



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

Write or Type Committee Name  
HARVEST PAC

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	6

D	D
3	0

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		18294.82
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period .....	18294.82									
(c) Total Receipts (from Line 19) .....	87000.00	87000.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	105294.82	105294.82								
7. Total Disbursements (from Line 31) .....	49710.89	49710.89								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	55583.93	55583.93								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name  
HARVEST PAC

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	6

D	D
3	0

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) .....	7000.00	7000.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	7000.00	7000.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	80000.00	80000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	87000.00	87000.00
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)) .....	87000.00	87000.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	87000.00	87000.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	22210.89	22210.89
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	22210.89	22210.89
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	27000.00	27000.00
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.....	500.00	500.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	49710.89	49710.89
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	49710.89	49710.89

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	87000.00	87000.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	87000.00	87000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	22210.89	22210.89
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	22210.89	22210.89

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 33  
(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)  
HARVEST PAC

**A.**

Full Name (Last, First, Middle Initial)  
Douglas B. Davenport

Mailing Address 3721 N. Vermont St.

City State Zip Code  
Arlington VA 22207

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

Name of Employer Occupation  
The Trailblazer Group Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2009

Transaction ID: C225

Amount of Each Receipt this Period  
1250.00

**B.**

Full Name (Last, First, Middle Initial)  
Elizabeth L. Greer

Mailing Address 1718 P St., NW  
Apt. 810

City State Zip Code  
Washington DC 20036

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

Name of Employer Occupation  
Cauthen Forbes & Williams Senior Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
06 / 11 / 2009

Transaction ID: C237

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Carol Anne Kelly

Mailing Address 3901 Highwood Court

City State Zip Code  
Washington DC 20007

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

Name of Employer Occupation  
Natl Assn of Chain Drug Stores Government Relations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 17 / 2009

Transaction ID: C220

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3250.00**

**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 7 / 33  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
HARVEST PAC

**A.**

Full Name (Last, First, Middle Initial)  
Frank Moore

Mailing Address 5402 Morris Neck Rd.

City State Zip Code  
Cambridge MD 21613

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

Name of Employer Occupation  
CODA OCTOPUS Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
MM / DD / YYYY  
03 / 17 / 2009

Transaction ID: C223

Amount of Each Receipt this Period  
2500.00

**B.**

Full Name (Last, First, Middle Initial)  
Abe M. Sher

Mailing Address PO Box 546212

City State Zip Code  
Surfside FL 33154

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

Name of Employer Occupation  
Aqua Sciences CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2009

Transaction ID: C224

Amount of Each Receipt this Period  
1250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3750.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>7000.00</b>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 8 / 33</span>
	(check only one)
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**HARVEST PAC**

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>ACCENTURE POLITICAL ACTION COMMITTEE</b>	Date of Receipt
	Mailing Address <b>800 Connecticut Avenue NW Suite 600</b>	<input type="text" value="06"/> / <input type="text" value="11"/> / <input type="text" value="2009"/>
	City State Zip Code <b>Washington DC 20006</b>	<b>Transaction ID: C242</b>
	FEC ID number of contributing federal political committee. <b>C C00300707</b>	Amount of Each Receipt this Period <input type="text" value="2500.00"/>
	Name of Employer Occupation  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="2500.00"/>

<b>B.</b>	Full Name (Last, First, Middle Initial) <b>AIRCRAFT OWNERS AND PILOTS ASSOCIATION POLITICAL ACTION COMMITTEE</b>	Date of Receipt
	Mailing Address <b>421 Aviation Way</b>	<input type="text" value="06"/> / <input type="text" value="11"/> / <input type="text" value="2009"/>
	City State Zip Code <b>Frederick MD 21701</b>	<b>Transaction ID: C239</b>
	FEC ID number of contributing federal political committee. <b>C C00131185</b>	Amount of Each Receipt this Period <input type="text" value="2500.00"/>
	Name of Employer Occupation  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="2500.00"/>

<b>C.</b>	Full Name (Last, First, Middle Initial) <b>ALTRIA GROUP, INC. POLITICAL ACTION COMMITTEE (ALTRIAPAC)</b>	Date of Receipt
	Mailing Address <b>101 Constitution Ave NW Suite 400W</b>	<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City State Zip Code <b>Washington DC 20001</b>	<b>Transaction ID: C226</b>
	FEC ID number of contributing federal political committee. <b>C C00089136</b>	Amount of Each Receipt this Period <input type="text" value="2500.00"/>
	Name of Employer Occupation  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="5000.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="7500.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 9 / 33  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
HARVEST PAC

**A.** Full Name (Last, First, Middle Initial)  
ALTRIA GROUP, INC. POLITICAL ACTION COMMITTEE (ALTRIAPAC)

Mailing Address 101 Constitution Ave NW  
Suite 400W

City State Zip Code  
Washington DC 20001

FEC ID number of contributing federal political committee. **C** C00089136

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 30 / 2009

**Transaction ID:** C252

Amount of Each Receipt this Period  
2500.00

**B.** Full Name (Last, First, Middle Initial)  
AMERICAN COLLEGE OF SURGEONS PROFESSIONAL ASSOCIATION PAC

Mailing Address 1640 Wisconsin Ave NW

City State Zip Code  
Washington DC 20007

FEC ID number of contributing federal political committee. **C** C00382424

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 11 / 2009

**Transaction ID:** C240

Amount of Each Receipt this Period  
2500.00

**C.** Full Name (Last, First, Middle Initial)  
AMERICAS HEALTH INSURANCE PLANS PAC (AHIP PAC)

Mailing Address 601 Pennsylvania Avenue NW  
Suite 500 South Building

City State Zip Code  
Washington DC 20004

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 30 / 2009

**Transaction ID:** C254

Amount of Each Receipt this Period  
2500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 7500.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 33  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
HARVEST PAC

**A.** Full Name (Last, First, Middle Initial)  
AT&T INC. FEDERAL POLITICAL ACTION COMMITTEE (AT&T FEDERAL PAC)

Mailing Address 208 S. Akard Street  
Suite 3521

City State Zip Code  
Dallas TX 75202

FEC ID number of contributing federal political committee. **C** C00109017

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2009

Transaction ID: C250

Amount of Each Receipt this Period  
2500.00

**B.** Full Name (Last, First, Middle Initial)  
B&D PAC

Mailing Address 300 N. Meridian Street  
Suite 2700

City State Zip Code  
Indianapolis IN 46204

FEC ID number of contributing federal political committee. **C** C00386904

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2009

Transaction ID: C227

Amount of Each Receipt this Period  
2500.00

**C.** Full Name (Last, First, Middle Initial)  
B&D PAC

Mailing Address 300 N. Meridian Street  
Suite 2700

City State Zip Code  
Indianapolis IN 46204

FEC ID number of contributing federal political committee. **C** C00386904

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
06 / 11 / 2009

Transaction ID: C241

Amount of Each Receipt this Period  
2500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **7500.00**

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

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

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

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

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NAME OF COMMITTEE (In Full)  
HARVEST PAC

**A.** Full Name (Last, First, Middle Initial)  
BLUE DOG POLITICAL ACTION COMMITTEE

Mailing Address 6849 Old Dominion Drive  
Suite 222

City State Zip Code  
McLean VA 22101

FEC ID number of contributing federal political committee. **C** C00305318

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

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

**Transaction ID:** C222

Amount of Each Receipt this Period  
5000.00

**B.** Full Name (Last, First, Middle Initial)  
COMCAST CORPORATION POLITICAL ACTION COMMITTEE- FEDERAL

Mailing Address 1701 JFK Blvd, 49th Floor  
35th Floor

City State Zip Code  
Philadelphia PA 19103

FEC ID number of contributing federal political committee. **C** C00248716

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

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

**Transaction ID:** C228

Amount of Each Receipt this Period  
2500.00

**C.** Full Name (Last, First, Middle Initial)  
COMCAST CORPORATION POLITICAL ACTION COMMITTEE- FEDERAL

Mailing Address 1701 JFK Blvd, 49th Floor  
35th Floor

City State Zip Code  
Philadelphia PA 19103

FEC ID number of contributing federal political committee. **C** C00248716

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	0	9

**Transaction ID:** C251

Amount of Each Receipt this Period  
2500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **10000.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 33  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
HARVEST PAC

**A.** Full Name (Last, First, Middle Initial)  
COUNCIL OF INSURANCE AGENTS & BROKERS POLITICAL ACTION COMMITTEE, THE

Mailing Address 701 Pennsylvania Avenue, NW  
Suite 750

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00039578

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
MM / DD / YYYY  
06 / 19 / 2009

**Transaction ID:** C247

Amount of Each Receipt this Period  
2500.00

**B.** Full Name (Last, First, Middle Initial)  
CROPLIFE AMERICA POLITICAL ACTION COMMITTEE

Mailing Address 1156 15TH STREET NW SUITE 400

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00248849

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
MM / DD / YYYY  
06 / 11 / 2009

**Transaction ID:** C244

Amount of Each Receipt this Period  
2500.00

**C.** Full Name (Last, First, Middle Initial)  
ELECTRICAL CONSTRUCTION PAC-NATIONAL ELECTRICAL CONTRACTORS ASSOCIATION, INC (ECPAC)

Mailing Address 3 BETHESDA METRO CENTER SUITE 1100

City BETHESDA State MD Zip Code 20814

FEC ID number of contributing federal political committee. **C** C00113811

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
MM / DD / YYYY  
04 / 08 / 2009

**Transaction ID:** C230

Amount of Each Receipt this Period  
2500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 7500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 33
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 12	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
HARVEST PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) EMBARQ CORPORATION EMPLOYEES' POLITICAL ACTION COMMITTEE	Date of Receipt M M / D D / Y Y Y Y Y 06 / 19 / 2009
	Mailing Address 150 Fayetteville Street Mall Suite 2810	<b>Transaction ID:</b> C245
	City Raleigh State NC Zip Code 27601	Amount of Each Receipt this Period 2500.00
	FEC ID number of contributing federal political committee. <b>C</b> C00419911	
	Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) INDEPENDENT INSURANCE AGENTS & BROKERS OF AMERICA, INC. POLITICAL ACTION COMMITTEE	Date of Receipt M M / D D / Y Y Y Y Y 06 / 30 / 2009
	Mailing Address 412 First Street, SE, Suite 300	<b>Transaction ID:</b> C255
	City Washington State DC Zip Code 20003	Amount of Each Receipt this Period 2500.00
	FEC ID number of contributing federal political committee. <b>C</b> C00022343	
	Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) KOCH INDUSTRIES INC POLITICAL ACTION COMMITTEE (KOCHPAC)	Date of Receipt M M / D D / Y Y Y Y Y 05 / 04 / 2009
	Mailing Address 655 15th Street NW Suite 445	<b>Transaction ID:</b> C232
	City Washington State DC Zip Code 20005	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. <b>C</b> C00236489	
	Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>10000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

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

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NAME OF COMMITTEE (In Full)  
HARVEST PAC

**A.** Full Name (Last, First, Middle Initial)  
MERCK & CO., INC., EMPLOYEES POLITICAL ACTION COMMITTEE (MERCK PAC)

Mailing Address 601 Pennsylvania Ave., NW  
North Building, Suite 1200

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00097485

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 6 / 3 0 / 2 0 0 9

**Transaction ID:** C253

Amount of Each Receipt this Period  
2500.00

**B.** Full Name (Last, First, Middle Initial)  
NATIONAL ASSOCIATION OF BROADCASTERS POLITICAL ACTION COMMITTEE (NABPAC)

Mailing Address 1771 N Street NW

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00009985

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 6 / 1 9 / 2 0 0 9

**Transaction ID:** C246

Amount of Each Receipt this Period  
2500.00

**C.** Full Name (Last, First, Middle Initial)  
NATIONAL ASSOCIATION OF CHAIN DRUG STORES POLITICAL ACTION COMMITTEE

Mailing Address 413 N. Lee Street

City Alexandria State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00022368

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 3 / 1 7 / 2 0 0 9

**Transaction ID:** C221

Amount of Each Receipt this Period  
1000.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 33  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
HARVEST PAC

**A.** Full Name (Last, First, Middle Initial)  
NATIONAL RESTAURANT ASSOCIATION PAC

Mailing Address 1200 17th Street NW

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00003764

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt: 04 / 08 / 2009  
Transaction ID: C231  
Amount of Each Receipt this Period: 2500.00

**B.** Full Name (Last, First, Middle Initial)  
PFIZER INC. PAC

Mailing Address 235 EAST 42ND STREET

City NEW YORK State NY Zip Code 10017

FEC ID number of contributing federal political committee. **C** C00016683

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt: 06 / 30 / 2009  
Transaction ID: C249  
Amount of Each Receipt this Period: 2500.00

**C.** Full Name (Last, First, Middle Initial)  
PHARMACEUTICAL RESEARCH & MANUFACTURERS OF AMERICA BETTER GOVERNMENT COMM

Mailing Address 950 F Street, NW Suite 300

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00021972

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 05 / 29 / 2009  
Transaction ID: C234  
Amount of Each Receipt this Period: 1000.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 33  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
HARVEST PAC

**A.** Full Name (Last, First, Middle Initial)  
POWERPAC OF THE EDISON ELECTRIC INSTITUTE

Mailing Address 701 Pennsylvania Avenue N W

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00095869

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt: MM / DD / YYYY  
06 / 30 / 2009

Transaction ID: C248

Amount of Each Receipt this Period: 2500.00

**B.** Full Name (Last, First, Middle Initial)  
PRICEWATERHOUSECOOPERS POLITICAL ACTION COMMITTEE I

Mailing Address 1301 K Street, NW Suite 800W

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00107235

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt: MM / DD / YYYY  
05 / 29 / 2009

Transaction ID: C235

Amount of Each Receipt this Period: 2500.00

**C.** Full Name (Last, First, Middle Initial)  
RAYTHEON COMPANY POLITICAL ACTION COMMITTEE

Mailing Address 1100 Wilson Boulevard Suite 1500

City Arlington State VA Zip Code 22209

FEC ID number of contributing federal political committee. **C** C00097568

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt: MM / DD / YYYY  
03 / 10 / 2009

Transaction ID: C218

Amount of Each Receipt this Period: 2500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 7500.00

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

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

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

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

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NAME OF COMMITTEE (In Full)  
HARVEST PAC

**A.** Full Name (Last, First, Middle Initial)  
TARGETCITIZENS POLITICAL FORUM

Mailing Address 1000 Nicollet Mall  
TPS 3275

City State Zip Code  
Minneapolis MN 55403

FEC ID number of contributing federal political committee. **C** C00098061

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 11 / 2009

**Transaction ID: C238**

Amount of Each Receipt this Period  
2000.00

**B.** Full Name (Last, First, Middle Initial)  
TITLE INDUSTRY POLITICAL ACTION COMMITTEE

Mailing Address 1828 L Street, NW  
Suite 705

City State Zip Code  
Washington DC 20036

FEC ID number of contributing federal political committee. **C** C00012914

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 11 / 2009

**Transaction ID: C236**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
UNITED PARCEL SERVICE INC. PAC

Mailing Address 55 Glenlake Parkway NE

City State Zip Code  
Atlanta GA 30328

FEC ID number of contributing federal political committee. **C** C00064766

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 31 / 2009

**Transaction ID: C229**

Amount of Each Receipt this Period  
5000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 8000.00

**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 / 33  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
HARVEST PAC

A.

Full Name (Last, First, Middle Initial)  
VERIZON COMMUNICATION INC. GOOD GOVT CLUB

Mailing Address 1300 I St NW  
Ste 400 West

City State Zip Code  
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00186288

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 1 1 / 2 0 0 9

Transaction ID: C243

Amount of Each Receipt this Period  
2500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	80000.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 19 / 33

<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)  
HARVEST PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Altria Client Services, Inc.</p> <p>Mailing Address 101 Constitution Ave NW Suite 400W</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement Generic fundraising expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D452 <b>Date of Disbursement</b> 02 / 26 / 2009</p> <p>Amount of Each Disbursement this Period 6000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Allen Boyd</p> <p>Mailing Address 218 5th Street, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Meal reimbursement (not over \$200)</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D454 <b>Date of Disbursement</b> 03 / 25 / 2009</p> <p>Amount of Each Disbursement this Period 76.62</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Water Color Inn</p> <p>Mailing Address 174 Water Color Way</p> <p>City Santa Rosa Beach State FL Zip Code 32459</p> <p>Purpose of Disbursement Generic fundraising expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D477 <b>Date of Disbursement</b> 06 / 18 / 2009</p> <p>Amount of Each Disbursement this Period 5602.79</p>

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

**11679.41**

**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)  
HARVEST PAC

A.	Full Name (Last, First, Middle Initial) Davey Consulting LLC	Transaction ID: D451 Date of Disbursement
	Mailing Address 236 Massachusetts Ave., NE Suite 603	<input type="text" value="01"/> / <input type="text" value="29"/> / <input type="text" value="2009"/>
	City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period
	Purpose of Disbursement Fundraising event deposit	<input type="text" value="3000.00"/>
	Candidate Name	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) Water Color Inn	Transaction ID: D504 Date of Disbursement
	Mailing Address 174 Water Color Way	<input type="text" value="01"/> / <input type="text" value="29"/> / <input type="text" value="2009"/>
	City Santa Rosa Beach State FL Zip Code 32459	Amount of Each Disbursement this Period
	Purpose of Disbursement Generic fundraising event deposit	<input type="text" value="3000.00"/>
	Candidate Name	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) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) Davey Consulting LLC	Transaction ID: D455 Date of Disbursement
	Mailing Address 236 Massachusetts Ave., NE Suite 603	<input type="text" value="03"/> / <input type="text" value="27"/> / <input type="text" value="2009"/>
	City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period
	Purpose of Disbursement Generic fundraising expense	<input type="text" value="1079.58"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="4079.58"/>
<b>TOTAL</b> 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)  
HARVEST PAC

A.	Full Name (Last, First, Middle Initial) Levy Catering @MCI Centre	Transaction ID: D456 Date of Disbursement 03 / 27 / 2009
	Mailing Address 601 F Street, NW	Amount of Each Disbursement this Period 1059.58
	City Washington State DC Zip Code 20004	
	Purpose of Disbursement Generic fundraising catering	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Allen Boyd	Transaction ID: D459 Date of Disbursement 06 / 16 / 2009
	Mailing Address 218 5th Street, SE	Amount of Each Disbursement this Period 1326.04
	City Washington State DC Zip Code 20003	
	Purpose of Disbursement Travel (see below if itemized)	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Continental Airlines	Transaction ID: D466 Date of Disbursement 06 / 16 / 2009
	Mailing Address 1600 Smith Street	Amount of Each Disbursement this Period 294.60
	City Houston State TX Zip Code 77006	
	Purpose of Disbursement Travel/Airfare	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1326.04
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER:  
(check only one)

<input 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)  
HARVEST PAC

A.	Full Name (Last, First, Middle Initial) Delta Airlines	Transaction ID: D464 Date of Disbursement 06 / 16 / 2009
	Mailing Address PO Box 20706	Amount of Each Disbursement this Period 25.00
	City Atlanta State GA Zip Code 30320	
	Purpose of Disbursement Travel/Airfare	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Delta Airlines	Transaction ID: D460 Date of Disbursement 06 / 16 / 2009
	Mailing Address PO Box 20706	Amount of Each Disbursement this Period 20.00
	City Atlanta State GA Zip Code 30320	
	Purpose of Disbursement Travel/Airfare	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Delta Airlines	Transaction ID: D461 Date of Disbursement 06 / 16 / 2009
	Mailing Address PO Box 20706	Amount of Each Disbursement this Period 279.60
	City Atlanta State GA Zip Code 30320	
	Purpose of Disbursement Travel/Airfare	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: (check only one)

<input 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)  
HARVEST PAC

A.	Full Name (Last, First, Middle Initial) Delta Airlines	Transaction ID: D462 Date of Disbursement 06 / 16 / 2009
	Mailing Address PO Box 20706	
	City Atlanta State GA Zip Code 30320	Amount of Each Disbursement this Period 279.60
	Purpose of Disbursement Travel/Airfare Candidate Name	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) ▼
		[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) Delta Airlines	Transaction ID: D467 Date of Disbursement 06 / 16 / 2009
	Mailing Address PO Box 20706	
	City Atlanta State GA Zip Code 30320	Amount of Each Disbursement this Period 20.00
	Purpose of Disbursement Travel/Airfare Candidate Name	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) ▼
		[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) Fountainebleau Gotham	Transaction ID: D465 Date of Disbursement 06 / 16 / 2009
	Mailing Address 4441 Collins Avenue	
	City Miami Beach State FL Zip Code 33140	Amount of Each Disbursement this Period 400.05
	Purpose of Disbursement Generic Fundraising Expense Candidate Name	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) ▼
		[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

<input 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)  
HARVEST PAC

A.	Full Name (Last, First, Middle Initial) Davey Consulting LLC	Transaction ID: D468 Date of Disbursement 06 / 10 / 2009
	Mailing Address 236 Massachusetts Ave., NE Suite 603	Amount of Each Disbursement this Period 4994.46
	City Washington State DC Zip Code 20002	
	Purpose of Disbursement Generic Fundraising Expenses	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Delta Airlines	Transaction ID: D470 Date of Disbursement 06 / 10 / 2009
	Mailing Address PO Box 20706	Amount of Each Disbursement this Period 875.90
	City Atlanta State GA Zip Code 30320	
	Purpose of Disbursement Travel/Airfare	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) Destin Charter Services	Transaction ID: D472 Date of Disbursement 06 / 10 / 2009
	Mailing Address 210 Harbor Blvd.	Amount of Each Disbursement this Period 436.80
	City Destin State FL Zip Code 32541	
	Purpose of Disbursement Generic fundraising event expense	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	4994.46
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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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)  
HARVEST PAC

A.

Full Name (Last, First, Middle Initial)

Water Color Inn

Mailing Address 174 Water Color Way

City State Zip Code  
Santa Rosa Beach FL 32459

Purpose of Disbursement  
Generic fundraising event expense

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D471

Date of Disbursement

MM / DD / YYYY  
06 / 10 / 2009

Amount of Each Disbursement this Period

3000.00

[MEMO ITEM]

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

0.00

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

22079.49

**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)  
HARVEST PAC

A.	Full Name (Last, First, Middle Initial) ARCURI FOR CONGRESS	Transaction ID: D484 Date of Disbursement
	Mailing Address P.O. Box 8508	<input type="text" value="06"/> / <input type="text" value="23"/> / <input type="text" value="2009"/>
	City Utica State NY Zip Code 13505	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name Michael Arcuri	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 24	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) BOSWELL FOR CONGRESS	Transaction ID: D479 Date of Disbursement
	Mailing Address PO Box 6220	<input type="text" value="06"/> / <input type="text" value="23"/> / <input type="text" value="2009"/>
	City Des Moines State IA Zip Code 50309	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name Leonard Boswell	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 03	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) BRIGHT FOR CONGRESS.COM	Transaction ID: D494 Date of Disbursement
	Mailing Address P.O.Box 2106	<input type="text" value="06"/> / <input type="text" value="23"/> / <input type="text" value="2009"/>
	City Montgomery State AL Zip Code 36102	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name Bobby Bright	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 02	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="3000.00"/>
<b>TOTAL</b> 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 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)  
HARVEST PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) CARNEY FOR CONGRESS</p> <p>Mailing Address P.O. Box A</p> <p>City Clarks Summit State PA Zip Code 18411</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Christopher Carney</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 10</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D486 <b>Date of Disbursement</b> 06 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) CHILDERS FOR CONGRESS</p> <p>Mailing Address PO BOX 177</p> <p>City BOONEVILLE State MS Zip Code 38829</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Travis W. Childers</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MS District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D490 <b>Date of Disbursement</b> 06 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) ELLSWORTH FOR CONGRESS COMMITTEE</p> <p>Mailing Address P.O. Box 62</p> <p>City Evansville State IN Zip Code 47701</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Brad Ellsworth</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 08</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D491 <b>Date of Disbursement</b> 06 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>

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

3000.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)  
HARVEST PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Florida Democratic Party <hr/> Mailing Address 214 South Bronough Street <hr/> City Tallahassee State FL Zip Code 32302 <hr/> Purpose of Disbursement Contribution Candidate Name Florida Democratic Party Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: O	Transaction ID: D458 Date of Disbursement 05 / 13 / 2009 <hr/> Amount of Each Disbursement this Period 5000.00
<b>B.</b>	Full Name (Last, First, Middle Initial) FRANK KRATOVIL FOR CONGRESS <hr/> Mailing Address 222 Main Sail Drive PO Box 518 <hr/> City Stevensville State MD Zip Code 21666 <hr/> Purpose of Disbursement Contribution Candidate Name Frank Kratovil Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MD District: 01	Transaction ID: D487 Date of Disbursement 06 / 23 / 2009 <hr/> Amount of Each Disbursement this Period 1000.00
<b>C.</b>	Full Name (Last, First, Middle Initial) FRIENDS OF GLENN NYE <hr/> Mailing Address PO Box 68444 <hr/> City Virginia Beach State VA Zip Code 23471 <hr/> Purpose of Disbursement Contribution Candidate Name Glenn C. Nye, III Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: VA District: 02	Transaction ID: D483 Date of Disbursement 06 / 23 / 2009 <hr/> Amount of Each Disbursement this Period 1000.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
HARVEST PAC

A.	Full Name (Last, First, Middle Initial) <b>FRIENDS OF JOHN BARROW</b>	<b>Transaction ID:</b> D482 Date of Disbursement 06 / 23 / 2009	
	Mailing Address PO Box 8166		
	City Savannah State GA Zip Code 31412	Amount of Each Disbursement this Period	1000.00
	Purpose of Disbursement Contribution		
	Candidate Name John Barrow	Category/Type	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010	
	State: GA District: 12	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B.	Full Name (Last, First, Middle Initial) <b>GIFFORDS FOR CONGRESS</b>	<b>Transaction ID:</b> D481 Date of Disbursement 06 / 23 / 2009	
	Mailing Address PO Box 12886		
	City Tucson State AZ Zip Code 85732	Amount of Each Disbursement this Period	1000.00
	Purpose of Disbursement Contribution		
	Candidate Name Gabrielle Giffords	Category/Type	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010	
	State: AZ District: 08	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C.	Full Name (Last, First, Middle Initial) <b>GRIFFITH FOR CONGRESS</b>	<b>Transaction ID:</b> D492 Date of Disbursement 06 / 23 / 2009	
	Mailing Address PO BOX 2916		
	City Huntsville State AL Zip Code 35804	Amount of Each Disbursement this Period	1000.00
	Purpose of Disbursement Contribution		
	Candidate Name R. Parker Griffith	Category/Type	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010	
	State: AL District: 05	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
HARVEST PAC

**A.** Full Name (Last, First, Middle Initial)  
HARRY MITCHELL FOR CONGRESS

Mailing Address PO Box 23748

City State Zip Code  
Tempe AZ 85285

Purpose of Disbursement  
Contribution

Candidate Name  
Harry E. Mitchell

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: AZ District: 05

Transaction ID: D485

Date of Disbursement

/  /

Amount of Each Disbursement this Period

**B.** Full Name (Last, First, Middle Initial)  
HOOSIERS FOR HILL

Mailing Address PO Box 1071

City State Zip Code  
Seymour IN 47274

Purpose of Disbursement  
Contribution

Candidate Name  
Baron Hill

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: IN District: 09

Transaction ID: D478

Date of Disbursement

/  /

Amount of Each Disbursement this Period

**C.** Full Name (Last, First, Middle Initial)  
JOE DONNELLY FOR CONGRESS

Mailing Address PO Box 1961

City State Zip Code  
South Bend IN 46634

Purpose of Disbursement  
Contribution

Candidate Name  
Joe Donnelly

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: IN District: 02

Transaction ID: D495

Date of Disbursement

/  /

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

<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)  
HARVEST PAC

A.	Full Name (Last, First, Middle Initial) KATHY DAHLKEMPER FOR CONGRESS	Transaction ID: D480 Date of Disbursement 06 / 23 / 2009
	Mailing Address PO Box 1045	Amount of Each Disbursement this Period 1000.00
	City Erie State PA Zip Code 16512	
	Purpose of Disbursement Contribution Candidate Name Kathleen Dahlkemper Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 03	Category/Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) LORI EDWARDS CAMPAIGN COMMITTEE	Transaction ID: D493 Date of Disbursement 06 / 23 / 2009
	Mailing Address PO BOX 280	Amount of Each Disbursement this Period 5000.00
	City EAGLE LAKE State FL Zip Code 33839	
	Purpose of Disbursement Contribution Candidate Name Lori Edwards Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 12	Category/Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) MINNICK FOR CONGRESS	Transaction ID: D489 Date of Disbursement 06 / 23 / 2009
	Mailing Address P O Box 306	Amount of Each Disbursement this Period 1000.00
	City Boise State ID Zip Code 83701	
	Purpose of Disbursement Contribution Candidate Name Walt Minnick Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ID District: 01	Category/Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	7000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
HARVEST PAC

A.

Full Name (Last, First, Middle Initial)  
ZACK SPACE FOR CONGRESS COMMITTEE

Transaction ID: D488

Date of Disbursement

Mailing Address 726 Sixteenth Street NE

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	3		2	0	0	9

City State Zip Code  
Massillon OH 44646

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement  
Contribution

--

Candidate Name  
Zack Space

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: OH District: 18

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

1000.00
---------

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

27000.00
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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 33 / 33

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

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NAME OF COMMITTEE (In Full)  
HARVEST PAC

A.

Full Name (Last, First, Middle Initial)  
Democratic Black Caucus of Florida

Transaction ID: D457

Date of Disbursement

Mailing Address 17904 SW 183rd Avenue

<sup>M</sup> <input type="text" value="0"/>	<sup>M</sup> <input type="text" value="4"/>	/	<sup>D</sup> <input type="text" value="0"/>	<sup>D</sup> <input type="text" value="7"/>	/	<sup>Y</sup> <input type="text" value="2"/>	<sup>Y</sup> <input type="text" value="0"/>	<sup>Y</sup> <input type="text" value="0"/>	<sup>Y</sup> <input type="text" value="9"/>
---	---	---	---	---	---	---	---	---	---

City Archer State FL Zip Code 32618

Amount of Each Disbursement this Period

500.00
--------

Purpose of Disbursement  
Non-Federal Contribution

--

Category/  
Type

Candidate Name  
Democratic Black Caucus of Florida

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

500.00
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TOTAL This Period (last page this line number only) ..... ►

500.00
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