Transaction ID: SA11AI.24155
Amount of Each Receipt this Period 100.00

C. Full Name (Last, First, Middle Initial)
MR MIKE KOJAIAN 483
Mailing Address 351 W SHORE DR
City State Zip Code
ORCHARD LAKE MI 48324
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt: MM / DD / YYYY 12 / 17 / 2009
Transaction ID: SA11AI.24170
Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional) ► 700.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 37 / 110
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN MEMBER SENATE FUND

A. Full Name (Last, First, Middle Initial)
MS JANE LAIRD 198
Mailing Address 4031 KENNETT PIKE
City GREENVILLE State DE Zip Code 19807
FEC ID number of contributing federal political committee. **C**
Name of Employer NONE Occupation RETIRED
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 08 / 20 / 2009
Transaction ID: SA11AI.24243
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
MR J SMITH LANIER 368
Mailing Address 2024 18TH ST NW
City LANETT State AL Zip Code 36863
FEC ID number of contributing federal political committee. **C**
Name of Employer NONE Occupation RETIRED
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 07 / 24 / 2009
Transaction ID: SA11AI.24269
Amount of Each Receipt this Period 1000.00

C. Full Name (Last, First, Middle Initial)
MRS INGEBORG R LEDERGERBER 331
Mailing Address 14248 SW 47TH ST
City MIAMI State FL Zip Code 33175
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 ▼ 223.00
Date of Receipt 09 / 28 / 2009
Transaction ID: SA11AI.24328
Amount of Each Receipt this Period 30.00

SUBTOTAL of Receipts This Page (optional) ► 1280.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 38 / 110
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN MEMBER SENATE FUND

A. Full Name (Last, First, Middle Initial)
MRS INGEBORG R LEDERGERBER 331
Mailing Address 14248 SW 47TH ST

City State Zip Code
MIAMI FL 33175

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 ▼ 283.00

Date of Receipt: MM / DD / YYYY
12 / 16 / 2009
Transaction ID: SA11AI.24330
Amount of Each Receipt this Period: 60.00

B. Full Name (Last, First, Middle Initial)
MR RICHARD A LENON 600
Mailing Address 803 SOLAR LN

City State Zip Code
GLENVIEW IL 60025

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

Name of Employer NONE Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: MM / DD / YYYY
08 / 20 / 2009
Transaction ID: SA11AI.24357
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
MS MARIE J LETT 760
Mailing Address 3940 LETT LN

City State Zip Code
BURLESON TX 76028

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

Name of Employer SELF EMPLOYED Occupation RANCHER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: MM / DD / YYYY
10 / 05 / 2009
Transaction ID: SA11AI.24366
Amount of Each Receipt this Period: 200.00

SUBTOTAL of Receipts This Page (optional) ► 760.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 39 / 110
(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN MEMBER SENATE FUND

A.

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

Mailing Address 3710 GULF OF MEXICO DR LOT C18

City State Zip Code
LONGBOAT KEY FL 34228

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

Name of Employer Occupation
NONE RETIRED

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 17 / 2009

Transaction ID: SA11AI.24412

Amount of Each Receipt this Period

900.00

B.

Full Name (Last, First, Middle Initial)
MR LEONARD LITWIN 110

Mailing Address 18 BROADLAWN AVE

City State Zip Code
GREAT NECK NY 11024

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

Name of Employer Occupation
GLENWOOD MANAGEMENT REAL ESTATE DEVELOPER

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 24 / 2009

Transaction ID: SA11AI.24420

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)
MR DAVID LUNDQUIST 334

Mailing Address 6277 N OCEAN BLVD

City State Zip Code
BOYNTON BEACH FL 33435

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

Name of Employer Occupation
NONE RETIRED

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

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 06 / 2009

Transaction ID: SA11AI.24480

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1650.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 40 / 110
(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN MEMBER SENATE FUND

A.

Full Name (Last, First, Middle Initial)
MS KATHLEEN MAHAN 917

Mailing Address 546 W GLADSTONE ST

City State Zip Code
SAN DIMAS CA 91773

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

Name of Employer Occupation
INLAND EMPIRE STAGES LTD BUSINESS OWNER

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

Date of Receipt

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

Transaction ID: SA11AI.24506

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)
JAMES P MANNING 891

Mailing Address 7201 W POST RD

City State Zip Code
LAS VEGAS NV 89113

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

Name of Employer Occupation
INTERSTATE PLUMBING & AIR CONDITIONING CEO

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

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.24540

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
MISS MARIE E MATTOS 209

Mailing Address 3330 N LEISURE WORLD BLVD

City State Zip Code
SILVER SPRING MD 20906

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 0 / 2 0 0 9

Transaction ID: SA11AI.24610

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional) ▶

450.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 110

(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN MEMBER SENATE FUND

A.

Full Name (Last, First, Middle Initial)
MISS MARIE E MATTOS 209

Mailing Address 3330 N LEISURE WORLD BLVD

City State Zip Code
SILVER SPRING MD 20906

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M / D D / Y Y Y Y
08 / 19 / 2009

Transaction ID: SA11AI.24609

Amount of Each Receipt this Period

75.00

B.

Full Name (Last, First, Middle Initial)
MR MICHAEL B MAY 456

Mailing Address 3304 RHODES AVE

City State Zip Code
NEW BOSTON OH 45662

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

Name of Employer Occupation
NONE RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
330.00

Date of Receipt

M M / D D / Y Y Y Y
12 / 16 / 2009

Transaction ID: SA11AI.24615

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)
MR ROBERT R MAZER 606

Mailing Address 800 N MICHIGAN AVE APT 5601

City State Zip Code
CHICAGO IL 60611

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

Name of Employer Occupation
NONE RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
315.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 23 / 2009

Transaction ID: SA11AI.24624

Amount of Each Receipt this Period

210.00

SUBTOTAL of Receipts This Page (optional) ▶

485.00

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

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

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

FOR LINE NUMBER: PAGE 42 / 110
(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN MEMBER SENATE FUND

A.

Full Name (Last, First, Middle Initial)
MR ROBERT R MAZER 606

Mailing Address 800 N MICHIGAN AVE APT 5601

City State Zip Code
CHICAGO IL 60611

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

Name of Employer Occupation
NONE RETIRED

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 525.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 04 / 2009

Transaction ID: SA11AI.24623

Amount of Each Receipt this Period

210.00

B.

Full Name (Last, First, Middle Initial)
MR ROBERT R MAZER 606

Mailing Address 800 N MICHIGAN AVE APT 5601

City State Zip Code
CHICAGO IL 60611

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

Name of Employer Occupation
NONE RETIRED

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 725.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 28 / 2009

Transaction ID: SA11AI.24622

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)
MRS CORNELIA D MCCURDY 190

Mailing Address 801 YALE AVE

City State Zip Code
SWARTHMORE PA 19081

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

Name of Employer Occupation
NONE HOMEMAKER

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 20 / 2009

Transaction ID: SA11AI.24651

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

560.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 43 / 110
(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN MEMBER SENATE FUND

A. Full Name (Last, First, Middle Initial)
MRS ELIZABETH MCGIRR 244

Mailing Address 218 N NEW ST

City STAUNTON State VA Zip Code 24401

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

Name of Employer NONE Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 11 / 16 / 2009
Transaction ID: SA11AI.24664
 Amount of Each Receipt this Period: 75.00

B. Full Name (Last, First, Middle Initial)
MR PAUL MCGOLDRICK 035

Mailing Address 106 MAIN ST

City LITTLETON State NH Zip Code 03561

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

Name of Employer SELF EMPLOYED Occupation SALESMAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 570.00

Date of Receipt: 07 / 15 / 2009
Transaction ID: SA11AI.24672
 Amount of Each Receipt this Period: 100.00

C. Full Name (Last, First, Middle Initial)
MR PAUL MCGOLDRICK 035

Mailing Address 106 MAIN ST

City LITTLETON State NH Zip Code 03561

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

Name of Employer SELF EMPLOYED Occupation SALESMAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 620.00

Date of Receipt: 12 / 23 / 2009
Transaction ID: SA11AI.24673
 Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) ▶ **225.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 44 / 110

(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN MEMBER SENATE FUND

A.

Full Name (Last, First, Middle Initial)
MS VIRGINIA A MCKEE 871

Mailing Address 4204 MARLA DR NE

City State Zip Code
ALBUQUERQUE NM 87109

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 23 / 2009

Transaction ID: SA11AI.24701

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)
MRS JANE A MCNALLY 971

Mailing Address 1301 FULTON ST APT 163

City State Zip Code
NEWBERG OR 97132

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

Name of Employer Occupation
NONE RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
251.00

Date of Receipt

M M / D D / Y Y Y Y
10 / 08 / 2009

Transaction ID: SA11AI.24721

Amount of Each Receipt this Period

101.00

C.

Full Name (Last, First, Middle Initial)
MR THOMAS V MCNAMARA 490

Mailing Address 6910 N SPRINKLE RD

City State Zip Code
KALAMAZOO MI 49004

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
238.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 24 / 2009

Transaction ID: SA11AI.24722

Amount of Each Receipt this Period

113.00

SUBTOTAL of Receipts This Page (optional)

314.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 45 / 110
(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN MEMBER SENATE FUND

A.

Full Name (Last, First, Middle Initial)

MR ROSS MILLER 080

Mailing Address 8 W LAKE AVE

City State Zip Code
MEDFORD NJ 08055

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

Name of Employer Occupation
NONE RETIRED

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 350.00

Date of Receipt

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

Transaction ID: SA11AI.24796

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

THOMAS MIMS 770

Mailing Address 1655 BANKS ST

City State Zip Code
HOUSTON TX 77006

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

Name of Employer Occupation
SELF EMPLOYED PHYSICIAN

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

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.24827

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

THOMAS MIMS 770

Mailing Address 1655 BANKS ST

City State Zip Code
HOUSTON TX 77006

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

Name of Employer Occupation
SELF EMPLOYED PHYSICIAN

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

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

Transaction ID: SA11AI.24826

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) ▶

600.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 46 / 110
(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN MEMBER SENATE FUND

A.

Full Name (Last, First, Middle Initial)
THOMAS MIMS 770

Mailing Address 1655 BANKS ST

City State Zip Code
HOUSTON TX 77006

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

Name of Employer SELF EMPLOYED Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 24 / 2009

Transaction ID: SA11AI.24828

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
MR JOHN L MINTER 779

Mailing Address 116 SEASCAPE DR

City State Zip Code
PORT LAVACA TX 77979

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

Name of Employer NONE Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
10 / 05 / 2009

Transaction ID: SA11AI.24835

Amount of Each Receipt this Period
35.00

C.

Full Name (Last, First, Middle Initial)
MR JOHN L MINTER 779

Mailing Address 116 SEASCAPE DR

City State Zip Code
PORT LAVACA TX 77979

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 ▼ 375.00

Date of Receipt
M M / D D / Y Y Y Y Y
11 / 16 / 2009

Transaction ID: SA11AI.24834

Amount of Each Receipt this Period
75.00

SUBTOTAL of Receipts This Page (optional) ► **360.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 47 / 110

(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN MEMBER SENATE FUND

A.

Full Name (Last, First, Middle Initial)
RUTH MONTGOMERY 752

Mailing Address 4242 LOMO ALTO DR APT N40

City	State	Zip Code
DALLAS	TX	75219

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

Name of Employer Occupation

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: SA11AI.24856

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)
RUTH MONTGOMERY 752

Mailing Address 4242 LOMO ALTO DR APT N40

City	State	Zip Code
DALLAS	TX	75219

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

Name of Employer Occupation

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: SA11AI.24857

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)
MR EDWARD P MOONEY 193

Mailing Address 51 SAGEWOOD DR

City	State	Zip Code
MALVERN	PA	19355

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

Name of Employer Occupation
NONE RETIRED

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: SA11AI.24860

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 48 / 110

(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN MEMBER SENATE FUND

A.

Full Name (Last, First, Middle Initial)
DR CRAIG M MORGAN 257

Mailing Address 200 CAMELOT DR

City State Zip Code
HUNTINGTON WV 25701

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

Name of Employer Occupation
DOCTOR

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

Date of Receipt

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

Transaction ID: SA11AI.24873

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
IA MORRIS 144

Mailing Address 2867 OUTLET RD

City State Zip Code
CLIFTON SPRINGS NY 14432

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

Name of Employer Occupation
ENGINEER

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 875.00

Date of Receipt

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

Transaction ID: SA11AI.24877

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
MRS HELEN M MORROW 193

Mailing Address 876 WESTTOWN RD

City State Zip Code
WEST CHESTER PA 19382

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

Name of Employer Occupation
RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 235.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 2 / 2 0 0 9

Transaction ID: SA11AI.24891

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

650.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 49 / 110
	(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)
REPUBLICAN MEMBER SENATE FUND

A.

Full Name (Last, First, Middle Initial) MRS HELEN M MORROW 193		Date of Receipt
Mailing Address 876 WESTTOWN RD		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
City State Zip Code WEST CHESTER PA 19382		<input type="text"/> 08 / <input type="text"/> 03 / <input type="text"/> 2009
FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.24892
Name of Employer NONE		Amount of Each Receipt this Period
Occupation RETIRED		<input type="text"/> 150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		<input type="text"/> 385.00

B.

Full Name (Last, First, Middle Initial) MRS LEVONNE D MULROONEY 551		Date of Receipt
Mailing Address 1700 LEXINGTON APT 410		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
City State Zip Code LILY DALE MN 55118		<input type="text"/> 12 / <input type="text"/> 18 / <input type="text"/> 2009
FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.24927
Name of Employer		Amount of Each Receipt this Period
Occupation		<input type="text"/> 50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		<input type="text"/> 215.00

C.

Full Name (Last, First, Middle Initial) MR GEORGE M NEALL 216, II		Date of Receipt
Mailing Address 5452 TATES BANK RD		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
City State Zip Code CAMBRIDGE MD 21613		<input type="text"/> 08 / <input type="text"/> 03 / <input type="text"/> 2009
FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.24961
Name of Employer NONE		Amount of Each Receipt this Period
Occupation RETIRED		<input type="text"/> 750.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		<input type="text"/> 1200.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 950.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 50 / 110
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN MEMBER SENATE FUND

A. Full Name (Last, First, Middle Initial)
COL ROBERT D NESBITT 300
Mailing Address 1189 STONEHEATH MEWS

City State Zip Code
MARIETTA GA 30068

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

Name of Employer Occupation
US MILITARY OFFICER

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

Date of Receipt
MM / DD / YYYY
11 / 13 / 2009
Transaction ID: SA11AI.24967
Amount of Each Receipt this Period 400.00

B. Full Name (Last, First, Middle Initial)
MR DONALD G NOURSE 926
Mailing Address 48 SHADOWPLAY

City State Zip Code
IRVINE CA 92620

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

Name of Employer Occupation
NONE RETIRED

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

Date of Receipt
MM / DD / YYYY
09 / 22 / 2009
Transaction ID: SA11AI.25021
Amount of Each Receipt this Period 300.00

C. Full Name (Last, First, Middle Initial)
MR RAY P ODEN 711, JR
Mailing Address 702 THORA BLVD

City State Zip Code
SHREVEPORT LA 71106

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

Name of Employer Occupation
NONE RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 450.00

Date of Receipt
MM / DD / YYYY
08 / 11 / 2009
Transaction ID: SA11AI.25048
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 950.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 51 / 110

(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN MEMBER SENATE FUND

A.

Full Name (Last, First, Middle Initial)
DOROTHY OLSON 520

Mailing Address 3730 PENNSYLVANIA AVE APT 104

City State Zip Code
DUBUQUE IA 52002

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

Name of Employer Occupation
NONE RETIRED

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	7		2	0	0	9

Transaction ID: SA11AI.25070

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)
MR RICHARD R ORLANDER 932

Mailing Address PO BOX 2253

City State Zip Code
HANFORD CA 93232

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

Name of Employer Occupation
NONE RETIRED

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 240.00

Date of Receipt

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

Transaction ID: SA11AI.25093

Amount of Each Receipt this Period

60.00

C.

Full Name (Last, First, Middle Initial)
MRS DOROTHY W PARKS 444

Mailing Address 3519 CARDINAL DR SW

City State Zip Code
WARREN OH 44481

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

Name of Employer Occupation
NONE RETIRED

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 220.00

Date of Receipt

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

Transaction ID: SA11AI.25155

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional) ▶

285.00

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

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

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

FOR LINE NUMBER: PAGE 52 / 110
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN MEMBER SENATE FUND

A. Full Name (Last, First, Middle Initial)
MRS NYLA PAYNE 837
 Mailing Address 7250 POPLAR ST APT 124
 City State Zip Code
 BOISE ID 83704
 Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 21 / 2009
Transaction ID: SA11AI.25180
 Amount of Each Receipt this Period
 80.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 274.00

B. Full Name (Last, First, Middle Initial)
MR GEORGE C PERREAULT 342
 Mailing Address 7336 CAPTAIN KIDD AVE
 City State Zip Code
 SARASOTA FL 34231
 Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 30 / 2009
Transaction ID: SA11AI.25211
 Amount of Each Receipt this Period
 300.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SELF EMPLOYED INVESTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

C. Full Name (Last, First, Middle Initial)
MRS BEVERLY M PEVEHOUSE 797
 Mailing Address 810 CANONERO ST
 City State Zip Code
 MIDLAND TX 79705
 Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 08 / 2009
Transaction ID: SA11AI.25237
 Amount of Each Receipt this Period
 250.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NONE HOMEMAKER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 450.00

SUBTOTAL of Receipts This Page (optional) ► **630.00**
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 53 / 110
(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN MEMBER SENATE FUND

A.

Full Name (Last, First, Middle Initial)
MR EUGENE G PILLARD 719

Mailing Address 25 DEGRAY VALLEY RD

City State Zip Code
ARKADELPHIA AR 71923

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

Name of Employer NONE Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
12 / 21 / 2009

Transaction ID: SA11AI.25273

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
MR LEON POTTER 495

Mailing Address O508 LEONARD ST NW

City State Zip Code
GRAND RAPIDS MI 49534

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 ▼ 220.00

Date of Receipt
MM / DD / YYYY
12 / 24 / 2009

Transaction ID: SA11AI.25320

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
MS CLAIRE RAINS 941

Mailing Address 420 41ST AVE

City State Zip Code
SAN FRANCISCO CA 94121

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 ▼ 385.00

Date of Receipt
MM / DD / YYYY
07 / 17 / 2009

Transaction ID: SA11AI.25405

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► 150.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 54 / 110

(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN MEMBER SENATE FUND

A.

Full Name (Last, First, Middle Initial)

MS CLAIRE RAINS 941

Mailing Address 420 41ST AVE

City State Zip Code
SAN FRANCISCO CA 94121

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

Name of Employer Occupation
NONE RETIRED

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 410.00

Date of Receipt

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

Transaction ID: SA11AI.25406

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

R REAVES 927

Mailing Address 10831 SKYLINE DR

City State Zip Code
SANTA ANA CA 92705

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

Name of Employer Occupation
NONE RETIRED

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 9

Transaction ID: SA11AI.25440

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

R REAVES 927

Mailing Address 10831 SKYLINE DR

City State Zip Code
SANTA ANA CA 92705

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

Name of Employer Occupation
NONE RETIRED

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 550.00

Date of Receipt

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

Transaction ID: SA11AI.25439

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

425.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 55 / 110
(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN MEMBER SENATE FUND

A.

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

Mailing Address 810 S OCEAN BLVD

City State Zip Code
PALM BEACH FL 33480

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

Name of Employer Occupation
SELF EMPLOYED CONSULTANT

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 275.00

Date of Receipt

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

Transaction ID: SA11AI.25483

Amount of Each Receipt this Period
75.00

B.

Full Name (Last, First, Middle Initial)
MR CHARLES RICHARD 701

Mailing Address 200 N ANTHONY ST

City State Zip Code
NEW ORLEANS LA 70119

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

Name of Employer Occupation

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

Date of Receipt

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

Transaction ID: SA11AI.25505

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
MR DELBERT R ROBINSON 882

Mailing Address 801 ALABAMA ST

City State Zip Code
LAKE ARTHUR NM 88253

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

Name of Employer Occupation
NONE RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 225.00

Date of Receipt

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

Transaction ID: SA11AI.25545

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ▶

150.00

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

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

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

FOR LINE NUMBER: PAGE 56 / 110
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN MEMBER SENATE FUND

A. Full Name (Last, First, Middle Initial)
MR DEAN ROMBERGER 674
 Mailing Address 1317 NW 5TH ST
 City State Zip Code
 ABILENE KS 67410
 Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 24 / 2009
Transaction ID: SA11AI.25585
 Amount of Each Receipt this Period
 150.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 370.00

B. Full Name (Last, First, Middle Initial)
MR DEAN ROMBERGER 674
 Mailing Address 1317 NW 5TH ST
 City State Zip Code
 ABILENE KS 67410
 Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 21 / 2009
Transaction ID: SA11AI.25584
 Amount of Each Receipt this Period
 50.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

C. Full Name (Last, First, Middle Initial)
MS MARY ROSENCRANZ 063
 Mailing Address 186 JERRY BROWNE RD
 City State Zip Code
 MYSTIC CT 06355
 Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 24 / 2009
Transaction ID: SA11AI.25599
 Amount of Each Receipt this Period
 60.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 435.00

SUBTOTAL of Receipts This Page (optional) ► 260.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 57 / 110
(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN MEMBER SENATE FUND

A.

Full Name (Last, First, Middle Initial)
MRS MARIAN L RUSSELL 326

Mailing Address 5100 SW 25TH BLVD # 2206

City State Zip Code
GAINESVILLE FL 32608

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 24 / 2009

Transaction ID: SA11AI.25651

Amount of Each Receipt this Period

10.00

B.

Full Name (Last, First, Middle Initial)
MRS BETTIE SACCHI 906

Mailing Address 760 1/2 S MAPLE AVE

City State Zip Code
MONTEBELLO CA 90640

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

Name of Employer Occupation
NONE RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M / D D / Y Y Y Y
10 / 01 / 2009

Transaction ID: SA11AI.25658

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)
MR DALE W SALSGIVER 160

Mailing Address 108 OAK LEAF DR

City State Zip Code
SAXONBURG PA 16056

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

Name of Employer Occupation
NONE RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
278.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 17 / 2009

Transaction ID: SA11AI.25669

Amount of Each Receipt this Period

171.00

SUBTOTAL of Receipts This Page (optional)

281.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 58 / 110
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN MEMBER SENATE FUND

A. Full Name (Last, First, Middle Initial)
MR DALE W SALSGIVER 160
Mailing Address 108 OAK LEAF DR
City SAXONBURG State PA Zip Code 16056
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 ▼ 303.00
Date of Receipt 09 / 21 / 2009
Transaction ID: SA11AI.25670
Amount of Each Receipt this Period 25.00

B. Full Name (Last, First, Middle Initial)
MR DALE W SALSGIVER 160
Mailing Address 108 OAK LEAF DR
City SAXONBURG State PA Zip Code 16056
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 ▼ 328.00
Date of Receipt 11 / 13 / 2009
Transaction ID: SA11AI.25668
Amount of Each Receipt this Period 25.00

C. Full Name (Last, First, Middle Initial)
MR JOHN W SAMPSON 339
Mailing Address 9614 PARKWOOD CT
City FORT MYERS State FL Zip Code 33908
FEC ID number of contributing federal political committee. **C**
Name of Employer NONE Occupation RETIRED
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00
Date of Receipt 09 / 25 / 2009
Transaction ID: SA11AI.25676
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 300.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 59 / 110
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN MEMBER SENATE FUND

A. Full Name (Last, First, Middle Initial)
MR EDWIN C SANDHAM 349

Mailing Address 1964 SW SAINT ANDREWS DR

City State Zip Code
PALM CITY FL 34990

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 ▼ 1150.00

Date of Receipt
MM / DD / YYYY
07 / 20 / 2009

Transaction ID: SA11AI.25688

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
MR EDWIN C SANDHAM 349

Mailing Address 1964 SW SAINT ANDREWS DR

City State Zip Code
PALM CITY FL 34990

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 ▼ 1350.00

Date of Receipt
MM / DD / YYYY
08 / 24 / 2009

Transaction ID: SA11AI.25689

Amount of Each Receipt this Period
200.00

C. Full Name (Last, First, Middle Initial)
MR EDWIN C SANDHAM 349

Mailing Address 1964 SW SAINT ANDREWS DR

City State Zip Code
PALM CITY FL 34990

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 ▼ 1450.00

Date of Receipt
MM / DD / YYYY
10 / 30 / 2009

Transaction ID: SA11AI.25687

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ▶ **500.00**

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

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

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

FOR LINE NUMBER: PAGE 60 / 110

(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN MEMBER SENATE FUND

A.

Full Name (Last, First, Middle Initial)
MR EDWIN C SANDHAM 349

Mailing Address 1964 SW SAINT ANDREWS DR

City State Zip Code
PALM CITY FL 34990

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

Name of Employer Occupation
NONE RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1700.00

Date of Receipt

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

Transaction ID: SA11AI.25685

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
MR EDWIN C SANDHAM 349

Mailing Address 1964 SW SAINT ANDREWS DR

City State Zip Code
PALM CITY FL 34990

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

Name of Employer Occupation
NONE RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1900.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.25686

Amount of Each Receipt this Period
200.00

C.

Full Name (Last, First, Middle Initial)
MRS CATHARINE SCHIEFERSTEIN 196

Mailing Address 1907 BERNVILLE RD

City State Zip Code
READING PA 19601

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

Name of Employer Occupation

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

Date of Receipt

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

Transaction ID: SA11AI.25734

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ▶

550.00

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

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

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

FOR LINE NUMBER: PAGE 61 / 110
(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN MEMBER SENATE FUND

A.

Full Name (Last, First, Middle Initial)
MRS JOAN SCHONHOLTZ 208

Mailing Address 32 BEMAN WOODS CT

City State Zip Code
POTOMAC MD 20854

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

Name of Employer Occupation
NONE RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 275.00

Date of Receipt

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

Transaction ID: SA11AI.25764

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)
MRS JOAN SCHONHOLTZ 208

Mailing Address 32 BEMAN WOODS CT

City State Zip Code
POTOMAC MD 20854

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

Name of Employer Occupation
NONE RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 525.00

Date of Receipt

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

Transaction ID: SA11AI.25763

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
MR RAPHAEL SEALEY 947

Mailing Address 1206 MILVIA ST

City State Zip Code
BERKELEY CA 94709

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

Name of Employer Occupation
NONE RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 450.00

Date of Receipt

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

Transaction ID: SA11AI.25820

Amount of Each Receipt this Period

450.00

SUBTOTAL of Receipts This Page (optional) ▶

725.00

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

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

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

FOR LINE NUMBER: PAGE 62 / 110
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN MEMBER SENATE FUND

A. Full Name (Last, First, Middle Initial)
MR RAPHAEL SEALEY 947
Mailing Address 1206 MILVIA ST
City BERKELEY State CA Zip Code 94709
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 ▼ 690.00
Date of Receipt 09 / 03 / 2009
Transaction ID: SA11AI.25819
Amount of Each Receipt this Period 240.00

B. Full Name (Last, First, Middle Initial)
COL BEN H SETTLES 782
Mailing Address 4917 RAVENSWOOD DR APT 1509
City SAN ANTONIO State TX Zip Code 78227
FEC ID number of contributing federal political committee. **C**
Name of Employer US MILITARY Occupation OFFICER
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 270.00
Date of Receipt 12 / 31 / 2009
Transaction ID: SA11AI.25856
Amount of Each Receipt this Period 100.00

C. Full Name (Last, First, Middle Initial)
MS MARY JANE SHAW 852
Mailing Address 2625 E SOUTHERN AVE UNIT C119
City TEMPE State AZ Zip Code 85282
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 550.00
Date of Receipt 07 / 20 / 2009
Transaction ID: SA11AI.25869
Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional) ▶ 440.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 63 / 110
(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN MEMBER SENATE FUND

A.	Full Name (Last, First, Middle Initial) MS MARY JANE SHAW 852		Date of Receipt MM / DD / YYYY 09 / 21 / 2009		
	Mailing Address 2625 E SOUTHERN AVE UNIT C119		Transaction ID: SA11AI.25867		
	City TEMPE	State AZ	Zip Code 85282	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 650.00		
Name of Employer		Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) MS MARY JANE SHAW 852		Date of Receipt MM / DD / YYYY 12 / 04 / 2009		
	Mailing Address 2625 E SOUTHERN AVE UNIT C119		Transaction ID: SA11AI.25868		
	City TEMPE	State AZ	Zip Code 85282	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 750.00		
Name of Employer		Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) MR RICHARD H SHUTTE 454		Date of Receipt MM / DD / YYYY 07 / 20 / 2009		
	Mailing Address 3422 DECOY CT		Transaction ID: SA11AI.25908		
	City DAYTON	State OH	Zip Code 45431	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 300.00		
Name of Employer NONE		Occupation RETIRED			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 / 110
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
REPUBLICAN MEMBER SENATE FUND

A.	Full Name (Last, First, Middle Initial) MR RICHARD H SHUTTE 454		Date of Receipt
	Mailing Address 3422 DECOY CT		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	DAYTON	OH	45431
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.25907
Name of Employer NONE		Occupation RETIRED	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 50.00
		<input type="text"/> 350.00	

B.	Full Name (Last, First, Middle Initial) MR RICHARD H SHUTTE 454		Date of Receipt
	Mailing Address 3422 DECOY CT		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	DAYTON	OH	45431
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.25909
Name of Employer NONE		Occupation RETIRED	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 50.00
		<input type="text"/> 400.00	

C.	Full Name (Last, First, Middle Initial) MISS ELIZABETH SKAPIN 441		Date of Receipt
	Mailing Address 4445 W 215TH ST		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	FAIRVIEW PARK	OH	44126
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.25939
Name of Employer NONE		Occupation RETIRED	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 20.00
		<input type="text"/> 380.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 120.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 65 / 110
(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN MEMBER SENATE FUND

A.

Full Name (Last, First, Middle Initial)
MISS ELIZABETH SKAPIN 441

Mailing Address 4445 W 215TH ST

City State Zip Code
FAIRVIEW PARK OH 44126

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

Name of Employer Occupation
NONE RETIRED

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 405.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.25940

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)
MS MADELEINE SOUDEE 200

Mailing Address 2325 20TH ST NW

City State Zip Code
WASHINGTON DC 20009

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

Name of Employer Occupation

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 205.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.26047

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)
DR W B SPALDING 662, JR MD

Mailing Address 6900 OVERHILL RD

City State Zip Code
MISSION HILLS KS 66208

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

Name of Employer Occupation
SELF EMPLOYED PHYSICIAN

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

Date of Receipt

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

Transaction ID: SA11AI.26052

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

325.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 66 / 110

(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN MEMBER SENATE FUND

A.

Full Name (Last, First, Middle Initial)
MR HERMAN A SPIGEL 235

Mailing Address 1 COLLEY AVE APT 1605

City State Zip Code
NORFOLK VA 23510

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
221.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 23 / 2009

Transaction ID: SA11AI.26063

Amount of Each Receipt this Period

21.00

B.

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

Mailing Address 10443 TAM O SHANTER RD

City State Zip Code
PENSACOLA FL 32514

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

Name of Employer Occupation
NONE RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
313.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 28 / 2009

Transaction ID: SA11AI.26084

Amount of Each Receipt this Period

113.00

C.

Full Name (Last, First, Middle Initial)
MR HARRY STOUT 479

Mailing Address 1142 CHERRY LN

City State Zip Code
WEST LAFAYETTE IN 47906

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

Name of Employer Occupation
NONE RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
625.00

Date of Receipt

M M / D D / Y Y Y Y
11 / 16 / 2009

Transaction ID: SA11AI.26143

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional) ▶

534.00

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

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

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

FOR LINE NUMBER: PAGE 67 / 110
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN MEMBER SENATE FUND

A. Full Name (Last, First, Middle Initial)
MRS JOHN STRASENBURG 082
 Mailing Address PO BOX 608
 City State Zip Code
 OCEAN VIEW NJ 08230
 Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 27 / 2009
Transaction ID: SA11AI.26149
 Amount of Each Receipt this Period
 50.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 950.00

B. Full Name (Last, First, Middle Initial)
MRS JOHN STRASENBURG 082
 Mailing Address PO BOX 608
 City State Zip Code
 OCEAN VIEW NJ 08230
 Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 28 / 2009
Transaction ID: SA11AI.26148
 Amount of Each Receipt this Period
 200.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1150.00

C. Full Name (Last, First, Middle Initial)
MRS JOHN STRASENBURG 082
 Mailing Address PO BOX 608
 City State Zip Code
 OCEAN VIEW NJ 08230
 Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 24 / 2009
Transaction ID: SA11AI.26147
 Amount of Each Receipt this Period
 300.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1450.00

SUBTOTAL of Receipts This Page (optional) ► 550.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 68 / 110
(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN MEMBER SENATE FUND

A.

Full Name (Last, First, Middle Initial)
MRS JOHN STRASENBURG 082

Mailing Address PO BOX 608

City State Zip Code
OCEAN VIEW NJ 08230

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

Name of Employer NONE Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1600.00

Date of Receipt
MM / DD / YYYY
12 / 21 / 2009

Transaction ID: SA11AI.26150

Amount of Each Receipt this Period
150.00

B.

Full Name (Last, First, Middle Initial)
MR JOHN STRASENBURGH 082

Mailing Address PO BOX 175

City State Zip Code
OCEAN VIEW NJ 08230

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

Name of Employer NONE Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
08 / 10 / 2009

Transaction ID: SA11AI.26151

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
MR JOHN STRASENBURGH 082

Mailing Address PO BOX 175

City State Zip Code
OCEAN VIEW NJ 08230

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

Name of Employer NONE Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
09 / 04 / 2009

Transaction ID: SA11AI.26152

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ▶ **500.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 69 / 110
(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN MEMBER SENATE FUND

A.

Full Name (Last, First, Middle Initial)
MISS YOLANDE STRAWINSKI 939

Mailing Address 1130 SYLVAN PL

City State Zip Code
MONTEREY CA 93940

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

Name of Employer Occupation
NEW YORK LIFE INS CO AGENT

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 890.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 23 / 2009

Transaction ID: SA11AI.26158

Amount of Each Receipt this Period

400.00

B.

Full Name (Last, First, Middle Initial)
MISS YOLANDE STRAWINSKI 939

Mailing Address 1130 SYLVAN PL

City State Zip Code
MONTEREY CA 93940

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

Name of Employer Occupation
NEW YORK LIFE INS CO AGENT

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 990.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 28 / 2009

Transaction ID: SA11AI.26157

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)
MISS CHLOE STUDWELL 068

Mailing Address PO BOX 5053

City State Zip Code
BROOKFIELD CT 06804

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

Name of Employer Occupation
NONE RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 385.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 16 / 2009

Transaction ID: SA11AI.26180

Amount of Each Receipt this Period

225.00

SUBTOTAL of Receipts This Page (optional)

725.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 70 / 110
(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN MEMBER SENATE FUND

A.

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

Mailing Address 953 PYRITE AVE

City State Zip Code
HENDERSON NV 89011

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

Name of Employer Occupation
NONE RETIRED

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 360.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 20 / 2009

Transaction ID: SA11AI.26197

Amount of Each Receipt this Period

75.00

B.

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

Mailing Address 953 PYRITE AVE

City State Zip Code
HENDERSON NV 89011

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

Name of Employer Occupation
NONE RETIRED

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 435.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 20 / 2009

Transaction ID: SA11AI.26198

Amount of Each Receipt this Period

75.00

C.

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

Mailing Address 953 PYRITE AVE

City State Zip Code
HENDERSON NV 89011

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

Name of Employer Occupation
NONE RETIRED

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 460.00

Date of Receipt

M M / D D / Y Y Y Y
08 / 07 / 2009

Transaction ID: SA11AI.26203

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

175.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 71 / 110
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
REPUBLICAN MEMBER SENATE FUND

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

City Henderson State NV Zip Code 89011

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

Name of Employer NONE Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 560.00

Date of Receipt 08 / 21 / 2009
Transaction ID: SA11AI.26201
Amount of Each Receipt this Period 100.00

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

City Henderson State NV Zip Code 89011

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

Name of Employer NONE Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 585.00

Date of Receipt 09 / 08 / 2009
Transaction ID: SA11AI.26204
Amount of Each Receipt this Period 25.00

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

City Henderson State NV Zip Code 89011

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

Name of Employer NONE Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 685.00

Date of Receipt 09 / 21 / 2009
Transaction ID: SA11AI.26199
Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional) ► 225.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 72 / 110
(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN MEMBER SENATE FUND

A.

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

Mailing Address 953 PYRITE AVE

City Henderson State NV Zip Code 89011

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

Name of Employer NONE Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 860.00

Date of Receipt: 11 / 13 / 2009
Transaction ID: SA11AI.26200
 Amount of Each Receipt this Period: 175.00

B.

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

Mailing Address 953 PYRITE AVE

City Henderson State NV Zip Code 89011

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

Name of Employer NONE Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1360.00

Date of Receipt: 12 / 16 / 2009
Transaction ID: SA11AI.26202
 Amount of Each Receipt this Period: 500.00

C.

Full Name (Last, First, Middle Initial)
MR NORMAN B TANNEHILL 151

Mailing Address 1506 BEAVER GRADE RD

City CORAOPOLIS State PA Zip Code 15108

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

Name of Employer NONE Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 07 / 22 / 2009
Transaction ID: SA11AI.26240
 Amount of Each Receipt this Period: 150.00

SUBTOTAL of Receipts This Page (optional) ► 825.00

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

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

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

FOR LINE NUMBER: PAGE 73 / 110
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN MEMBER SENATE FUND

A. Full Name (Last, First, Middle Initial)
MR TERRY R THORN 980
Mailing Address 11920 158TH AVE NE
City REDMOND State WA Zip Code 98052
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation FOOD BROKER
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00
Date of Receipt 07 / 30 / 2009
Transaction ID: SA11AI.26320
Amount of Each Receipt this Period 200.00

B. Full Name (Last, First, Middle Initial)
MR RAY-KENT TROUTMAN 761
Mailing Address 6337 KLAMATH RD
City FORT WORTH State TX Zip Code 76116
FEC ID number of contributing federal political committee. **C**
Name of Employer NONE Occupation RETIRED
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 275.00
Date of Receipt 07 / 09 / 2009
Transaction ID: SA11AI.26396
Amount of Each Receipt this Period 100.00

C. Full Name (Last, First, Middle Initial)
MR RAY-KENT TROUTMAN 761
Mailing Address 6337 KLAMATH RD
City FORT WORTH State TX Zip Code 76116
FEC ID number of contributing federal political committee. **C**
Name of Employer NONE Occupation RETIRED
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00
Date of Receipt 07 / 20 / 2009
Transaction ID: SA11AI.26397
Amount of Each Receipt this Period 75.00

SUBTOTAL of Receipts This Page (optional) ► 375.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 / 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
REPUBLICAN MEMBER SENATE FUND

A.	Full Name (Last, First, Middle Initial) MR CHARLES D TYLER 760	Date of Receipt MM / DD / YYYY 09 / 28 / 2009
	Mailing Address 2713 FOX GLENN CT	Transaction ID: SA11AI.26418
	City State Zip Code HURST TX 76054	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) MR VAN VANGEL 933	Date of Receipt MM / DD / YYYY 09 / 22 / 2009
	Mailing Address 5201 FRUITVALE AVE	Transaction ID: SA11AI.26485
	City State Zip Code BAKERSFIELD CA 93308	Amount of Each Receipt this Period 11.00
	FEC ID number of contributing federal political committee. C	
Name of Employer NONE	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 211.00	

C.	Full Name (Last, First, Middle Initial) MR KENNETH C WALLACE 329	Date of Receipt MM / DD / YYYY 09 / 25 / 2009
	Mailing Address 1840 FREEDOM DR	Transaction ID: SA11AI.26542
	City State Zip Code MELBOURNE FL 32940	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
Name of Employer US NAVY	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	161.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 75 / 110
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN MEMBER SENATE FUND

A. Full Name (Last, First, Middle Initial)
MR KENNETH C WALLACE 329
Mailing Address 1840 FREEDOM DR
City MELBOURNE State FL Zip Code 32940
FEC ID number of contributing federal political committee. **C**
Name of Employer US NAVY Occupation RETIRED
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 600.00
Date of Receipt 11 / 16 / 2009
Transaction ID: SA11AI.26543
Amount of Each Receipt this Period 100.00

B. Full Name (Last, First, Middle Initial)
MS NANCY WEHRHEIM 152
Mailing Address 1024 CENTER OAK DR
City PITTSBURGH State PA Zip Code 15237
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt 09 / 25 / 2009
Transaction ID: SA11AI.26592
Amount of Each Receipt this Period 300.00

C. Full Name (Last, First, Middle Initial)
MR JEAN M WEST 741
Mailing Address 533 S YALE AVE
City TULSA State OK Zip Code 74112
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 ▼ 325.00
Date of Receipt 09 / 25 / 2009
Transaction ID: SA11AI.26625
Amount of Each Receipt this Period 290.00

SUBTOTAL of Receipts This Page (optional) ▶ 690.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 76 / 110
(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN MEMBER SENATE FUND

A.

Full Name (Last, First, Middle Initial)
CORADELLE WHITTLE 309

Mailing Address 1106 MAGNOLIA DR

City State Zip Code
AUGUSTA GA 30904

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

Name of Employer Occupation
NONE RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00

Date of Receipt

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

Transaction ID: SA11AI.26653

Amount of Each Receipt this Period
300.00

B.

Full Name (Last, First, Middle Initial)
MR JAMES WILLIAMS 338

Mailing Address 3749 CAMRY CT

City State Zip Code
SEBRING FL 33872

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

Name of Employer Occupation
NONE RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 255.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.26707

Amount of Each Receipt this Period
25.00

C.

Full Name (Last, First, Middle Initial)
MR JAMES WILLIAMS 338

Mailing Address 3749 CAMRY CT

City State Zip Code
SEBRING FL 33872

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

Name of Employer Occupation
NONE RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 290.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.26705

Amount of Each Receipt this Period
35.00

SUBTOTAL of Receipts This Page (optional) ▶

360.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 77 / 110

(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN MEMBER SENATE FUND

A.

Full Name (Last, First, Middle Initial)
MR JAMES WILLIAMS 338

Mailing Address 3749 CAMRY CT

City State Zip Code
SEBRING FL 33872

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

Name of Employer Occupation
NONE RETIRED

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 315.00

Date of Receipt

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

Transaction ID: SA11AI.26706

Amount of Each Receipt this Period
25.00

B.

Full Name (Last, First, Middle Initial)
MR LEE WILLIAMS 757

Mailing Address 256 COUNTY ROAD 3270

City State Zip Code
MINEOLA TX 75773

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

Name of Employer Occupation
NONE RETIRED

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 238.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.26711

Amount of Each Receipt this Period
25.00

C.

Full Name (Last, First, Middle Initial)
MR LEE WILLIAMS 757

Mailing Address 256 COUNTY ROAD 3270

City State Zip Code
MINEOLA TX 75773

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

Name of Employer Occupation
NONE RETIRED

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 288.00

Date of Receipt

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

Transaction ID: SA11AI.26712

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ▶

100.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 78 / 110
(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN MEMBER SENATE FUND

A.

Full Name (Last, First, Middle Initial)
MRS BARBARA H WILSON 941

Mailing Address 2540 GREEN ST

City State Zip Code
SAN FRANCISCO CA 94123

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 ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 13 / 2009

Transaction ID: SA11AI.26732

Amount of Each Receipt this Period
200.00

B.

Full Name (Last, First, Middle Initial)
MRS BARBARA H WILSON 941

Mailing Address 2540 GREEN ST

City State Zip Code
SAN FRANCISCO CA 94123

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 ▼ 1200.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 23 / 2009

Transaction ID: SA11AI.26730

Amount of Each Receipt this Period
600.00

C.

Full Name (Last, First, Middle Initial)
MRS BARBARA H WILSON 941

Mailing Address 2540 GREEN ST

City State Zip Code
SAN FRANCISCO CA 94123

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

Name of Employer NONE Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 04 / 2009

Transaction ID: SA11AI.26731

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional) ► 1100.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 / 110
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
REPUBLICAN MEMBER SENATE FUND

A.	Full Name (Last, First, Middle Initial) MS LORRAINE C WINK 601		Date of Receipt
	Mailing Address 611 S OAKLAND AVE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 17 / 2009
	City	State	Zip Code
	VILLA PARK	IL	60181
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.26739
Name of Employer NONE		Occupation RETIRED	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 298.00	<input type="text"/> 53.00

B.	Full Name (Last, First, Middle Initial) MS LORRAINE C WINK 601		Date of Receipt
	Mailing Address 611 S OAKLAND AVE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 03 / 2009
	City	State	Zip Code
	VILLA PARK	IL	60181
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.26740
Name of Employer NONE		Occupation RETIRED	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 351.00	<input type="text"/> 53.00

C.	Full Name (Last, First, Middle Initial) MS LORRAINE C WINK 601		Date of Receipt
	Mailing Address 611 S OAKLAND AVE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 21 / 2009
	City	State	Zip Code
	VILLA PARK	IL	60181
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.26742
Name of Employer NONE		Occupation RETIRED	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 386.00	<input type="text"/> 35.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 141.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 80 / 110
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
REPUBLICAN MEMBER SENATE FUND

A. Full Name (Last, First, Middle Initial)
MS LORRAINE C WINK 601
Mailing Address 611 S OAKLAND AVE

City State Zip Code
VILLA PARK IL 60181

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 ▼ 421.00

Date of Receipt: 09 / 21 / 2009
Transaction ID: SA11AI.26744
Amount of Each Receipt this Period: 35.00

B. Full Name (Last, First, Middle Initial)
MS LORRAINE C WINK 601
Mailing Address 611 S OAKLAND AVE

City State Zip Code
VILLA PARK IL 60181

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 ▼ 474.00

Date of Receipt: 11 / 13 / 2009
Transaction ID: SA11AI.26741
Amount of Each Receipt this Period: 53.00

C. Full Name (Last, First, Middle Initial)
MS LORRAINE C WINK 601
Mailing Address 611 S OAKLAND AVE

City State Zip Code
VILLA PARK IL 60181

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 ▼ 527.00

Date of Receipt: 12 / 18 / 2009
Transaction ID: SA11AI.26743
Amount of Each Receipt this Period: 53.00

SUBTOTAL of Receipts This Page (optional) ► 141.00

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

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

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

FOR LINE NUMBER: PAGE 81 / 110

(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN MEMBER SENATE FUND

A.

Full Name (Last, First, Middle Initial)
MISS LINDA WRAY 958

Mailing Address 8004 JOHANNISBERG WAY

City State Zip Code
SACRAMENTO CA 95829

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
203.00

Date of Receipt

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

Transaction ID: SA11AI.26792

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)
MR BERNARD A ZARDA 662

Mailing Address 18404 W 66TH TER

City State Zip Code
SHAWNEE KS 66218

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt

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

Transaction ID: SA11AI.26823

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

70.00

TOTAL This Period (last page this line number only)

35750.00

**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

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

NAME OF COMMITTEE (In Full)
REPUBLICAN MEMBER SENATE FUND

A. Full Name (Last, First, Middle Initial) ASPECT WINES LLC Mailing Address 1890 BRYANT ST City SAN FRANCISCO State CA Zip Code 94110 Purpose of Disbursement POLITICAL GIFTS Candidate Name REPUBLICAN MEMBER SENATE FUND Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21B.26872 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 9
	Amount of Each Disbursement this Period 2188.92 Category/Type: 001

B. Full Name (Last, First, Middle Initial) CATTERTON PRINTING Mailing Address 100 POST OFFICE RD City WALDORF State MD Zip Code 20602 Purpose of Disbursement DIRECT MAIL - PRINTING Candidate Name REPUBLICAN MEMBER SENATE FUND Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21B.21684 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 7 / 2 0 0 9
	Amount of Each Disbursement this Period 1242.00 Category/Type: 003

C. Full Name (Last, First, Middle Initial) CATTERTON PRINTING Mailing Address 100 POST OFFICE RD City WALDORF State MD Zip Code 20602 Purpose of Disbursement DIRECT MAIL - PRINTING Candidate Name REPUBLICAN MEMBER SENATE FUND Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21B.21725 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 9
	Amount of Each Disbursement this Period 2992.50 Category/Type: 003

SUBTOTAL of Disbursements This Page (optional) ▶	6423.42
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN MEMBER SENATE FUND

<p>A. Full Name (Last, First, Middle Initial) CENTURY DATA MAILING SERVICE</p> <p>Mailing Address 1155 15TH STREET, NW SUITE 410</p> <p>City WASHINGTON State DC Zip Code 20005</p> <p>Purpose of Disbursement DIRECT MAIL FUNDRAISING</p> <p>Candidate Name REPUBLICAN MEMBER SENATE FUND</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.21688 Date of Disbursement</p> <p><input type="text" value="07"/> <input type="text" value="01"/> / <input type="text" value="20"/> <input type="text" value="09"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="9489.42"/></p>
<p>B. Full Name (Last, First, Middle Initial) CENTURY DATA MAILING SERVICE</p> <p>Mailing Address 1155 15TH STREET, NW SUITE 410</p> <p>City WASHINGTON State DC Zip Code 20005</p> <p>Purpose of Disbursement DIRECT MAIL FUNDRAISING</p> <p>Candidate Name REPUBLICAN MEMBER SENATE FUND</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.21689 Date of Disbursement</p> <p><input type="text" value="07"/> <input type="text" value="06"/> / <input type="text" value="20"/> <input type="text" value="09"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="3793.93"/></p>
<p>C. Full Name (Last, First, Middle Initial) CENTURY DATA MAILING SERVICE</p> <p>Mailing Address 1155 15TH STREET, NW SUITE 410</p> <p>City WASHINGTON State DC Zip Code 20005</p> <p>Purpose of Disbursement DIRECT MAIL FUNDRAISING</p> <p>Candidate Name REPUBLICAN MEMBER SENATE FUND</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.21686 Date of Disbursement</p> <p><input type="text" value="07"/> <input type="text" value="09"/> / <input type="text" value="20"/> <input type="text" value="09"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="9000.00"/></p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="22283.35"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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)
REPUBLICAN MEMBER SENATE FUND

<p>A.</p> <p>Full Name (Last, First, Middle Initial) CENTURY DATA MAILING SERVICE</p> <p>Mailing Address 1155 15TH STREET, NW SUITE 410</p> <p>City WASHINGTON State DC Zip Code 20005</p> <p>Purpose of Disbursement DIRECT MAIL FUNDRAISING</p> <p>Candidate Name REPUBLICAN MEMBER SENATE FUND</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.21690</p> <p>Date of Disbursement 07 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 10634.14</p> <p>003 Category/ Type</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) CENTURY DATA MAILING SERVICE</p> <p>Mailing Address 1155 15TH STREET, NW SUITE 410</p> <p>City WASHINGTON State DC Zip Code 20005</p> <p>Purpose of Disbursement DIRECT MAIL FUNDRAISING</p> <p>Candidate Name REPUBLICAN MEMBER SENATE FUND</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.21687</p> <p>Date of Disbursement 07 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 1600.00</p> <p>003 Category/ Type</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) CENTURY DATA MAILING SERVICE</p> <p>Mailing Address 1155 15TH STREET, NW SUITE 410</p> <p>City WASHINGTON State DC Zip Code 20005</p> <p>Purpose of Disbursement DIRECT MAIL FUNDRAISING</p> <p>Candidate Name REPUBLICAN MEMBER SENATE FUND</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.21707</p> <p>Date of Disbursement 08 / 06 / 2009</p> <p>Amount of Each Disbursement this Period 3793.93</p> <p>003 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

16028.07

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN MEMBER SENATE FUND

<p>A. Full Name (Last, First, Middle Initial) CENTURY DATA MAILING SERVICE</p> <p>Mailing Address 1155 15TH STREET, NW SUITE 410</p> <p>City WASHINGTON State DC Zip Code 20005</p> <p>Purpose of Disbursement DIRECT MAIL FUNDRAISING</p> <p>Candidate Name REPUBLICAN MEMBER SENATE FUND</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.21708 Date of Disbursement 08 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 8008.52</p> <p>003 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) CENTURY DATA MAILING SERVICE</p> <p>Mailing Address 1155 15TH STREET, NW SUITE 410</p> <p>City WASHINGTON State DC Zip Code 20005</p> <p>Purpose of Disbursement DIRECT MAIL FUNDRAISING</p> <p>Candidate Name REPUBLICAN MEMBER SENATE FUND</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.21709 Date of Disbursement 08 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 3503.77</p> <p>003 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) CENTURY DATA MAILING SERVICE</p> <p>Mailing Address 1155 15TH STREET, NW SUITE 410</p> <p>City WASHINGTON State DC Zip Code 20005</p> <p>Purpose of Disbursement DIRECT MAIL FUNDRAISING</p> <p>Candidate Name REPUBLICAN MEMBER SENATE FUND</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.21706 Date of Disbursement 08 / 27 / 2009</p> <p>Amount of Each Disbursement this Period 5401.11</p> <p>003 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional)	16913.40
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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN MEMBER SENATE FUND

<p>A.</p> <p>Full Name (Last, First, Middle Initial) CENTURY DATA MAILING SERVICE</p> <p>Mailing Address 1155 15TH STREET, NW SUITE 410</p> <p>City WASHINGTON State DC Zip Code 20005</p> <p>Purpose of Disbursement DIRECT MAIL FUNDRAISING</p> <p>Candidate Name REPUBLICAN MEMBER SENATE FUND</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB21B.21726</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="1800.00"/></p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) CENTURY DATA MAILING SERVICE</p> <p>Mailing Address 1155 15TH STREET, NW SUITE 410</p> <p>City WASHINGTON State DC Zip Code 20005</p> <p>Purpose of Disbursement DIRECT MAIL FUNDRAISING</p> <p>Candidate Name REPUBLICAN MEMBER SENATE FUND</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB21B.21728</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="1"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="4300.00"/></p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) CENTURY DATA MAILING SERVICE</p> <p>Mailing Address 1155 15TH STREET, NW SUITE 410</p> <p>City WASHINGTON State DC Zip Code 20005</p> <p>Purpose of Disbursement DIRECT MAIL FUNDRAISING</p> <p>Candidate Name REPUBLICAN MEMBER SENATE FUND</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB21B.21730</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="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="12665.51"/></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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
REPUBLICAN MEMBER SENATE FUND

<p>A.</p> <p>Full Name (Last, First, Middle Initial) CENTURY DATA MAILING SERVICE</p> <p>Mailing Address 1155 15TH STREET, NW SUITE 410</p> <p>City WASHINGTON State DC Zip Code 20005</p> <p>Purpose of Disbursement DIRECT MAIL FUNDRAISING</p> <p>Candidate Name REPUBLICAN MEMBER SENATE FUND</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.21729</p> <p>Date of Disbursement 10 / 08 / 2009</p> <p>Amount of Each Disbursement this Period 1461.82</p> <p>003 Category/ Type</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) CENTURY DATA MAILING SERVICE</p> <p>Mailing Address 1155 15TH STREET, NW SUITE 410</p> <p>City WASHINGTON State DC Zip Code 20005</p> <p>Purpose of Disbursement DIRECT MAIL FUNDRAISING</p> <p>Candidate Name REPUBLICAN MEMBER SENATE FUND</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.21731</p> <p>Date of Disbursement 10 / 22 / 2009</p> <p>Amount of Each Disbursement this Period 4000.00</p> <p>003 Category/ Type</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) CENTURY DATA MAILING SERVICE</p> <p>Mailing Address 1155 15TH STREET, NW SUITE 410</p> <p>City WASHINGTON State DC Zip Code 20005</p> <p>Purpose of Disbursement DIRECT MAIL FUNDRAISING</p> <p>Candidate Name REPUBLICAN MEMBER SENATE FUND</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.21732</p> <p>Date of Disbursement 11 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 3027.07</p> <p>003 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

8488.89

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN MEMBER SENATE FUND

<p>A. Full Name (Last, First, Middle Initial) CENTURY DATA MAILING SERVICE</p> <p>Mailing Address 1155 15TH STREET, NW SUITE 410</p> <p>City WASHINGTON State DC Zip Code 20005</p> <p>Purpose of Disbursement DIRECT MAIL FUNDRAISING</p> <p>Candidate Name REPUBLICAN MEMBER SENATE FUND</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.21733</p> <p>Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 9 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 4000.00</p> <p>Category/Type 003</p>
<p>B. Full Name (Last, First, Middle Initial) CENTURY DATA MAILING SERVICE</p> <p>Mailing Address 1155 15TH STREET, NW SUITE 410</p> <p>City WASHINGTON State DC Zip Code 20005</p> <p>Purpose of Disbursement DIRECT MAIL FUNDRAISING</p> <p>Candidate Name REPUBLICAN MEMBER SENATE FUND</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.21734</p> <p>Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 3 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 3846.74</p> <p>Category/Type 003</p>
<p>C. Full Name (Last, First, Middle Initial) CENTURY DATA SYSTEMS CORP</p> <p>Mailing Address 1155 15TH STREET, NW SUITE 410</p> <p>City WASHINGTON State DC Zip Code 20005</p> <p>Purpose of Disbursement DATA PROCESSING</p> <p>Candidate Name REPUBLICAN MEMBER SENATE FUND</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.21711</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 3 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 2300.78</p> <p>Category/Type 001</p>

SUBTOTAL of Disbursements This Page (optional) ▶

10147.52

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 89 / 110

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN MEMBER SENATE FUND

A.	Full Name (Last, First, Middle Initial) CENTURY DATA SYSTEMS CORP	Transaction ID: SB21B.21735 Date of Disbursement
	Mailing Address 1155 15TH STREET, NW SUITE 410	<input type="text" value="10"/> / <input type="text" value="01"/> / <input type="text" value="2009"/>
	City WASHINGTON State DC Zip Code 20005	Amount of Each Disbursement this Period
	Purpose of Disbursement DATA PROCESSING	<input type="text" value="795.00"/>
	Candidate Name REPUBLICAN MEMBER SENATE FUND	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) COLORTREE, INC. OF VIRGINIA	Transaction ID: SB21B.21692 Date of Disbursement
	Mailing Address 2519 BRITTONS HILL RD	<input type="text" value="07"/> / <input type="text" value="23"/> / <input type="text" value="2009"/>
	City RICHMOND State VA Zip Code 23230	Amount of Each Disbursement this Period
	Purpose of Disbursement DIRECT MAIL - PRINTING	<input type="text" value="1600.00"/>
	Candidate Name REPUBLICAN MEMBER SENATE FUND	<input type="text" value="003"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) COLORTREE, INC. OF VIRGINIA	Transaction ID: SB21B.21736 Date of Disbursement
	Mailing Address 2519 BRITTONS HILL RD	<input type="text" value="10"/> / <input type="text" value="01"/> / <input type="text" value="2009"/>
	City RICHMOND State VA Zip Code 23230	Amount of Each Disbursement this Period
	Purpose of Disbursement DIRECT MAIL - PRINTING	<input type="text" value="2508.75"/>
	Candidate Name REPUBLICAN MEMBER SENATE FUND	<input type="text" value="003"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="4903.75"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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)
REPUBLICAN MEMBER SENATE FUND

A. Full Name (Last, First, Middle Initial) CONSOLIDATED MAILING SERVICES <hr/> Mailing Address 504 SHAW RD SUITE 206 <hr/> City STERLING State VA Zip Code 20166 <hr/> Purpose of Disbursement DIRECT MAIL - PRINTING Candidate Name REPUBLICAN MEMBER SENATE FUND <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.21694 Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2009
	Amount of Each Disbursement this Period 3000.00 Category/Type 003

B. Full Name (Last, First, Middle Initial) CONSOLIDATED MAILING SERVICES <hr/> Mailing Address 504 SHAW RD SUITE 206 <hr/> City STERLING State VA Zip Code 20166 <hr/> Purpose of Disbursement DIRECT MAIL - PRINTING Candidate Name REPUBLICAN MEMBER SENATE FUND <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.21712 Date of Disbursement M M / D D / Y Y Y Y 08 / 17 / 2009
	Amount of Each Disbursement this Period 3338.83 Category/Type 003

C. Full Name (Last, First, Middle Initial) CONSOLIDATED MAILING SERVICES <hr/> Mailing Address 504 SHAW RD SUITE 206 <hr/> City STERLING State VA Zip Code 20166 <hr/> Purpose of Disbursement DIRECT MAIL - PRINTING Candidate Name REPUBLICAN MEMBER SENATE FUND <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.21713 Date of Disbursement M M / D D / Y Y Y Y 08 / 27 / 2009
	Amount of Each Disbursement this Period 1997.49 Category/Type 003

SUBTOTAL of Disbursements This Page (optional) ▶

8336.32

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN MEMBER SENATE FUND

A. CONSOLIDATED MAILING SERVICES

Full Name (Last, First, Middle Initial)

Transaction ID: SB21B.21737

Date of Disbursement

Mailing Address 504 SHAW RD
SUITE 206

09 / 03 / 2009

City STERLING State VA Zip Code 20166

Amount of Each Disbursement this Period

338.65

Purpose of Disbursement
DIRECT MAIL - PRINTING

003
Category/
Type

Candidate Name
REPUBLICAN MEMBER SENATE FUND

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

State: District:

B. CONSOLIDATED MAILING SERVICES

Full Name (Last, First, Middle Initial)

Transaction ID: SB21B.21738

Date of Disbursement

Mailing Address 504 SHAW RD
SUITE 206

11 / 19 / 2009

City STERLING State VA Zip Code 20166

Amount of Each Disbursement this Period

4000.00

Purpose of Disbursement
DIRECT MAIL - PRINTING

003
Category/
Type

Candidate Name
REPUBLICAN MEMBER SENATE FUND

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

State: District:

C. FIRST VIRGINIA COMMUNITY BANK

Full Name (Last, First, Middle Initial)

Transaction ID: SB21B.21695

Date of Disbursement

Mailing Address 11325 RANDOM HILLS DR
SUITE 240

07 / 02 / 2009

City FAIRFAX State VA Zip Code 22030

Amount of Each Disbursement this Period

149.92

Purpose of Disbursement
MERCHANT SERVICE CHARGE

001
Category/
Type

Candidate Name
REPUBLICAN MEMBER SENATE FUND

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

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

4488.57

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN MEMBER SENATE FUND

<p>A.</p> <p>Full Name (Last, First, Middle Initial) FIRST VIRGINIA COMMUNITY BANK</p> <p>Mailing Address 11325 RANDOM HILLS DR SUITE 240</p> <p>City FAIRFAX State VA Zip Code 22030</p> <p>Purpose of Disbursement BANK CHARGE</p> <p>Candidate Name REPUBLICAN MEMBER SENATE FUND</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.21696</p> <p>Date of Disbursement 07 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 2.97</p> <p>001 Category/ Type</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) FIRST VIRGINIA COMMUNITY BANK</p> <p>Mailing Address 11325 RANDOM HILLS DR SUITE 240</p> <p>City FAIRFAX State VA Zip Code 22030</p> <p>Purpose of Disbursement NET SERVICE CHARGE</p> <p>Candidate Name REPUBLICAN MEMBER SENATE FUND</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.21697</p> <p>Date of Disbursement 07 / 31 / 2009</p> <p>Amount of Each Disbursement this Period 97.60</p> <p>001 Category/ Type</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) FIRST VIRGINIA COMMUNITY BANK</p> <p>Mailing Address 11325 RANDOM HILLS DR SUITE 240</p> <p>City FAIRFAX State VA Zip Code 22030</p> <p>Purpose of Disbursement AMEX DISCOUNT FEE</p> <p>Candidate Name REPUBLICAN MEMBER SENATE FUND</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.21698</p> <p>Date of Disbursement 07 / 31 / 2009</p> <p>Amount of Each Disbursement this Period 22.46</p> <p>001 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

123.03

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN MEMBER SENATE FUND

<p>A. Full Name (Last, First, Middle Initial) FIRST VIRGINIA COMMUNITY BANK</p> <p>Mailing Address 11325 RANDOM HILLS DR SUITE 240</p> <p>City FAIRFAX State VA Zip Code 22030</p> <p>Purpose of Disbursement AMEX COLLECTION FEE</p> <p>Candidate Name REPUBLICAN MEMBER SENATE FUND</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.21699</p> <p>Date of Disbursement 07 / 31 / 2009</p> <p>Amount of Each Disbursement this Period 4.95</p> <p>001 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) FIRST VIRGINIA COMMUNITY BANK</p> <p>Mailing Address 11325 RANDOM HILLS DR SUITE 240</p> <p>City FAIRFAX State VA Zip Code 22030</p> <p>Purpose of Disbursement MERCHANT SERVICE CHARGE</p> <p>Candidate Name REPUBLICAN MEMBER SENATE FUND</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.21717</p> <p>Date of Disbursement 08 / 04 / 2009</p> <p>Amount of Each Disbursement this Period 144.94</p> <p>001 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) FIRST VIRGINIA COMMUNITY BANK</p> <p>Mailing Address 11325 RANDOM HILLS DR SUITE 240</p> <p>City FAIRFAX State VA Zip Code 22030</p> <p>Purpose of Disbursement AMEX COLLECTION FEE</p> <p>Candidate Name REPUBLICAN MEMBER SENATE FUND</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.21718</p> <p>Date of Disbursement 08 / 27 / 2009</p> <p>Amount of Each Disbursement this Period 4.95</p> <p>001 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

154.84

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN MEMBER SENATE FUND

<p>A. Full Name (Last, First, Middle Initial) FIRST VIRGINIA COMMUNITY BANK</p> <p>Mailing Address 11325 RANDOM HILLS DR SUITE 240</p> <p>City FAIRFAX State VA Zip Code 22030</p> <p>Purpose of Disbursement NET SERVICE CHARGE</p> <p>Candidate Name REPUBLICAN MEMBER SENATE FUND</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.21720 Date of Disbursement 08 / 31 / 2009</p> <p>Amount of Each Disbursement this Period 87.86</p> <p>001 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) FIRST VIRGINIA COMMUNITY BANK</p> <p>Mailing Address 11325 RANDOM HILLS DR SUITE 240</p> <p>City FAIRFAX State VA Zip Code 22030</p> <p>Purpose of Disbursement AMEX DISCOUNT FEE</p> <p>Candidate Name REPUBLICAN MEMBER SENATE FUND</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.21721 Date of Disbursement 08 / 31 / 2009</p> <p>Amount of Each Disbursement this Period 29.47</p> <p>001 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) FIRST VIRGINIA COMMUNITY BANK</p> <p>Mailing Address 11325 RANDOM HILLS DR SUITE 240</p> <p>City FAIRFAX State VA Zip Code 22030</p> <p>Purpose of Disbursement MERCHANT SERVICE FEE</p> <p>Candidate Name REPUBLICAN MEMBER SENATE FUND</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.21739 Date of Disbursement 09 / 02 / 2009</p> <p>Amount of Each Disbursement this Period 103.81</p> <p>001 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

221.14

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN MEMBER SENATE FUND

<p>A. Full Name (Last, First, Middle Initial) FIRST VIRGINIA COMMUNITY BANK</p> <p>Mailing Address 11325 RANDOM HILLS DR SUITE 240</p> <p>City FAIRFAX State VA Zip Code 22030</p> <p>Purpose of Disbursement AMEX COLLECTION FEE</p> <p>Candidate Name REPUBLICAN MEMBER SENATE FUND</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.21740 Date of Disbursement 09 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 4.95</p>
<p>B. Full Name (Last, First, Middle Initial) FIRST VIRGINIA COMMUNITY BANK</p> <p>Mailing Address 11325 RANDOM HILLS DR SUITE 240</p> <p>City FAIRFAX State VA Zip Code 22030</p> <p>Purpose of Disbursement SERVICE CHARGE</p> <p>Candidate Name REPUBLICAN MEMBER SENATE FUND</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.21741 Date of Disbursement 09 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 88.22</p>
<p>C. Full Name (Last, First, Middle Initial) FIRST VIRGINIA COMMUNITY BANK</p> <p>Mailing Address 11325 RANDOM HILLS DR SUITE 240</p> <p>City FAIRFAX State VA Zip Code 22030</p> <p>Purpose of Disbursement AMEX DISCOUNT FEE</p> <p>Candidate Name REPUBLICAN MEMBER SENATE FUND</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.21742 Date of Disbursement 09 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 35.30</p>

SUBTOTAL of Disbursements This Page (optional) ▶

128.47

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN MEMBER SENATE FUND

<p>A. Full Name (Last, First, Middle Initial) FIRST VIRGINIA COMMUNITY BANK</p> <p>Mailing Address 11325 RANDOM HILLS DR SUITE 240</p> <p>City FAIRFAX State VA Zip Code 22030</p> <p>Purpose of Disbursement MERCHANT SERVICE CHARGE</p> <p>Candidate Name REPUBLICAN MEMBER SENATE FUND</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.21743</p> <p>Date of Disbursement 10 / 02 / 2009</p> <p>Amount of Each Disbursement this Period 136.04</p> <p>001 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) FIRST VIRGINIA COMMUNITY BANK</p> <p>Mailing Address 11325 RANDOM HILLS DR SUITE 240</p> <p>City FAIRFAX State VA Zip Code 22030</p> <p>Purpose of Disbursement AMEX COLLECTION</p> <p>Candidate Name REPUBLICAN MEMBER SENATE FUND</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.21744</p> <p>Date of Disbursement 10 / 27 / 2009</p> <p>Amount of Each Disbursement this Period 4.95</p> <p>001 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) FIRST VIRGINIA COMMUNITY BANK</p> <p>Mailing Address 11325 RANDOM HILLS DR SUITE 240</p> <p>City FAIRFAX State VA Zip Code 22030</p> <p>Purpose of Disbursement NET SERVICE CHARGE</p> <p>Candidate Name REPUBLICAN MEMBER SENATE FUND</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.21745</p> <p>Date of Disbursement 10 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 32.55</p> <p>001 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

173.54

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN MEMBER SENATE FUND

<p>A. Full Name (Last, First, Middle Initial) FIRST VIRGINIA COMMUNITY BANK</p> <p>Mailing Address 11325 RANDOM HILLS DR SUITE 240</p> <p>City FAIRFAX State VA Zip Code 22030</p> <p>Purpose of Disbursement AMEX DISCOUNT FEE</p> <p>Candidate Name REPUBLICAN MEMBER SENATE FUND</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.21746 Date of Disbursement 10 / 31 / 2009</p> <p>Amount of Each Disbursement this Period 10.21</p> <p>001 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) FIRST VIRGINIA COMMUNITY BANK</p> <p>Mailing Address 11325 RANDOM HILLS DR SUITE 240</p> <p>City FAIRFAX State VA Zip Code 22030</p> <p>Purpose of Disbursement MERCHANT SERVICE CHARGE</p> <p>Candidate Name REPUBLICAN MEMBER SENATE FUND</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.21747 Date of Disbursement 11 / 03 / 2009</p> <p>Amount of Each Disbursement this Period 89.33</p> <p>001 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) FIRST VIRGINIA COMMUNITY BANK</p> <p>Mailing Address 11325 RANDOM HILLS DR SUITE 240</p> <p>City FAIRFAX State VA Zip Code 22030</p> <p>Purpose of Disbursement AMEX COLLECTION FEE</p> <p>Candidate Name REPUBLICAN MEMBER SENATE FUND</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.21748 Date of Disbursement 11 / 27 / 2009</p> <p>Amount of Each Disbursement this Period 4.95</p> <p>001 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

104.49

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)

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

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

NAME OF COMMITTEE (In Full)
REPUBLICAN MEMBER SENATE FUND

<p>A. Full Name (Last, First, Middle Initial) FIRST VIRGINIA COMMUNITY BANK</p> <p>Mailing Address 11325 RANDOM HILLS DR SUITE 240</p> <p>City FAIRFAX State VA Zip Code 22030</p> <p>Purpose of Disbursement NET SERVICE CHARGE</p> <p>Candidate Name REPUBLICAN MEMBER SENATE FUND</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.21749 Date of Disbursement 11 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 36.08</p> <p>001 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) FIRST VIRGINIA COMMUNITY BANK</p> <p>Mailing Address 11325 RANDOM HILLS DR SUITE 240</p> <p>City FAIRFAX State VA Zip Code 22030</p> <p>Purpose of Disbursement AMEX DISCOUNT FEE</p> <p>Candidate Name REPUBLICAN MEMBER SENATE FUND</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.21750 Date of Disbursement 11 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 18.11</p> <p>001 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) FIRST VIRGINIA COMMUNITY BANK</p> <p>Mailing Address 11325 RANDOM HILLS DR SUITE 240</p> <p>City FAIRFAX State VA Zip Code 22030</p> <p>Purpose of Disbursement MERCHANT SERVICE CHARGE</p> <p>Candidate Name REPUBLICAN MEMBER SENATE FUND</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.21751 Date of Disbursement 12 / 02 / 2009</p> <p>Amount of Each Disbursement this Period 55.86</p> <p>001 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

110.05

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 99 / 110

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN MEMBER SENATE FUND

A.	Full Name (Last, First, Middle Initial) FIRST VIRGINIA COMMUNITY BANK	Transaction ID: SB21B.21752 Date of Disbursement																			
	Mailing Address 11325 RANDOM HILLS DR SUITE 240	<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>8</td><td></td><td>2</td><td>0</td><td>9</td><td></td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		2	8		2	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		2	8		2	0	9													
	City FAIRFAX State VA Zip Code 22030	Amount of Each Disbursement this Period																			
	Purpose of Disbursement AMEX COLLECTION FEE	<table border="1"><tr><td>4.95</td></tr></table>	4.95																		
4.95																					
	Candidate Name REPUBLICAN MEMBER SENATE FUND	001 Category/ Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) FIRST VIRGINIA COMMUNITY BANK	Transaction ID: SB21B.21753 Date of Disbursement																			
	Mailing Address 11325 RANDOM HILLS DR SUITE 240	<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>3</td><td>1</td><td></td><td>2</td><td>0</td><td>9</td><td></td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		3	1		2	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		3	1		2	0	9													
	City FAIRFAX State VA Zip Code 22030	Amount of Each Disbursement this Period																			
	Purpose of Disbursement NET SERVICE CHARGE	<table border="1"><tr><td>28.29</td></tr></table>	28.29																		
28.29																					
	Candidate Name REPUBLICAN MEMBER SENATE FUND	001 Category/ Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) FIRST VIRGINIA COMMUNITY BANK	Transaction ID: SB21B.21754 Date of Disbursement																			
	Mailing Address 11325 RANDOM HILLS DR SUITE 240	<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>3</td><td>1</td><td></td><td>2</td><td>0</td><td>9</td><td></td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		3	1		2	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		3	1		2	0	9													
	City FAIRFAX State VA Zip Code 22030	Amount of Each Disbursement this Period																			
	Purpose of Disbursement AMEX DISCOUNT FEE	<table border="1"><tr><td>30.24</td></tr></table>	30.24																		
30.24																					
	Candidate Name REPUBLICAN MEMBER SENATE FUND	001 Category/ Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>63.48</td></tr></table>	63.48
63.48		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

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 100 / 110

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN MEMBER SENATE FUND

A.

Full Name (Last, First, Middle Initial)
G & L TRAVEL

Mailing Address 400 ANN ST NW # 206

City GRAND RAPIDS State MI Zip Code 49504

Purpose of Disbursement
AIR TRAVEL FOR CHAIRMAN

Candidate Name
REPUBLICAN MEMBER SENATE FUND

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: SB21B.26870
Date of Disbursement

11 / 03 / 2009

Amount of Each Disbursement this Period

1809.52

B.

Full Name (Last, First, Middle Initial)
INTEGRAM

Mailing Address 8421 HILLTOP RD

City FAIRFAX State VA Zip Code 22031

Purpose of Disbursement
DIRECT MAIL - PRINTING

Candidate Name
REPUBLICAN MEMBER SENATE FUND

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: SB21B.21723
Date of Disbursement

08 / 27 / 2009

Amount of Each Disbursement this Period

1800.00

C.

Full Name (Last, First, Middle Initial)
INTEGRAM

Mailing Address 8421 HILLTOP RD

City FAIRFAX State VA Zip Code 22031

Purpose of Disbursement
DIRECT MAIL - PRINTING

Candidate Name
REPUBLICAN MEMBER SENATE FUND

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: SB21B.21755
Date of Disbursement

09 / 03 / 2009

Amount of Each Disbursement this Period

4485.73

SUBTOTAL of Disbursements This Page (optional) ▶

8095.25

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 101 / 110

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN MEMBER SENATE FUND

A. Full Name (Last, First, Middle Initial) INTEGRAM Mailing Address 8421 HILLTOP RD City FAIRFAX State VA Zip Code 22031 Purpose of Disbursement DIRECT MAIL - PRINTING Candidate Name REPUBLICAN MEMBER SENATE FUND 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.21756 Date of Disbursement 10 / 01 / 2009
	Amount of Each Disbursement this Period 2500.00 Category/Type 003

B. Full Name (Last, First, Middle Initial) INTEGRAM Mailing Address 8421 HILLTOP RD City FAIRFAX State VA Zip Code 22031 Purpose of Disbursement DIRECT MAIL - PRINTING Candidate Name REPUBLICAN MEMBER SENATE FUND 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.21757 Date of Disbursement 10 / 22 / 2009
	Amount of Each Disbursement this Period 3047.97 Category/Type 003

C. Full Name (Last, First, Middle Initial) MDI IMAGING & MAIL Mailing Address 21721-A FILIGREE CT City ASHBURN State VA Zip Code 20147 Purpose of Disbursement DIRECT MAIL - PRINTING Candidate Name REPUBLICAN MEMBER SENATE FUND 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.21760 Date of Disbursement 10 / 01 / 2009
	Amount of Each Disbursement this Period 2438.25 Category/Type 003

SUBTOTAL of Disbursements This Page (optional) ▶	7986.22
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN MEMBER SENATE FUND

A.

Full Name (Last, First, Middle Initial)
PATTON-KIEHL GROUP, INC.

Transaction ID: SB21B.21701

Date of Disbursement

Mailing Address PO BOX 590

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	0		2	0	0	9

City THORNBURG State VA Zip Code 22565

Amount of Each Disbursement this Period

3020.17

Purpose of Disbursement
DIRECT MAIL - MAILSHOP

003

Category/
Type

Candidate Name
REPUBLICAN MEMBER SENATE FUND

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

State: District:

B.

Full Name (Last, First, Middle Initial)
PATTON-KIEHL GROUP, INC.

Transaction ID: SB21B.21761

Date of Disbursement

Mailing Address PO BOX 590

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

City THORNBURG State VA Zip Code 22565

Amount of Each Disbursement this Period

1348.04

Purpose of Disbursement
DIRECT MAIL - MAILSHOP

003

Category/
Type

Candidate Name
REPUBLICAN MEMBER SENATE FUND

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

State: District:

C.

Full Name (Last, First, Middle Initial)
STRATEGIC NATIONAL CONSULTING

Transaction ID: SB21B.26866

Date of Disbursement

Mailing Address PO BOX 20327

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	8		2	0	0	9

City AUSTIN State TX Zip Code 78720

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement
CONSULTING - STRATEGY

001

Category/
Type

Candidate Name
REPUBLICAN MEMBER SENATE FUND

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

State: District:

SUBTOTAL of Disbursements This Page (optional)

9368.21

TOTAL This Period (last page this line number only)

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 103 / 110

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN MEMBER SENATE FUND

A.

Full Name (Last, First, Middle Initial)
US POSTMASTER

Transaction ID: SB21B.21762
Date of Disbursement

Mailing Address 1400 L STREET, NW
LBBY 2

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

City WASHINGTON State DC Zip Code 20005

Amount of Each Disbursement this Period

Purpose of Disbursement
PO BOX RENEWAL

001
Category/ Type

520.00

Candidate Name
REPUBLICAN MEMBER SENATE FUND

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

State: District:

B.

Full Name (Last, First, Middle Initial)
VICTORY PHONES

Transaction ID: SB21B.26857
Date of Disbursement

Mailing Address 2819 N PARHAM RD
SUITE 230

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

City RICHMOND State VA Zip Code 23294

Amount of Each Disbursement this Period

Purpose of Disbursement
POLLING

005
Category/ Type

7500.00

Candidate Name
REPUBLICAN MEMBER SENATE FUND

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

State: District:

C.

Full Name (Last, First, Middle Initial)
WASHINGTON INTELLIGENCE BUREAU

Transaction ID: SB21B.21703
Date of Disbursement

Mailing Address 4128 PEPSI PLACE

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	0	9

City CHANTILLY State VA Zip Code 20151

Amount of Each Disbursement this Period

Purpose of Disbursement
CAGING & ESCROW SERVICES

001
Category/ Type

1228.69

Candidate Name
REPUBLICAN MEMBER SENATE FUND

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

State: District:

SUBTOTAL of Disbursements This Page (optional)

9248.69

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 104 / 110

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN MEMBER SENATE FUND

A.	Full Name (Last, First, Middle Initial) WASHINGTON INTELLIGENCE BUREAU	Transaction ID: SB21B.21704 Date of Disbursement
	Mailing Address 4128 PEPSI PLACE	<input type="text" value="07"/> / <input type="text" value="14"/> / <input type="text" value="2009"/>
	City CHANTILLY State VA Zip Code 20151	Amount of Each Disbursement this Period
	Purpose of Disbursement BRM DEPOSIT	<input type="text" value="96.25"/>
	Candidate Name REPUBLICAN MEMBER SENATE FUND	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) WASHINGTON INTELLIGENCE BUREAU	Transaction ID: SB21B.21705 Date of Disbursement
	Mailing Address 4128 PEPSI PLACE	<input type="text" value="07"/> / <input type="text" value="23"/> / <input type="text" value="2009"/>
	City CHANTILLY State VA Zip Code 20151	Amount of Each Disbursement this Period
	Purpose of Disbursement CAGING & ESCROW SERVICES	<input type="text" value="1585.06"/>
	Candidate Name REPUBLICAN MEMBER SENATE FUND	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) WASHINGTON INTELLIGENCE BUREAU	Transaction ID: SB21B.21763 Date of Disbursement
	Mailing Address 4128 PEPSI PLACE	<input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City CHANTILLY State VA Zip Code 20151	Amount of Each Disbursement this Period
	Purpose of Disbursement CAGING & ESCROW SERVICES	<input type="text" value="57.78"/>
	Candidate Name REPUBLICAN MEMBER SENATE FUND	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1739.09"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN MEMBER SENATE FUND

A.

Full Name (Last, First, Middle Initial)
WASHINGTON INTELLIGENCE BUREAU

Transaction ID: SB21B.21764

Date of Disbursement

Mailing Address 4128 PEPSI PLACE

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

City State Zip Code
CHANTILLY VA 20151

Amount of Each Disbursement this Period

1266.49

Purpose of Disbursement
CAGING & ESCROW SERVICES

001
Category/ Type

Candidate Name
REPUBLICAN MEMBER SENATE FUND

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

1266.49

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

155561.79

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICAN MEMBER SENATE FUND

A. Full Name (Last, First, Middle Initial)
FRIENDS OF SHARRON ANGLE

Mailing Address PO BOX 33058

City RENO State NV Zip Code 89533

Purpose of Disbursement CONTRIBUTION

Candidate Name SHARRON E ANGLE

Office Sought: House
 Senate
 President

State: NV District: 00

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: SB23.26862

Date of Disbursement

11 / 16 / 2009

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

Mailing Address 320 FIRST STREET

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement CONTRIBUTION

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: SB23.26858

Date of Disbursement

09 / 02 / 2009

Amount of Each Disbursement this Period

3000.00

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

Mailing Address PO BOX 96538

City WASHINGTON State DC Zip Code 20090

Purpose of Disbursement CONTRIBUTION

Candidate Name ANDREW EDWARD RACZKOWSKI

Office Sought: House
 Senate
 President

State: MI District: 09

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: SB23.26863

Date of Disbursement

12 / 21 / 2009

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

6000.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
REPUBLICAN MEMBER SENATE FUND

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor BASE CONNECT, INC.			Nature of Debt (Purpose): DIRECT MAIL - CREATIVE
Mailing Address 1155 15TH STREET, NW SUITE 410			
City	State	ZIP Code	
WASHINGTON	DC	20005	

Outstanding Balance Beginning This Period		Transaction ID: SD10.21681	
46627.85			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	46627.85	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor CATTERTON PRINTING			Nature of Debt (Purpose): DIRECT MAIL - PRINTING
Mailing Address 100 POST OFFICE RD			
City	State	ZIP Code	
WALDORF	MD	20602	

Outstanding Balance Beginning This Period		Transaction ID: SD10.21683	
0.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
4234.50	4234.50	0.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor CENTURY DATA MAILING SERVICE			Nature of Debt (Purpose): DIRECT MAIL FUNDRAISING
Mailing Address 1155 15TH STREET, NW SUITE 410			
City	State	ZIP Code	
WASHINGTON	DC	20005	

Outstanding Balance Beginning This Period		Transaction ID: SD10.21685	
0.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
90325.96	90325.96	0.00	

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 108 / 110
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
REPUBLICAN MEMBER SENATE FUND

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor CENTURY DATA SYSTEMS CORP	Nature of Debt (Purpose): DATA PROCESSING
Mailing Address 1155 15TH STREET, NW SUITE 410	
City State ZIP Code WASHINGTON DC 20005	

Outstanding Balance Beginning This Period 0.00	Transaction ID: SD10.21710	
Amount Incurred This Period 3095.78	Payment This Period 3095.78	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor COLORTREE, INC. OF VIRGINIA	Nature of Debt (Purpose): DIRECT MAIL - PRINTING
Mailing Address 2519 BRITTONS HILL RD	
City State ZIP Code RICHMOND VA 23230	

Outstanding Balance Beginning This Period 0.00	Transaction ID: SD10.21691	
Amount Incurred This Period 4108.75	Payment This Period 4108.75	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor CONSOLIDATED MAILING SERVICES	Nature of Debt (Purpose): DIRECT MAIL - PRINTING
Mailing Address 504 SHAW RD SUITE 206	
City State ZIP Code STERLING VA 20166	

Outstanding Balance Beginning This Period 0.00	Transaction ID: SD10.21693	
Amount Incurred This Period 12674.97	Payment This Period 12674.97	Outstanding Balance at Close of This Period 0.00

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
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NAME OF COMMITTEE (In Full)
REPUBLICAN MEMBER SENATE FUND

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor INTEGRAM			Nature of Debt (Purpose): DIRECT MAIL - PRINTING
Mailing Address 8421 HILLTOP RD			
City FAIRFAX	State VA	ZIP Code 22031	

Outstanding Balance Beginning This Period 0.00		Transaction ID: SD10.21722	
Amount Incurred This Period 11833.70	Payment This Period 11833.70	Outstanding Balance at Close of This Period 0.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor MDI IMAGING & MAIL			Nature of Debt (Purpose): DIRECT MAIL - PRINTING
Mailing Address 21721-A FILIGREE CT			
City ASHBURN	State VA	ZIP Code 20147	

Outstanding Balance Beginning This Period 0.00		Transaction ID: SD10.21758	
Amount Incurred This Period 2438.25	Payment This Period 2438.25	Outstanding Balance at Close of This Period 0.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor PATTON-KIEHL GROUP, INC.			Nature of Debt (Purpose): DIRECT MAIL - MAILSHOP
Mailing Address PO BOX 590			
City THORNBURG	State VA	ZIP Code 22565	

Outstanding Balance Beginning This Period 0.00		Transaction ID: SD10.21700	
Amount Incurred This Period 4368.21	Payment This Period 4368.21	Outstanding Balance at Close of This Period 0.00	

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
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NAME OF COMMITTEE (In Full)
REPUBLICAN MEMBER SENATE FUND

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
WASHINGTON INTELLIGENCE BUREAU

Nature of Debt (Purpose):
CAGING & ESCROW SERVICES

Mailing Address 4128 PEPSI PLACE

City	State	ZIP Code
CHANTILLY	VA	20151

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.21702

Amount Incurred This Period

4234.27

Payment This Period

4234.27

Outstanding Balance at Close of This Period

0.00

1) SUBTOTALS This Period This Page (optional).....	▶	0.00
2) TOTALS This Period (last page this line number only).....	▶	46627.85
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)	▶	46627.85