

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

Office Use Only

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

National Campaign Fund

ADDRESS (number and street)

30011 Ivy Glenn Drive, Suite 223

☐Check if different  
than previously  
reported. (ACC)

Laguna Niguel

CA

92677

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00437822

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

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

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

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

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

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

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☒

Jan 31 (YE)

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

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

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

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

07

01

2009

through

12

31

2009

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

Type or Print Name of Treasurer

James Lacy

Signature of Treasurer

Electronically Filed by James Lacy

Date

01

30

2010

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

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

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

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Write or Type Committee Name  
National Campaign 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	2009	69371.47
(b) Cash on Hand at Beginning of Reporting Period .....	54082.67	
(c) Total Receipts (from Line 19) .....	111622.04	257777.04
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	165704.71	327148.51
7. Total Disbursements (from Line 31) .....	165578.89	327022.69
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	125.82	125.82
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) .....	9717.00	

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

### For further information contact:

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

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

# DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name  
National Campaign Fund

Report Covering the Period:

From:

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

To:

M M D D Y Y W Y  
1 2 3 1 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) .....	18160.00	25630.00
(ii) Unitemized .....	93462.04	232147.04
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	111622.04	257777.04
(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) .....	111622.04	257777.04
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)) .....	111622.04	257777.04
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	111622.04	257777.04

## DETAILED SUMMARY PAGE

of Disbursements

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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.....	152843.89	314287.69	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	152843.89	314287.69	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00	
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.....	12735.00	12735.00	
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))..	165578.89	327022.69	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	165578.89	327022.69	

**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) .....	111622.04	257777.04
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	111622.04	257777.04
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	152843.89	314287.69
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	152843.89	314287.69

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

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

FOR LINE NUMBER: PAGE 6 / 153

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

John Burge

Mailing Address 9850 Sidney Road

City

Pensacola

State

FL

Zip Code

32507

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

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 / 0 3 / 2 0 0 9

Transaction ID: INC.A.22150

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Robert Hinkley

Mailing Address 4904 Maunalani Circle

City

Honolulu

State

HI

Zip Code

96816

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 3 / 2 0 0 9

Transaction ID: INC.A.23035

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

James Iness

Mailing Address P.O. Box 18105

City

Dilley

State

TX

Zip Code

78017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Acoc Engineering

Occupation  
Petroleum Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 3 / 2 0 0 9

Transaction ID: INC.A.22378

Amount of Each Receipt this Period

100.00

**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 7 / 153

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

Betty Parks

Mailing Address 133 Deer Creek LN

City

Minden

State

LA

Zip Code

71055

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Not Employed

Occupation  
Retired

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 / 0 3 / 2 0 0 9

Transaction ID: INC.A.21928

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Roni Smith

Mailing Address 203 E. Northside Ave

City

Marion

State

SC

Zip Code

29571

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Metlife

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 3 / 2 0 0 9

Transaction ID: INC.A.23257

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Charles Snider

Mailing Address 6062 Lakewood Dr.

City

Gilmer

State

TX

Zip Code

75645

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
ret.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 3 / 2 0 0 9

Transaction ID: INC.A.22695

Amount of Each Receipt this Period

25.00

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

75.00

**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 8 / 153

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

John Herbert Sullivan

Mailing Address 22 Charles River Square

City

Boston

State

MA

Zip Code

2114

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sullivan Risk Management  
Group

Occupation

Chairman & CEO

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 / 0 3 / 2 0 0 9

Transaction ID: INC.A.23113

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Karen Wright

Mailing Address 1240 Gambier Road

City

Mount Vernon

State

OH

Zip Code

43050

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ariel Corporation

Occupation

Executive

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 3 / 2 0 0 9

Transaction ID: INC.A.22799

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Albert Depew

Mailing Address P.O. Box 1932

City

Butler

State

PA

Zip Code

16003

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Depew & Assoc. Inc.

Occupation

President

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 7 / 0 4 / 2 0 0 9

Transaction ID: INC.A.23197

Amount of Each Receipt this Period

100.00

**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)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 153

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

Robert Mcallister

Mailing Address 5629 Bear Creek Drive

City

Catheys Valley

State

CA

Zip Code

95306

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BloodSource

Occupation  
Driver

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: INC.A.21857

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Jo Ann Baughman

Mailing Address Po Box 1269

City

Philomath

State

OR

Zip Code

97370

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
farmer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

695.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 6 / 2 0 0 9

Transaction ID: INC.A.23776

Amount of Each Receipt this Period

35.00

**C.**

Full Name (Last, First, Middle Initial)

Charles Parrott III

Mailing Address 940 7th St NW

City

Largo

State

FL

Zip Code

33770

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 6 / 2 0 0 9

Transaction ID: INC.A.22557

Amount of Each Receipt this Period

25.00

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

85.00

**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 / 153

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

Roni Smith

Mailing Address 203 E. Northside Ave

City

Marion

State

SC

Zip Code

29571

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Metlife

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 6 / 2 0 0 9

Transaction ID: INC.A.23258

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Charles Snider

Mailing Address 6062 Lakewood Dr.

City

Gilmer

State

TX

Zip Code

75645

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
ret.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 6 / 2 0 0 9

Transaction ID: INC.A.22696

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Frank Straw

Mailing Address 69 Sunflower Lane

City

Kimberling City

State

MO

Zip Code

65686

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EnvTech Inc.

Occupation  
Chemist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 6 / 2 0 0 9

Transaction ID: INC.A.22723

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)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 153

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

Barbara Taylor

Mailing Address 2 River Bend Circle

City

Exeter

State

NH

Zip Code

3833

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Attorney (Retired)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

870.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 6 / 2 0 0 9

Transaction ID: INC.A.23958

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Steven Jansen

Mailing Address 515 Valencia Ave. #15

City

Coral Gables

State

FL

Zip Code

33134

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

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

Transaction ID: INC.A.23609

Amount of Each Receipt this Period

35.00

**C.**

Full Name (Last, First, Middle Initial)

David Liptak

Mailing Address 26 East 63rd Street

City

New York

State

NY

Zip Code

10065

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Spring Street Partners

Occupation

Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: INC.A.24143

Amount of Each Receipt this Period

250.00

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

310.00

**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 / 153

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

Elizabeth Molumphy

Mailing Address 600 Devon Drive

City

Hillsborough

State

CA

Zip Code

94010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
registered nurse

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 / 0 7 / 2 0 0 9

Transaction ID: INC.A.22507

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Doris Rousselot

Mailing Address 126 Edgemont Road

City

Sonora

State

TX

Zip Code

76950

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Not Employed

Occupation  
homemaker

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 / 0 7 / 2 0 0 9

Transaction ID: INC.A.22857

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Harold Weber

Mailing Address 6167 Applegate Dr

City

Spring Hill

State

FL

Zip Code

34606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Not Employed

Occupation  
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 7 / 0 7 / 2 0 0 9

Transaction ID: INC.A.22942

Amount of Each Receipt this Period

25.00

**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 13 / 153

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

Sheila Charmak

Mailing Address 1 Gates Place

City

Tappan

State

NY

Zip Code

10983

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NW Pharmacy

Occupation

Pharmacy Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: INC.A.23168

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

John Sampson

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  
Retired

Occupation

retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: INC.A.24184

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Jo Ann Baughman

Mailing Address Po Box 1269

City

Philomath

State

OR

Zip Code

97370

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

farmer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

695.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 6 / 2 0 0 9

Transaction ID: INC.A.23777

Amount of Each Receipt this Period

35.00

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

310.00

**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 14 / 153

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

Maria De Los Angeles Hernandez-Pistorino

Mailing Address 6535 SW 123 Street

City

Pinecrest

State

FL

Zip Code

33156

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Not employed

Occupation  
Volunteer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1570.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 6 / 2 0 0 9

Transaction ID: INC.A.23680

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Kenneth Lindsay

Mailing Address 10433 County Road 136

City

Live Oak

State

FL

Zip Code

32060

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 6 / 2 0 0 9

Transaction ID: INC.A.22918

Amount of Each Receipt this Period

35.00

**C.**

Full Name (Last, First, Middle Initial)

Rod Smalt

Mailing Address 22520 Iverson Dr. #1002

City

Great Mills

State

MD

Zip Code

20634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DoD Contractor

Occupation  
Software Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 6 / 2 0 0 9

Transaction ID: INC.A.23218

Amount of Each Receipt this Period

25.00

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

85.00

**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 / 153

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

Charles Snider

Mailing Address 6062 Lakewood Dr.

City

Gilmer

State

TX

Zip Code

75645

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
ret.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 6 / 2 0 0 9

Transaction ID: INC.A.22697

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Elizabeth Molumphy

Mailing Address 600 Devon Drive

City

Hillsborough

State

CA

Zip Code

94010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
registered nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: INC.A.22508

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Harold Weber

Mailing Address 6167 Applegate Dr

City

Spring Hill

State

FL

Zip Code

34606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Not Employed

Occupation  
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 7 / 1 7 / 2 0 0 9

Transaction ID: INC.A.22943

Amount of Each Receipt this Period

25.00

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

75.00

**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 / 153

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

Jerry Bauck

Mailing Address Po Box 2287

City

Oregon City

State

OR

Zip Code

97045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
heatmaster corp

Occupation  
hvac

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: INC.A.24220

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Jean Angle

Mailing Address 70 Stratford Road

City

Wichita

State

KS

Zip Code

67207

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Frontier Oil Company

Occupation  
Office Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID: INC.A.22998

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Milton Armitage

Mailing Address N4298 County Rd. F

City

Bonduel

State

WI

Zip Code

54107-8408

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

535.00

Date of Receipt

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

Transaction ID: INC.A.24284

Amount of Each Receipt this Period

35.00

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

160.00

**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 / 153

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

Robert Gehring

Mailing Address 183 Sunset View Dr

City

Doylestown

State

PA

Zip Code

18901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Not Employed

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

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

Transaction ID: INC.A.23205

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Robert Mcallister

Mailing Address 5629 Bear Creek Drive

City

Catheys Valley

State

CA

Zip Code

95306

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BloodSource

Occupation  
Driver

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: INC.A.21858

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Betty Parks

Mailing Address 133 Deer Creek LN

City

Minden

State

LA

Zip Code

71055

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Not Employed

Occupation  
Retired

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: INC.A.21929

Amount of Each Receipt this Period

25.00

**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 18 / 153

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

Charles Snider

Mailing Address 6062 Lakewood Dr.

City

Gilmer

State

TX

Zip Code

75645

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
ret.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: INC.A.22698

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Robert Gehring

Mailing Address 183 Sunset View Dr

City

Doylestown

State

PA

Zip Code

18901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Not Employed

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

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

Transaction ID: INC.A.23206

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Wayne Hauck

Mailing Address 2661 Browning Drive

City

Virginia Beach

State

VA

Zip Code

23456

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: INC.A.22337

Amount of Each Receipt this Period

100.00

**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 19 / 153

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

WR Jackson Jr

Mailing Address 55 Burbank Lane

City

Yarmouth

State

ME

Zip Code

4096

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Not Employed

Occupation  
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  
0 7 / 2 4 / 2 0 0 9

Transaction ID: INC.A.22386

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Steven Jansen

Mailing Address 515 Valencia Ave. #15

City

Coral Gables

State

FL

Zip Code

33134

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

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

Transaction ID: INC.A.23610

Amount of Each Receipt this Period

35.00

**C.**

Full Name (Last, First, Middle Initial)

Kenneth Lindsay

Mailing Address 10433 County Road 136

City

Live Oak

State

FL

Zip Code

32060

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

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

Transaction ID: INC.A.22919

Amount of Each Receipt this Period

25.00

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

85.00

**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 / 153

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

Raymond Salzman

Mailing Address 11151 Rawhide Rd.

City

Lusby

State

MD

Zip Code

20657

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
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  
0 7 / 2 4 / 2 0 0 9

Transaction ID: INC.A.21977

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Raymond Salzman

Mailing Address 11151 Rawhide Rd.

City

Lusby

State

MD

Zip Code

20657

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
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  
0 7 / 2 4 / 2 0 0 9

Transaction ID: INC.A.21978

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Roni Smith

Mailing Address 203 E. Northside Ave

City

Marion

State

SC

Zip Code

29571

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Metlife

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

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

Transaction ID: INC.A.23259

Amount of Each Receipt this Period

25.00

**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 21 / 153

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

Vicki Trimble

Mailing Address 105 Paul Wittke Drive

City

Healdsburg

State

CA

Zip Code

95448

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Not Employed

Occupation

Homemaker

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 / 2 4 / 2 0 0 9

Transaction ID: INC.A.23563

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

John Burge

Mailing Address 9850 Sidney Road

City

Pensacola

State

FL

Zip Code

32507

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

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 6 / 2 0 0 9

Transaction ID: INC.A.22151

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Sheila Charmak

Mailing Address 1 Gates Place

City

Tappan

State

NY

Zip Code

10983

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NW Pharmacy

Occupation

Pharmacy Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 6 / 2 0 0 9

Transaction ID: INC.A.23169

Amount of Each Receipt this Period

25.00

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

75.00

**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 / 153

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

Susan Furstenberg

Mailing Address 6603 W 132nd Terrace

City

Overland Park

State

KS

Zip Code

66209

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Restaurant

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 7 / 2 6 / 2 0 0 9

Transaction ID: INC.A.23715

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

WR Jackson Jr

Mailing Address 55 Burbank Lane

City

Yarmouth

State

ME

Zip Code

4096

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Not Employed

Occupation  
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  
0 7 / 2 6 / 2 0 0 9

Transaction ID: INC.A.22387

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Nancy Kelley

Mailing Address 1378 Pioneer Trail

City

Bullhead City

State

AZ

Zip Code

86429

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
mohave desert radiology

Occupation  
biller

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 / 2 6 / 2 0 0 9

Transaction ID: INC.A.24514

Amount of Each Receipt this Period

250.00

**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: PAGE 23 / 153

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

Jim Mcmanus

Mailing Address 88 Chestnut St

City

Weston

State

MA

Zip Code

2493

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

comm real estate

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 6 / 2 0 0 9

Transaction ID: INC.A.21876

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Charles Parrott III

Mailing Address 940 7th St NW

City

Largo

State

FL

Zip Code

33770

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 6 / 2 0 0 9

Transaction ID: INC.A.22558

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Roni Smith

Mailing Address 203 E. Northside Ave

City

Marion

State

SC

Zip Code

29571

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Metlife

Occupation

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 6 / 2 0 0 9

Transaction ID: INC.A.23260

Amount of Each Receipt this Period

25.00

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

75.00

**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 24 / 153

(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)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

Charles Snider

Mailing Address 6062 Lakewood Dr.

City

Gilmer

State

TX

Zip Code

75645

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
ret.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 6 / 2 0 0 9

Transaction ID: INC.A.22699

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Vicki Trimble

Mailing Address 105 Paul Wittke Drive

City

Healdsburg

State

CA

Zip Code

95448

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Not Employed

Occupation  
Homemaker

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 / 2 6 / 2 0 0 9

Transaction ID: INC.A.23564

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Jo Ann Baughman

Mailing Address Po Box 1269

City

Philomath

State

OR

Zip Code

97370

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
farmer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

695.00

Date of Receipt

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

Transaction ID: INC.A.23778

Amount of Each Receipt this Period

35.00

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

85.00

**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 / 153

(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)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

Robert Gehring

Mailing Address 183 Sunset View Dr

City

Doylestown

State

PA

Zip Code

18901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Not Employed

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

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

Transaction ID: INC.A.23207

Amount of Each Receipt this Period

35.00

**B.**

Full Name (Last, First, Middle Initial)

Steven Jansen

Mailing Address 515 Valencia Ave. #15

City

Coral Gables

State

FL

Zip Code

33134

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

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

Transaction ID: INC.A.23611

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Elizabeth Molumphy

Mailing Address 600 Devon Drive

City

Hillsborough

State

CA

Zip Code

94010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

registered nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: INC.A.22510

Amount of Each Receipt this Period

25.00

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

85.00

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 / 153

(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)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

Elizabeth Molumphy

Mailing Address 600 Devon Drive

City

Hillsborough

State

CA

Zip Code

94010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

registered nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: INC.A.22509

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Mary Proctor

Mailing Address 1096 Joe Joyner Rd.

City

Munford

State

TN

Zip Code

38058

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

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

Transaction ID: INC.A.23319

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

William Ritchie

Mailing Address 5302 Brookeway Dr

City

Bethesda

State

MD

Zip Code

20816

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

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

Transaction ID: INC.A.21963

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 27 / 153

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

Charles Snider

Mailing Address 6062 Lakewood Dr.

City

Gilmer

State

TX

Zip Code

75645

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
ret.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: INC.A.22700

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Milton Armitage

Mailing Address N4298 County Rd. F

City

Bonduel

State

WI

Zip Code

54107-8408

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

535.00

Date of Receipt

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

Transaction ID: INC.A.24285

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Arthur Fisher

Mailing Address 3239 Bullock Creek Dr.

City

Middland

State

MI

Zip Code

48640

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self employed

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  
0 7 / 2 8 / 2 0 0 9

Transaction ID: INC.A.23353

Amount of Each Receipt this Period

25.00

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

75.00

**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 / 153

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

Jim Mcmanus

Mailing Address 88 Chestnut St

City

Weston

State

MA

Zip Code

2493

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

comm real estate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

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

Transaction ID: INC.A.21877

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Milton Armitage

Mailing Address N4298 County Rd. F

City

Bonduel

State

WI

Zip Code

54107-8408

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

535.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 9

Transaction ID: INC.A.24286

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

John Burge

Mailing Address 9850 Sidney Road

City

Pensacola

State

FL

Zip Code

32507

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

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 / 3 1 / 2 0 0 9

Transaction ID: INC.A.22152

Amount of Each Receipt this Period

25.00

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

75.00

**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 / 153

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

Sidney H Kosann

Mailing Address 445 Park Ave. 9th Floor

City

New York

State

NY

Zip Code

10022

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF SKT LLC

Occupation

INVESTMENT ADVISOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 9

Transaction ID: INC.A.21798

Amount of Each Receipt this Period

35.00

**B.**

Full Name (Last, First, Middle Initial)

Kenneth Lindsay

Mailing Address 10433 County Road 136

City

Live Oak

State

FL

Zip Code

32060

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 9

Transaction ID: INC.A.22920

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

John Herbert Sullivan

Mailing Address 22 Charles River Square

City

Boston

State

MA

Zip Code

2114

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sullivan Risk Management  
Group

Occupation

Chairman & CEO

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 / 3 1 / 2 0 0 9

Transaction ID: INC.A.23114

Amount of Each Receipt this Period

25.00

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

85.00

**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 / 153

(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)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

Barbara Taylor

Mailing Address 2 River Bend Circle

City

Exeter

State

NH

Zip Code

3833

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Attorney (Retired)

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

870.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	3	1	/	2	0	0	9

Transaction ID: INC.A.23959

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Vicki Trimble

Mailing Address 105 Paul Wittke Drive

City

Healdsburg

State

CA

Zip Code

95448

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Not Employed

Occupation

Homemaker

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	3	1	/	2	0	0	9

Transaction ID: INC.A.23565

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Harold Weber

Mailing Address 6167 Applegate Dr

City

Spring Hill

State

FL

Zip Code

34606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Not Employed

Occupation

retired

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	3	1	/	2	0	0	9

Transaction ID: INC.A.22944

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 31 / 153

(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)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

Milton Armitage

Mailing Address N4298 County Rd. F

City

Bonduel

State

WI

Zip Code

54107-8408

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

535.00

Date of Receipt

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

Transaction ID: INC.A.24287

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Philip Allen

Mailing Address 815 Yucca Street

City

Port Hueneme

State

CA

Zip Code

93041-2340

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Not Employed

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  
0 8 / 0 3 / 2 0 0 9

Transaction ID: INC.A.23631

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Robert Mcallister

Mailing Address 5629 Bear Creek Drive

City

Catheys Valley

State

CA

Zip Code

95306

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BloodSource

Occupation  
Driver

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: INC.A.21859

Amount of Each Receipt this Period

25.00

**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 32 / 153

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

Cecil Meadows

Mailing Address 930 Koae St

City

Honolulu

State

HI

Zip Code

96816

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
USN Retired

Occupation  
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: INC.A.21885

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Vicki Trimble

Mailing Address 105 Paul Wittke Drive

City

Healdsburg

State

CA

Zip Code

95448

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Not Employed

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: INC.A.23566

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Harold Weber

Mailing Address 6167 Applegate Dr

City

Spring Hill

State

FL

Zip Code

34606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Not Employed

Occupation  
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: INC.A.22945

Amount of Each Receipt this Period

25.00

**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 33 / 153

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

Milton Armitage

Mailing Address N4298 County Rd. F

City

Bonduel

State

WI

Zip Code

54107-8408

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

535.00

Date of Receipt

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

Transaction ID: INC.A.24288

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Jo Ann Baughman

Mailing Address Po Box 1269

City

Philomath

State

OR

Zip Code

97370

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
farmer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

695.00

Date of Receipt

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

Transaction ID: INC.A.23779

Amount of Each Receipt this Period

35.00

**C.**

Full Name (Last, First, Middle Initial)

John Burge

Mailing Address 9850 Sidney Road

City

Pensacola

State

FL

Zip Code

32507

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

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 8 / 0 7 / 2 0 0 9

Transaction ID: INC.A.22153

Amount of Each Receipt this Period

25.00

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

85.00

**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 / 153

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

Kenneth Lindsay

Mailing Address 10433 County Road 136

City

Live Oak

State

FL

Zip Code

32060

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

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

Transaction ID: INC.A.22921

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Betty Parks

Mailing Address 133 Deer Creek LN

City

Minden

State

LA

Zip Code

71055

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Not Employed

Occupation  
Retired

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 8 / 0 7 / 2 0 0 9

Transaction ID: INC.A.21930

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

John Sampson

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  
Retired

Occupation  
retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: INC.A.24185

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 35 / 153

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

Roni Smith

Mailing Address 203 E. Northside Ave

City

Marion

State

SC

Zip Code

29571

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Metlife

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

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

Transaction ID: INC.A.23261

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Frank Straw

Mailing Address 69 Sunflower Lane

City

Kimberling City

State

MO

Zip Code

65686

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EnvTech Inc.

Occupation  
Chemist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

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

Transaction ID: INC.A.22724

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Barbara Taylor

Mailing Address 2 River Bend Circle

City

Exeter

State

NH

Zip Code

3833

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Attorney (Retired)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

870.00

Date of Receipt

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

Transaction ID: INC.A.23960

Amount of Each Receipt this Period

100.00

**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 36 / 153

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

Keith Barron

Mailing Address 4 Trafalgar Ct.

City

Columbia

State

SC

Zip Code

29209

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Barron Financial Group

Occupation  
insurance agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

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

Transaction ID: INC.A.23657

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

William Campbell

Mailing Address 2420 Lake Angelus Lane

City

Lake Angelus

State

Mi

Zip Code

48326

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

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

Transaction ID: INC.A.22985

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Patricia Lakoff

Mailing Address 804 Tallow Tree Court

City

Naples

State

FL

Zip Code

34108

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Not Employed

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: INC.A.21806

Amount of Each Receipt this Period

25.00

**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 37 / 153

(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)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

Betty Parks

Mailing Address 133 Deer Creek LN

City

Minden

State

LA

Zip Code

71055

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Not Employed

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: INC.A.21931

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Barbara Taylor

Mailing Address 2 River Bend Circle

City

Exeter

State

NH

Zip Code

3833

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Attorney (Retired)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

870.00

Date of Receipt

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

Transaction ID: INC.A.23961

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Robert Mcallister

Mailing Address 5629 Bear Creek Drive

City

Catheys Valley

State

CA

Zip Code

95306

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BloodSource

Occupation

Driver

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: INC.A.21860

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 38 / 153

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

Jo Ann Baughman

Mailing Address Po Box 1269

City

Philomath

State

OR

Zip Code

97370

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
farmer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

695.00

Date of Receipt

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

Transaction ID: INC.A.23780

Amount of Each Receipt this Period

35.00

**B.**

Full Name (Last, First, Middle Initial)

Barbara Taylor

Mailing Address 2 River Bend Circle

City

Exeter

State

NH

Zip Code

3833

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Attorney (Retired)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

870.00

Date of Receipt

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

Transaction ID: INC.A.23962

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Kenneth Lindsay

Mailing Address 10433 County Road 136

City

Live Oak

State

FL

Zip Code

32060

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

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

Transaction ID: INC.A.22922

Amount of Each Receipt this Period

25.00

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

160.00

**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 / 153

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

Vicki Trimble

Mailing Address 105 Paul Wittke Drive

City

Healdsburg

State

CA

Zip Code

95448

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Not Employed

Occupation

Homemaker

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 / 2 2 / 2 0 0 9

Transaction ID: INC.A.23567

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Milton Armitage

Mailing Address N4298 County Rd. F

City

Bonduel

State

WI

Zip Code

54107-8408

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

535.00

Date of Receipt

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

Transaction ID: INC.A.24289

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Janice Bennett

Mailing Address 2213 N. Sunrise Dr

City

Round Lake Beach

State

IL

Zip Code

60073

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Not Employed

Occupation

Chaplain

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 / 2 3 / 2 0 0 9

Transaction ID: INC.A.23378

Amount of Each Receipt this Period

25.00

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

75.00

**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 / 153

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

Richard Griffith

Mailing Address 3417 Milam St

City

Houston

State

TX

Zip Code

77002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Richard S Griffith

Occupation  
Investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3100.00

Date of Receipt

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

Transaction ID: INC.A.23726

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Cecil Meadows

Mailing Address 930 Koae St

City

Honolulu

State

HI

Zip Code

96816

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
USN Retired

Occupation  
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 / 2 3 / 2 0 0 9

Transaction ID: INC.A.21886

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Harvey Price

Mailing Address 70 Grants Lake Circle

City

Sugar Land

State

TX

Zip Code

79479

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

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

Transaction ID: INC.A.22597

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 41 / 153

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

Raymond Salzman

Mailing Address 11151 Rawhide Rd.

City

Lusby

State

MD

Zip Code

20657

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
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  
0 8 / 2 3 / 2 0 0 9

Transaction ID: INC.A.21979

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Roni Smith

Mailing Address 203 E. Northside Ave

City

Marion

State

SC

Zip Code

29571

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Metlife

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

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

Transaction ID: INC.A.23262

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Barbara Taylor

Mailing Address 2 River Bend Circle

City

Exeter

State

NH

Zip Code

3833

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Attorney (Retired)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

870.00

Date of Receipt

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

Transaction ID: INC.A.23963

Amount of Each Receipt this Period

50.00

**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 42 / 153

(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)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

Milton Armitage

Mailing Address N4298 County Rd. F

City

Bonduel

State

WI

Zip Code

54107-8408

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

535.00

Date of Receipt

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

Transaction ID: INC.A.24290

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Mike Frisbie

Mailing Address 7793 East Hiway 4

City

Gypsum

State

KS

Zip Code

67448

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
brehmer homesteadOccupation  
millwright

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

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

Transaction ID: INC.A.25637

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Patricia Lakoff

Mailing Address 804 Tallow Tree Court

City

Naples

State

FL

Zip Code

34108

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Not EmployedOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: INC.A.21807

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 43 / 153

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

Barbara Taylor

Mailing Address 2 River Bend Circle

City

Exeter

State

NH

Zip Code

3833

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Attorney (Retired)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

870.00

Date of Receipt

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

Transaction ID: INC.A.23964

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Robert Hinkley

Mailing Address 4904 Maunalani Circle

City

Honolulu

State

HI

Zip Code

96816

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: INC.A.23036

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Betty Parks

Mailing Address 133 Deer Creek LN

City

Minden

State

LA

Zip Code

71055

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Not Employed

Occupation

Retired

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 8 / 2 7 / 2 0 0 9

Transaction ID: INC.A.21932

Amount of Each Receipt this Period

25.00

**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 44 / 153

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

Jerry Bauck

Mailing Address Po Box 2287

City

Oregon City

State

OR

Zip Code

97045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
heatmaster corp

Occupation  
hvac

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 / 2 8 / 2 0 0 9

Transaction ID: INC.A.24221

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Christopher Frederickson Ph.D.

Mailing Address 1122 Post Office Street

City

Galveston

State

TX

Zip Code

77550

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NeuroBioTex Inc

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

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

Transaction ID: INC.A.23009

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Susan Furstenberg

Mailing Address 6603 W 132nd Terrace

City

Overland Park

State

KS

Zip Code

66209

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Restaurant

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 8 / 2 8 / 2 0 0 9

Transaction ID: INC.A.23716

Amount of Each Receipt this Period

100.00

**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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

Maria De Los Angeles Hernandez-Pistorino

Mailing Address 6535 SW 123 Street

City

Pinecrest

State

FL

Zip Code

33156

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Not employed

Occupation  
Volunteer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1570.00

Date of Receipt

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

Transaction ID: INC.A.23681

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Steven Jansen

Mailing Address 515 Valencia Ave. #15

City

Coral Gables

State

FL

Zip Code

33134

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

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

Transaction ID: INC.A.23612

Amount of Each Receipt this Period

35.00

**C.**

Full Name (Last, First, Middle Initial)

Kenneth Lindsay

Mailing Address 10433 County Road 136

City

Live Oak

State

FL

Zip Code

32060

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

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

Transaction ID: INC.A.22923

Amount of Each Receipt this Period

25.00

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

160.00

**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 / 153

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

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

Jim Mcmanus

Mailing Address 88 Chestnut St

City

Weston

State

MA

Zip Code

2493

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

comm real estate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

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

Transaction ID: INC.A.21878

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Roni Smith

Mailing Address 203 E. Northside Ave

City

Marion

State

SC

Zip Code

29571

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Metlife

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

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

Transaction ID: INC.A.23263

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Barbara Taylor

Mailing Address 2 River Bend Circle

City

Exeter

State

NH

Zip Code

3833

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Attorney (Retired)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

870.00

Date of Receipt

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

Transaction ID: INC.A.23965

Amount of Each Receipt this Period

35.00

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

160.00

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

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

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 47 / 153

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

John Burge

Mailing Address 9850 Sidney Road

City

Pensacola

State

FL

Zip Code

32507

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

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 8 / 2 9 / 2 0 0 9

Transaction ID: INC.A.22154

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

John De Graffenried

Mailing Address 323 Unity Road

City

Trumbull

State

CT

Zip Code

6611

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sacred Heart University

Occupation  
associate professor

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 / 2 9 / 2 0 0 9

Transaction ID: INC.A.23150

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Albert Depew

Mailing Address P.O. Box 1932

City

Butler

State

PA

Zip Code

16003

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Depew & Assoc. Inc.

Occupation  
President

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 8 / 2 9 / 2 0 0 9

Transaction ID: INC.A.23198

Amount of Each Receipt this Period

100.00

**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 48 / 153

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

Maria De Los Angeles Hernandez-Pistorino

Mailing Address 6535 SW 123 Street

City

Pinecrest

State

FL

Zip Code

33156

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Not employed

Occupation  
Volunteer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1570.00

Date of Receipt

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

Transaction ID: INC.A.23682

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

WR Jackson Jr

Mailing Address 55 Burbank Lane

City

Yarmouth

State

ME

Zip Code

4096

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Not Employed

Occupation  
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  
0 8 / 2 9 / 2 0 0 9

Transaction ID: INC.A.22388

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Harlen Mcgrew

Mailing Address 19133 Golden Meadow Way

City

Noblesville

State

IN

Zip Code

46060

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Teacher

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 / 2 9 / 2 0 0 9

Transaction ID: INC.A.23340

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

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

Jim Mcmanus

Mailing Address 88 Chestnut St

City

Weston

State

MA

Zip Code

2493

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

comm real estate

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

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

Transaction ID: INC.A.21879

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Mary Proctor

Mailing Address 1096 Joe Joyner Rd.

City

Munford

State

TN

Zip Code

38058

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

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

Transaction ID: INC.A.23320

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Jo Ann Baughman

Mailing Address Po Box 1269

City

Philomath

State

OR

Zip Code

97370

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

farmer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

695.00

Date of Receipt

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

Transaction ID: INC.A.23781

Amount of Each Receipt this Period

35.00

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

85.00

**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 50 / 153

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

Glenn Burns

Mailing Address 3931 Mud House Rd NE

City

Lancaster

State

OH

Zip Code

43130

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Glenn R. Burns DDS (self)

Occupation  
Dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: INC.A.24944

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Sheila Charmak

Mailing Address 1 Gates Place

City

Tappan

State

NY

Zip Code

10983

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NW Pharmacy

Occupation  
Pharmacy Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: INC.A.23170

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Robert Gehring

Mailing Address 183 Sunset View Dr

City

Doylestown

State

PA

Zip Code

18901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Not Employed

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

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

Transaction ID: INC.A.23208

Amount of Each Receipt this Period

50.00

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

125.00

**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 / 153

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

Maria De Los Angeles Hernandez-Pistorino

Mailing Address 6535 SW 123 Street

City

Pinecrest

State

FL

Zip Code

33156

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Not employed

Occupation  
Volunteer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1570.00

Date of Receipt

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

Transaction ID: INC.A.23683

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Robert Mcallister

Mailing Address 5629 Bear Creek Drive

City

Catheys Valley

State

CA

Zip Code

95306

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BloodSource

Occupation  
Driver

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: INC.A.21861

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Vicki Trimble

Mailing Address 105 Paul Wittke Drive

City

Healdsburg

State

CA

Zip Code

95448

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Not Employed

Occupation  
Homemaker

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 / 3 0 / 2 0 0 9

Transaction ID: INC.A.23568

Amount of Each Receipt this Period

25.00

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

75.00

**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 52 / 153

(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)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

Milton Armitage

Mailing Address N4298 County Rd. F

City

Bonduel

State

WI

Zip Code

54107-8408

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

535.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 3 1 / 2 0 0 9

Transaction ID: INC.A.24291

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

William Campbell

Mailing Address 2420 Lake Angelus Lane

City

Lake Angelus

State

Mi

Zip Code

48326

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 3 1 / 2 0 0 9

Transaction ID: INC.A.22986

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

John Peck Jr

Mailing Address PO Box 829

City

Rancho Santa Fe

State

CA

Zip Code

92067

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Peck Enterprizes

Occupation  
Real Estate Investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 3 1 / 2 0 0 9

Transaction ID: INC.A.21936

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 53 / 153

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

Harold Weber

Mailing Address 6167 Applegate Dr

City

Spring Hill

State

FL

Zip Code

34606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Not Employed

Occupation  
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 / 3 1 / 2 0 0 9

Transaction ID: INC.A.22946

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Barbara Taylor

Mailing Address 2 River Bend Circle

City

Exeter

State

NH

Zip Code

3833

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Attorney (Retired)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

870.00

Date of Receipt

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

Transaction ID: INC.A.23966

Amount of Each Receipt this Period

35.00

**C.**

Full Name (Last, First, Middle Initial)

Milton Armitage

Mailing Address N4298 County Rd. F

City

Bonduel

State

WI

Zip Code

54107-8408

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

535.00

Date of Receipt

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

Transaction ID: INC.A.24292

Amount of Each Receipt this Period

25.00

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

85.00

**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 / 153

(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)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

Janice Bennett

Mailing Address 2213 N. Sunrise Dr

City

Round Lake Beach

State

IL

Zip Code

60073

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Not EmployedOccupation  
Chaplain

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		0	6		2	0	0	9

Transaction ID: INC.A.23379

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Charles Parrott III

Mailing Address 940 7th St NW

City

Largo

State

FL

Zip Code

33770

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

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

Transaction ID: INC.A.22559

Amount of Each Receipt this Period

35.00

**C.**

Full Name (Last, First, Middle Initial)

John Adams

Mailing Address 1616 S. Peninsula Dr.

City

Daytona Beach

State

FL

Zip Code

32118

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Formerly Insurance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: INC.A.22067

Amount of Each Receipt this Period

25.00

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

85.00

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 / 153

(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)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

William Campbell

Mailing Address 2420 Lake Angelus Lane

City

Lake Angelus

State

Mi

Zip Code

48326

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

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

Transaction ID: INC.A.22987

Amount of Each Receipt this Period

35.00

**B.**

Full Name (Last, First, Middle Initial)

Kenneth Lindsay

Mailing Address 10433 County Road 136

City

Live Oak

State

FL

Zip Code

32060

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

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

Transaction ID: INC.A.22924

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Jim Mcmanus

Mailing Address 88 Chestnut St

City

Weston

State

MA

Zip Code

2493

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation  
comm real estate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

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

Transaction ID: INC.A.21880

Amount of Each Receipt this Period

25.00

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

85.00

**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 / 153

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

William Ritchie

Mailing Address 5302 Brookeway Dr

City

Bethesda

State

MD

Zip Code

20816

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

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

Transaction ID: INC.A.21964

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Rod Smalt

Mailing Address 22520 Iverson Dr. #1002

City

Great Mills

State

MD

Zip Code

20634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DoD Contractor

Occupation  
Software Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

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

Transaction ID: INC.A.23219

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Barbara Taylor

Mailing Address 2 River Bend Circle

City

Exeter

State

NH

Zip Code

3833

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Attorney (Retired)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

870.00

Date of Receipt

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

Transaction ID: INC.A.23967

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 57 / 153

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

Harold Weber

Mailing Address 6167 Applegate Dr

City

Spring Hill

State

FL

Zip Code

34606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Not Employed

Occupation  
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 9 / 0 7 / 2 0 0 9

Transaction ID: INC.A.22947

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Milton Armitage

Mailing Address N4298 County Rd. F

City

Bonduel

State

WI

Zip Code

54107-8408

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

535.00

Date of Receipt

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

Transaction ID: INC.A.24293

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Kenneth Lindsay

Mailing Address 10433 County Road 136

City

Live Oak

State

FL

Zip Code

32060

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

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

Transaction ID: INC.A.22925

Amount of Each Receipt this Period

25.00

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

75.00

**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 / 153

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

Robert Mcallister

Mailing Address 5629 Bear Creek Drive

City

Catheys Valley

State

CA

Zip Code

95306

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BloodSource

Occupation  
Driver

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: INC.A.21862

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Maria H Pistorino

Mailing Address 6535 SW 123 Street

City

Pinecrest

State

FL

Zip Code

33156

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Not Employed

Occupation  
Volunteer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: INC.A.23288

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Maria H Pistorino

Mailing Address 6535 SW 123 Street

City

Pinecrest

State

FL

Zip Code

33156

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Not Employed

Occupation  
Volunteer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: INC.A.23287

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 59 / 153

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

Charles Snider

Mailing Address 6062 Lakewood Dr.

City

Gilmer

State

TX

Zip Code

75645

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
ret.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: INC.A.22701

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Harold Weber

Mailing Address 6167 Applegate Dr

City

Spring Hill

State

FL

Zip Code

34606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Not Employed

Occupation  
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 9 / 0 8 / 2 0 0 9

Transaction ID: INC.A.22948

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Milton Armitage

Mailing Address N4298 County Rd. F

City

Bonduel

State

WI

Zip Code

54107-8408

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

535.00

Date of Receipt

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

Transaction ID: INC.A.24294

Amount of Each Receipt this Period

25.00

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

75.00

**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 / 153

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

Steven Jansen

Mailing Address 515 Valencia Ave. #15

City

Coral Gables

State

FL

Zip Code

33134

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

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

Transaction ID: INC.A.23613

Amount of Each Receipt this Period

35.00

**B.**

Full Name (Last, First, Middle Initial)

Cecil Meadows

Mailing Address 930 Koae St

City

Honolulu

State

HI

Zip Code

96816

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
USN Retired

Occupation  
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 9 / 0 9 / 2 0 0 9

Transaction ID: INC.A.21887

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Charles Snider

Mailing Address 6062 Lakewood Dr.

City

Gilmer

State

TX

Zip Code

75645

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
ret.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: INC.A.22702

Amount of Each Receipt this Period

25.00

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

110.00

**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 / 153

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

John Herbert Sullivan

Mailing Address 22 Charles River Square

City State Zip Code  
 Boston MA 2114

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Sullivan Risk Management  
Group

Occupation  
Chairman & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: INC.A.23115

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Philip Allen

Mailing Address 815 Yucca Street

City State Zip Code  
 Port Hueneme CA 93041-2340

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Not Employed

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  
 0 9 / 1 4 / 2 0 0 9

Transaction ID: INC.A.23632

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Maria De Los Angeles Hernandez-Pistorino

Mailing Address 6535 SW 123 Street

City State Zip Code  
 Pinecrest FL 33156

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Not employed

Occupation  
Volunteer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1570.00

Date of Receipt

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

Transaction ID: INC.A.23684

Amount of Each Receipt this Period

100.00

**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 62 / 153

(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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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)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

James Iness

Mailing Address P.O. Box 18105

City  
DilleyState  
TXZip Code  
78017FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Acock EngineeringOccupation  
Petroleum Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

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

Transaction ID: INC.A.22379

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

John Lehman

Mailing Address 554 Pine Street

City

Meadville

State

PA

Zip Code

16335-2954

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
USAFOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

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

Transaction ID: INC.A.23602

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Robert Mcallister

Mailing Address 5629 Bear Creek Drive

City

Catheys Valley

State

CA

Zip Code

95306

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BloodSourceOccupation  
Driver

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: INC.A.21863

Amount of Each Receipt this Period

25.00

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

125.00

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 / 153

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

Jim Mcmanus

Mailing Address 88 Chestnut St

City

Weston

State

MA

Zip Code

2493

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

comm real estate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

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

Transaction ID: INC.A.21881

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Harvey Price

Mailing Address 70 Grants Lake Circle

City

Sugar Land

State

TX

Zip Code

79479

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

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

Transaction ID: INC.A.22598

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Mary Proctor

Mailing Address 1096 Joe Joyner Rd.

City

Munford

State

TN

Zip Code

38058

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

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

Transaction ID: INC.A.23321

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 64 / 153

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

Raymond Salzman

Mailing Address 11151 Rawhide Rd.

City

Lusby

State

MD

Zip Code

20657

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
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 / 1 4 / 2 0 0 9

Transaction ID: INC.A.21980

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Charles Snider

Mailing Address 6062 Lakewood Dr.

City

Gilmer

State

TX

Zip Code

75645

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
ret.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: INC.A.22703

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Jo Ann Baughman

Mailing Address Po Box 1269

City

Philomath

State

OR

Zip Code

97370

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
farmer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

695.00

Date of Receipt

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

Transaction ID: INC.A.23782

Amount of Each Receipt this Period

35.00

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

110.00

**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 65 / 153

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

Kenneth Lindsay

Mailing Address 10433 County Road 136

City

Live Oak

State

FL

Zip Code

32060

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

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

Transaction ID: INC.A.22926

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Cecil Meadows

Mailing Address 930 Koae St

City

Honolulu

State

HI

Zip Code

96816

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
USN Retired

Occupation  
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 / 1 5 / 2 0 0 9

Transaction ID: INC.A.21888

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Harold Weber

Mailing Address 6167 Applegate Dr

City

Spring Hill

State

FL

Zip Code

34606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Not Employed

Occupation  
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 / 1 5 / 2 0 0 9

Transaction ID: INC.A.22949

Amount of Each Receipt this Period

25.00

**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 66 / 153

(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)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

Jim Mcmanus

Mailing Address 88 Chestnut St

City

Weston

State

MA

Zip Code

2493

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

comm real estate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

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

Transaction ID: INC.A.21882

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Mary Proctor

Mailing Address 1096 Joe Joyner Rd.

City

Munford

State

TN

Zip Code

38058

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

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

Transaction ID: INC.A.23322

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Roni Smith

Mailing Address 203 E. Northside Ave

City

Marion

State

SC

Zip Code

29571

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Metlife

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

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

Transaction ID: INC.A.23264

Amount of Each Receipt this Period

25.00

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

75.00

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 / 153

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

Jerry Bauck

Mailing Address Po Box 2287

City

Oregon City

State

OR

Zip Code

97045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
heatmaster corp

Occupation  
hvac

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 / 1 7 / 2 0 0 9

Transaction ID: INC.A.24222

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Patricia Lakoff

Mailing Address 804 Tallow Tree Court

City

Naples

State

FL

Zip Code

34108

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Not Employed

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: INC.A.21808

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Maria De Los Angeles Hernandez-Pistorino

Mailing Address 6535 SW 123 Street

City

Pinecrest

State

FL

Zip Code

33156

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Not employed

Occupation  
Volunteer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1570.00

Date of Receipt

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

Transaction ID: INC.A.23685

Amount of Each Receipt this Period

100.00

**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 68 / 153

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

John De Graffenried

Mailing Address 323 Unity Road

City

Trumbull

State

CT

Zip Code

6611

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sacred Heart University

Occupation

associate professor

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 1 / 2 0 0 9

Transaction ID: INC.A.23151

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Philip Allen

Mailing Address 815 Yucca Street

City

Port Hueneme

State

CA

Zip Code

93041-2340

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Not Employed

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  
0 9 / 2 2 / 2 0 0 9

Transaction ID: INC.A.23633

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Milton Armitage

Mailing Address N4298 County Rd. F

City

Bonduel

State

WI

Zip Code

54107-8408

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

535.00

Date of Receipt

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

Transaction ID: INC.A.24295

Amount of Each Receipt this Period

25.00

**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 69 / 153

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

Jerry Bauck

Mailing Address Po Box 2287

City

Oregon City

State

OR

Zip Code

97045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
heatmaster corp

Occupation  
hvac

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 2 / 2 0 0 9

Transaction ID: INC.A.24223

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Janice Bennett

Mailing Address 2213 N. Sunrise Dr

City

Round Lake Beach

State

IL

Zip Code

60073

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Not Employed

Occupation  
Chaplain

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 2 / 2 0 0 9

Transaction ID: INC.A.23380

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Susan Furstenberg

Mailing Address 6603 W 132nd Terrace

City

Overland Park

State

KS

Zip Code

66209

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Restaurant

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 2 / 2 0 0 9

Transaction ID: INC.A.23717

Amount of Each Receipt this Period

100.00

**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 70 / 153

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

Wayne Hauck

Mailing Address 2661 Browning Drive

City

Virginia Beach

State

VA

Zip Code

23456

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: INC.A.22338

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

John Lehman

Mailing Address 554 Pine Street

City

Meadville

State

PA

Zip Code

16335-2954

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
USAF

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

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

Transaction ID: INC.A.23603

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Betty Parks

Mailing Address 133 Deer Creek LN

City

Minden

State

LA

Zip Code

71055

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Not Employed

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: INC.A.21933

Amount of Each Receipt this Period

25.00

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

1125.00

**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 / 153

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

Charles Snider

Mailing Address 6062 Lakewood Dr.

City

Gilmer

State

TX

Zip Code

75645

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
ret.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: INC.A.22704

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Barbara Taylor

Mailing Address 2 River Bend Circle

City

Exeter

State

NH

Zip Code

3833

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Attorney (Retired)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

870.00

Date of Receipt

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

Transaction ID: INC.A.23968

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Harvey Price

Mailing Address 70 Grants Lake Circle

City

Sugar Land

State

TX

Zip Code

79479

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

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

Transaction ID: INC.A.22599

Amount of Each Receipt this Period

35.00

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

110.00

**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 / 153

(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)

National Campaign Fund

A.

Full Name (Last, First, Middle Initial)

William Campbell

Mailing Address 2420 Lake Angelus Lane

City

Lake Angelus

State

Mi

Zip Code

48326

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

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

Transaction ID: INC.A.22988

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Charles Parrott III

Mailing Address 940 7th St NW

City

Largo

State

FL

Zip Code

33770

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

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

Transaction ID: INC.A.22560

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

John Adams

Mailing Address 1616 S. Peninsula Dr.

City

Daytona Beach

State

FL

Zip Code

32118

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Formerly Insurance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: INC.A.22068

Amount of Each Receipt this Period

100.00

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 73 / 153

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

Keith Barron

Mailing Address 4 Trafalgar Ct.

City

Columbia

State

SC

Zip Code

29209

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Barron Financial Group

Occupation  
insurance agent

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 9 / 2 0 0 9

Transaction ID: INC.A.23658

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Mary Proctor

Mailing Address 1096 Joe Joyner Rd.

City

Munford

State

TN

Zip Code

38058

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

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

Transaction ID: INC.A.23323

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Milton Armitage

Mailing Address N4298 County Rd. F

City

Bonduel

State

WI

Zip Code

54107-8408

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

535.00

Date of Receipt

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

Transaction ID: INC.A.24296

Amount of Each Receipt this Period

25.00

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

75.00

**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 74 / 153

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

John Burge

Mailing Address 9850 Sidney Road

City

Pensacola

State

FL

Zip Code

32507

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

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 9 / 3 0 / 2 0 0 9

Transaction ID: INC.A.22155

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Sheila Charmak

Mailing Address 1 Gates Place

City

Tappan

State

NY

Zip Code

10983

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NW Pharmacy

Occupation  
Pharmacy Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: INC.A.23171

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Patricia Lakoff

Mailing Address 804 Tallow Tree Court

City

Naples

State

FL

Zip Code

34108

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Not Employed

Occupation  
Retired

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 9 / 3 0 / 2 0 0 9

Transaction ID: INC.A.21809

Amount of Each Receipt this Period

25.00

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

75.00

**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 / 153

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

Kenneth Lindsay

Mailing Address 10433 County Road 136

City

Live Oak

State

FL

Zip Code

32060

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

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

Transaction ID: INC.A.22927

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Betty Parks

Mailing Address 133 Deer Creek LN

City

Minden

State

LA

Zip Code

71055

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Not Employed

Occupation  
Retired

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 9 / 3 0 / 2 0 0 9

Transaction ID: INC.A.21934

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Rod Smalt

Mailing Address 22520 Iverson Dr. #1002

City

Great Mills

State

MD

Zip Code

20634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DoD Contractor

Occupation  
Software Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

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

Transaction ID: INC.A.23220

Amount of Each Receipt this Period

35.00

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

85.00

**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 / 153

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

Philip Allen

Mailing Address 815 Yucca Street

City

Port Hueneme

State

CA

Zip Code

93041-2340

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Not Employed

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  
1 0 / 0 1 / 2 0 0 9

Transaction ID: INC.A.23634

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Sheila Charmak

Mailing Address 1 Gates Place

City

Tappan

State

NY

Zip Code

10983

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NW Pharmacy

Occupation

Pharmacy Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: INC.A.23172

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Albert Depew

Mailing Address P.O. Box 1932

City

Butler

State

PA

Zip Code

16003

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Depew & Assoc. Inc.

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID: INC.A.23199

Amount of Each Receipt this Period

50.00

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

125.00

**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 / 153

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

Mike Frisbie

Mailing Address 7793 East Hiway 4

City

Gypsum

State

KS

Zip Code

67448

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
brehmer homestead

Occupation  
millwright

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

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

Transaction ID: INC.A.25638

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Maria De Los Angeles Hernandez-Pistorino

Mailing Address 6535 SW 123 Street

City

Pinecrest

State

FL

Zip Code

33156

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Not employed

Occupation  
Volunteer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1570.00

Date of Receipt

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

Transaction ID: INC.A.23686

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Patricia Lakoff

Mailing Address 804 Tallow Tree Court

City

Naples

State

FL

Zip Code

34108

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Not Employed

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: INC.A.21810

Amount of Each Receipt this Period

25.00

**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 78 / 153

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

Kenneth Lindsay

Mailing Address 10433 County Road 136

City

Live Oak

State

FL

Zip Code

32060

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

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

Transaction ID: INC.A.22928

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Cecil Meadows

Mailing Address 930 Koae St

City

Honolulu

State

HI

Zip Code

96816

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
USN Retired

Occupation  
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  
1 0 / 0 1 / 2 0 0 9

Transaction ID: INC.A.21889

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Elizabeth Molumphy

Mailing Address 600 Devon Drive

City

Hillsborough

State

CA

Zip Code

94010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
registered nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: INC.A.22511

Amount of Each Receipt this Period

25.00

**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 79 / 153

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

Roni Smith

Mailing Address 203 E. Northside Ave

City

Marion

State

SC

Zip Code

29571

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Metlife

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

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

Transaction ID: INC.A.23265

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

John Burge

Mailing Address 9850 Sidney Road

City

Pensacola

State

FL

Zip Code

32507

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
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 0 / 0 2 / 2 0 0 9

Transaction ID: INC.A.22156

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Glenn Burns

Mailing Address 3931 Mud House Rd NE

City

Lancaster

State

OH

Zip Code

43130

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Glenn R. Burns DDS (self)

Occupation  
Dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: INC.A.24945

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 80 / 153

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

Sheila Charmak

Mailing Address 1 Gates Place

City

Tappan

State

NY

Zip Code

10983

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NW Pharmacy

Occupation

Pharmacy Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: INC.A.23173

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Cecil Meadows

Mailing Address 930 Koae St

City

Honolulu

State

HI

Zip Code

96816

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
USN Retired

Occupation

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  
1 0 / 0 2 / 2 0 0 9

Transaction ID: INC.A.21890

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Jo Ann Baughman

Mailing Address Po Box 1269

City

Philomath

State

OR

Zip Code

97370

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

farmer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

695.00

Date of Receipt

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

Transaction ID: INC.A.23783

Amount of Each Receipt this Period

35.00

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

110.00

**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 / 153

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

Barbara Taylor

Mailing Address 2 River Bend Circle

City

Exeter

State

NH

Zip Code

3833

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Attorney (Retired)

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

870.00

Date of Receipt

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

Transaction ID: INC.A.23969

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Milton Armitage

Mailing Address N4298 County Rd. F

City

Bonduel

State

WI

Zip Code

54107-8408

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

retired

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

535.00

Date of Receipt

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

Transaction ID: INC.A.24297

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Jo Ann Baughman

Mailing Address Po Box 1269

City

Philomath

State

OR

Zip Code

97370

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

farmer

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

695.00

Date of Receipt

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

Transaction ID: INC.A.23784

Amount of Each Receipt this Period

35.00

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

160.00

**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 82 / 153

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

Glenn Burns

Mailing Address 3931 Mud House Rd NE

City

Lancaster

State

OH

Zip Code

43130

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Glenn R. Burns DDS (self)

Occupation  
Dentist

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 0 / 1 3 / 2 0 0 9

Transaction ID: INC.A.24946

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Karen Curry

Mailing Address 111 E. Chestnut St. 51k

City

Chicago

State

IL

Zip Code

60611

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ROSENTHAL COLLINS GROUP

Occupation  
RESEARCH ANALYST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID: INC.A.23386

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mike Frisbie

Mailing Address 7793 East Hiway 4

City

Gypsum

State

KS

Zip Code

67448

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
brehmer homestead

Occupation  
millwright

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

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

Transaction ID: INC.A.25639

Amount of Each Receipt this Period

250.00

**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 83 / 153

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

Maria De Los Angeles Hernandez-Pistorino

Mailing Address 6535 SW 123 Street

City

Pinecrest

State

FL

Zip Code

33156

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Not employed

Occupation  
Volunteer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1570.00

Date of Receipt

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

Transaction ID: INC.A.23687

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Charles Parrott III

Mailing Address 940 7th St NW

City

Largo

State

FL

Zip Code

33770

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

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

Transaction ID: INC.A.22561

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Mary Proctor

Mailing Address 1096 Joe Joyner Rd.

City

Munford

State

TN

Zip Code

38058

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

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

Transaction ID: INC.A.23324

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 84 / 153

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

Rod Smalt

Mailing Address 22520 Iverson Dr. #1002

City

Great Mills

State

MD

Zip Code

20634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DoD Contractor

Occupation

Software Engineer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

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

Transaction ID: INC.A.23221

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Roni Smith

Mailing Address 203 E. Northside Ave

City

Marion

State

SC

Zip Code

29571

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Metlife

Occupation

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

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

Transaction ID: INC.A.23266

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Kenneth Lindsay

Mailing Address 10433 County Road 136

City

Live Oak

State

FL

Zip Code

32060

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

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

Transaction ID: INC.A.22929

Amount of Each Receipt this Period

25.00

**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 85 / 153

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

Arthur Fisher

Mailing Address 3239 Bullock Creek Dr.

City

Midland

State

MI

Zip Code

48640

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self employed

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 0 / 1 5 / 2 0 0 9

Transaction ID: INC.A.23354

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Patricia Lakoff

Mailing Address 804 Tallow Tree Court

City

Naples

State

FL

Zip Code

34108

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Not Employed

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: INC.A.21811

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Jo Ann Baughman

Mailing Address Po Box 1269

City

Philomath

State

OR

Zip Code

97370

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
farmer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

695.00

Date of Receipt

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

Transaction ID: INC.A.23785

Amount of Each Receipt this Period

35.00

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

160.00

**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 86 / 153

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

Milton Armitage

Mailing Address N4298 County Rd. F

City

Bonduel

State

WI

Zip Code

54107-8408

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

535.00

Date of Receipt

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

Transaction ID: INC.A.24298

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

John De Graffenried

Mailing Address 323 Unity Road

City

Trumbull

State

CT

Zip Code

6611

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sacred Heart University

Occupation  
associate professor

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 / 2 6 / 2 0 0 9

Transaction ID: INC.A.23152

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Arthur Fisher

Mailing Address 3239 Bullock Creek Dr.

City

Middland

State

MI

Zip Code

48640

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self employed

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 0 / 2 6 / 2 0 0 9

Transaction ID: INC.A.23355

Amount of Each Receipt this Period

100.00

**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)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 87 / 153

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

Maria De Los Angeles Hernandez-Pistorino

Mailing Address 6535 SW 123 Street

City

Pinecrest

State

FL

Zip Code

33156

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Not employed

Occupation  
Volunteer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1570.00

Date of Receipt

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

Transaction ID: INC.A.23688

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Kenneth Lindsay

Mailing Address 10433 County Road 136

City

Live Oak

State

FL

Zip Code

32060

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

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

Transaction ID: INC.A.22930

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Mary Proctor

Mailing Address 1096 Joe Joyner Rd.

City

Munford

State

TN

Zip Code

38058

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

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

Transaction ID: INC.A.23325

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 88 / 153

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

John Sampson

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  
Retired

Occupation  
retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: INC.A.24186

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

William Sullivant

Mailing Address 1600 Oak Park Circle

City

Gatesville

State

TX

Zip Code

76528

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
Consultant for Oil & Gas

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 / 2 7 / 2 0 0 9

Transaction ID: INC.A.25936

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

John De Graffenried

Mailing Address 323 Unity Road

City

Trumbull

State

CT

Zip Code

6611

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sacred Heart University

Occupation  
associate professor

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 / 3 0 / 2 0 0 9

Transaction ID: INC.A.23153

Amount of Each Receipt this Period

25.00

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

125.00

**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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

Maria De Los Angeles Hernandez-Pistorino

Mailing Address 6535 SW 123 Street

City

Pinecrest

State

FL

Zip Code

33156

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Not employed

Occupation  
Volunteer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1570.00

Date of Receipt

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

Transaction ID: INC.A.23689

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Patricia Lakoff

Mailing Address 804 Tallow Tree Court

City

Naples

State

FL

Zip Code

34108

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Not Employed

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: INC.A.21812

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Kenneth Lindsay

Mailing Address 10433 County Road 136

City

Live Oak

State

FL

Zip Code

32060

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

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

Transaction ID: INC.A.22931

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 90 / 153

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

Harvey Price

Mailing Address 70 Grants Lake Circle

City

Sugar Land

State

TX

Zip Code

79479

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

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

Transaction ID: INC.A.22600

Amount of Each Receipt this Period

35.00

**B.**

Full Name (Last, First, Middle Initial)

William Sullivant

Mailing Address 1600 Oak Park Circle

City

Gatesville

State

TX

Zip Code

76528

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
Consultant for Oil & Gas

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 / 3 1 / 2 0 0 9

Transaction ID: INC.A.25937

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Milton Armitage

Mailing Address N4298 County Rd. F

City

Bonduel

State

WI

Zip Code

54107-8408

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

535.00

Date of Receipt

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

Transaction ID: INC.A.24299

Amount of Each Receipt this Period

25.00

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

110.00

**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 91 / 153

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

Jerry Bauck

Mailing Address Po Box 2287

City

Oregon City

State

OR

Zip Code

97045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
heatmaster corp

Occupation  
hvac

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 1 / 0 1 / 2 0 0 9

Transaction ID: INC.A.24225

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Jerry Bauck

Mailing Address Po Box 2287

City

Oregon City

State

OR

Zip Code

97045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
heatmaster corp

Occupation  
hvac

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 1 / 0 1 / 2 0 0 9

Transaction ID: INC.A.24224

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Jo Ann Baughman

Mailing Address Po Box 1269

City

Philomath

State

OR

Zip Code

97370

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
farmer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

695.00

Date of Receipt

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

Transaction ID: INC.A.23786

Amount of Each Receipt this Period

35.00

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

85.00

**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 92 / 153

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

Robert Mcallister

Mailing Address 5629 Bear Creek Drive

City

Catheys Valley

State

CA

Zip Code

95306

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BloodSource

Occupation  
Driver

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 / 0 1 / 2 0 0 9

Transaction ID: INC.A.21864

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Jerry Bauck

Mailing Address Po Box 2287

City

Oregon City

State

OR

Zip Code

97045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
heatmaster corp

Occupation  
hvac

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 1 / 0 6 / 2 0 0 9

Transaction ID: INC.A.24226

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Jo Ann Baughman

Mailing Address Po Box 1269

City

Philomath

State

OR

Zip Code

97370

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
farmer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

695.00

Date of Receipt

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

Transaction ID: INC.A.23787

Amount of Each Receipt this Period

35.00

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

85.00

**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 93 / 153

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

Christopher Frederickson Ph.D.

Mailing Address 1122 Post Office Street

City

Galveston

State

TX

Zip Code

77550

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NeuroBioTex Inc

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

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

Transaction ID: INC.A.23010

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

James Iness

Mailing Address P.O. Box 18105

City

Dilley

State

TX

Zip Code

78017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Acock Engineering

Occupation  
Petroleum Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

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

Transaction ID: INC.A.22380

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Sidney H Kosann

Mailing Address 445 Park Ave. 9th Floor

City

New York

State

NY

Zip Code

10022

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF SKT LLC

Occupation  
INVESTMENT ADVISOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

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

Transaction ID: INC.A.21799

Amount of Each Receipt this Period

50.00

**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)  
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Detailed Summary Page

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(check only one)

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

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

Kenneth Lindsay

Mailing Address 10433 County Road 136

City

Live Oak

State

FL

Zip Code

32060

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

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

Transaction ID: INC.A.22932

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Mary Matthews

Mailing Address 4876 Patrick Road

City

Winnsboro

State

SC

Zip Code

29180

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Montgomery & Yarbrough

Occupation  
CPA

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 1 / 0 6 / 2 0 0 9

Transaction ID: INC.A.26059

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mihael Puc

Mailing Address 119 Gadwall Lane

City

Manlius

State

NY

Zip Code

13104

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
anesthesia group of onond-  
aga

Occupation  
anesthesiologist

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 1 / 0 6 / 2 0 0 9

Transaction ID: INC.A.26013

Amount of Each Receipt this Period

250.00

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

525.00

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

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

Use separate schedule(s)  
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(check only one)

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

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

Rod Smalt

Mailing Address 22520 Iverson Dr. #1002

City

Great Mills

State

MD

Zip Code

20634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DoD Contractor

Occupation

Software Engineer

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 / 0 6 / 2 0 0 9

Transaction ID: INC.A.23222

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Philip Allen

Mailing Address 815 Yucca Street

City

Port Hueneme

State

CA

Zip Code

93041-2340

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Not Employed

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  
1 1 / 0 7 / 2 0 0 9

Transaction ID: INC.A.23635

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Jerry Bauck

Mailing Address Po Box 2287

City

Oregon City

State

OR

Zip Code

97045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
heatmaster corp

Occupation

hvac

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: INC.A.24227

Amount of Each Receipt this Period

25.00

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

125.00

**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  
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FOR LINE NUMBER: PAGE 96 / 153

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

Jo Ann Baughman

Mailing Address Po Box 1269

City

Philomath

State

OR

Zip Code

97370

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
farmer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

695.00

Date of Receipt

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

Transaction ID: INC.A.23788

Amount of Each Receipt this Period

35.00

**B.**

Full Name (Last, First, Middle Initial)

Sheila Charmak

Mailing Address 1 Gates Place

City

Tappan

State

NY

Zip Code

10983

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NW Pharmacy

Occupation  
Pharmacy Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: INC.A.23174

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Lud Corrao

Mailing Address Po#12907

City

Reno

State

NV

Zip Code

89510

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

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 Y  
1 1 / 0 7 / 2 0 0 9

Transaction ID: INC.A.26241

Amount of Each Receipt this Period

100.00

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

160.00

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



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

Use separate schedule(s)  
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(check only one)

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

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

John De Graffenried

Mailing Address 323 Unity Road

City

Trumbull

State

CT

Zip Code

6611

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sacred Heart University

Occupation

associate professor

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 1 / 0 7 / 2 0 0 9

Transaction ID: INC.A.23154

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Mike Frisbie

Mailing Address 7793 East Hiway 4

City

Gypsum

State

KS

Zip Code

67448

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
brehmer homestead

Occupation

millwright

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

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

Transaction ID: INC.A.25640

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Kenneth Lindsay

Mailing Address 10433 County Road 136

City

Live Oak

State

FL

Zip Code

32060

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

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

Transaction ID: INC.A.22933

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  
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(check only one)

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

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

Charles Parrott III

Mailing Address 940 7th St NW

City

Largo

State

FL

Zip Code

33770

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

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

Transaction ID: INC.A.22562

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Roni Smith

Mailing Address 203 E. Northside Ave

City

Marion

State

SC

Zip Code

29571

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Metlife

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

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

Transaction ID: INC.A.23267

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Frank Straw

Mailing Address 69 Sunflower Lane

City

Kimberling City

State

MO

Zip Code

65686

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EnvTech Inc.

Occupation  
Chemist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

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

Transaction ID: INC.A.22725

Amount of Each Receipt this Period

25.00

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

75.00

**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

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(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)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

Jo Ann Baughman

Mailing Address Po Box 1269

City

Philomath

State

OR

Zip Code

97370

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
farmer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

695.00

Date of Receipt

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

Transaction ID: INC.A.23789

Amount of Each Receipt this Period

35.00

**B.**

Full Name (Last, First, Middle Initial)

Vicki Trimble

Mailing Address 105 Paul Wittke Drive

City

Healdsburg

State

CA

Zip Code

95448

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Not EmployedOccupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: INC.A.23569

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Milton Armitage

Mailing Address N4298 County Rd. F

City

Bonduel

State

WI

Zip Code

54107-8408

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

535.00

Date of Receipt

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

Transaction ID: INC.A.24300

Amount of Each Receipt this Period

25.00

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

85.00

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

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

Use separate schedule(s)  
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(check only one)

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

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

Sheila Charmak

Mailing Address 1 Gates Place

City

Tappan

State

NY

Zip Code

10983

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NW Pharmacy

Occupation

Pharmacy Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: INC.A.23175

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Robert Hinkley

Mailing Address 4904 Maunalani Circle

City

Honolulu

State

HI

Zip Code

96816

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: INC.A.23037

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

William Ritchie

Mailing Address 5302 Brookeway Dr

City

Bethesda

State

MD

Zip Code

20816

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

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

Transaction ID: INC.A.21965

Amount of Each Receipt this Period

250.00

**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  
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(check only one)

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

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

Milton Armitage

Mailing Address N4298 County Rd. F

City

Bonduel

State

WI

Zip Code

54107-8408

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

535.00

Date of Receipt

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

Transaction ID: INC.A.24301

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

William Campbell

Mailing Address 2420 Lake Angelus Lane

City

Lake Angelus

State

Mi

Zip Code

48326

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

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

Transaction ID: INC.A.22989

Amount of Each Receipt this Period

35.00

**C.**

Full Name (Last, First, Middle Initial)

Brian Ellsworth

Mailing Address 8 Barry Pl

City

Rocky Hill

State

CT

Zip Code

6067

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Otis Elevator

Occupation  
engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

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

Transaction ID: INC.A.26328

Amount of Each Receipt this Period

250.00

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

310.00

**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 102 / 153

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

Harold Weber

Mailing Address 6167 Applegate Dr

City

Spring Hill

State

FL

Zip Code

34606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Not Employed

Occupation  
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  
1 1 / 1 5 / 2 0 0 9

Transaction ID: INC.A.22950

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Jo Ann Baughman

Mailing Address Po Box 1269

City

Philomath

State

OR

Zip Code

97370

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
farmer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

695.00

Date of Receipt

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

Transaction ID: INC.A.23790

Amount of Each Receipt this Period

35.00

**C.**

Full Name (Last, First, Middle Initial)

Keith Barron

Mailing Address 4 Trafalgar Ct.

City

Columbia

State

SC

Zip Code

29209

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Barron Financial Group

Occupation  
insurance agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

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

Transaction ID: INC.A.23659

Amount of Each Receipt this Period

25.00

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

85.00

**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 103 / 153

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

Charles Parrott III

Mailing Address 940 7th St NW

City

Largo

State

FL

Zip Code

33770

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

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

Transaction ID: INC.A.22563

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

William Ritchie

Mailing Address 5302 Brookeway Dr

City

Bethesda

State

MD

Zip Code

20816

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

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

Transaction ID: INC.A.21966

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

William Sullivant

Mailing Address 1600 Oak Park Circle

City

Gatesville

State

TX

Zip Code

76528

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
Consultant for Oil & Gas

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 1 / 1 8 / 2 0 0 9

Transaction ID: INC.A.25938

Amount of Each Receipt this Period

50.00

**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 104 / 153

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

Barbara Taylor

Mailing Address 2 River Bend Circle

City

Exeter

State

NH

Zip Code

3833

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Attorney (Retired)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

870.00

Date of Receipt

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

Transaction ID: INC.A.23970

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Kenneth Lindsay

Mailing Address 10433 County Road 136

City

Live Oak

State

FL

Zip Code

32060

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

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

Transaction ID: INC.A.22934

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Keith Barron

Mailing Address 4 Trafalgar Ct.

City

Columbia

State

SC

Zip Code

29209

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Barron Financial Group

Occupation

insurance agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

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

Transaction ID: INC.A.23660

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 105 / 153

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

Janice Bennett

Mailing Address 2213 N. Sunrise Dr

City

Round Lake Beach

State

IL

Zip Code

60073

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Not Employed

Occupation

Chaplain

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 1 / 2 0 / 2 0 0 9

Transaction ID: INC.A.23381

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Glenn Burns

Mailing Address 3931 Mud House Rd NE

City

Lancaster

State

OH

Zip Code

43130

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Glenn R. Burns DDS (self)

Occupation

Dentist

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 / 2 0 / 2 0 0 9

Transaction ID: INC.A.24947

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Sheila Charmak

Mailing Address 1 Gates Place

City

Tappan

State

NY

Zip Code

10983

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NW Pharmacy

Occupation

Pharmacy Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: INC.A.23176

Amount of Each Receipt this Period

25.00

**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 106 / 153

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

Lud Corrao

Mailing Address Po#12907

City

Reno

State

NV

Zip Code

89510

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

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 Y  
1 1 / 2 0 / 2 0 0 9

Transaction ID: INC.A.26242

Amount of Each Receipt this Period

35.00

**B.**

Full Name (Last, First, Middle Initial)

Maria De Los Angeles Hernandez-Pistorino

Mailing Address 6535 SW 123 Street

City

Pinecrest

State

FL

Zip Code

33156

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Not employed

Occupation  
Volunteer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1570.00

Date of Receipt

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

Transaction ID: INC.A.23690

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Maria De Los Angeles Hernandez-Pistorino

Mailing Address 6535 SW 123 Street

City

Pinecrest

State

FL

Zip Code

33156

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Not employed

Occupation  
Volunteer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1570.00

Date of Receipt

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

Transaction ID: INC.A.23691

Amount of Each Receipt this Period

35.00

**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 107 / 153

(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)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

James Iness

Mailing Address P.O. Box 18105

City

Dilley

State

TX

Zip Code

78017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Acock Engineering

Occupation

Petroleum Consultant

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

325.00

Date of Receipt

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

Transaction ID: INC.A.22381

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Harold Weber

Mailing Address 6167 Applegate Dr

City

Spring Hill

State

FL

Zip Code

34606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Not Employed

Occupation

retired

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID: INC.A.22951

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Harold Weber

Mailing Address 6167 Applegate Dr

City

Spring Hill

State

FL

Zip Code

34606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Not Employed

Occupation

retired

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID: INC.A.22952

Amount of Each Receipt this Period

25.00

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 108 / 153

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

John De Graffenried

Mailing Address 323 Unity Road

City

Trumbull

State

CT

Zip Code

6611

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sacred Heart University

Occupation

associate professor

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 1 / 3 0 / 2 0 0 9

Transaction ID: INC.A.23155

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

John Adams

Mailing Address 1616 S. Peninsula Dr.

City

Daytona Beach

State

FL

Zip Code

32118

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Formerly Insurance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: INC.A.22069

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Sidney H Kosann

Mailing Address 445 Park Ave. 9th Floor

City

New York

State

NY

Zip Code

10022

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF SKT LLC

Occupation

INVESTMENT ADVISOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

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

Transaction ID: INC.A.21800

Amount of Each Receipt this Period

35.00

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

160.00

**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 109 / 153

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

Kenneth Lindsay

Mailing Address 10433 County Road 136

City

Live Oak

State

FL

Zip Code

32060

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

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

Transaction ID: INC.A.22935

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

William Sullivant

Mailing Address 1600 Oak Park Circle

City

Gatesville

State

TX

Zip Code

76528

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
Consultant for Oil & Gas

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 2 / 0 2 / 2 0 0 9

Transaction ID: INC.A.25939

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Milton Armitage

Mailing Address N4298 County Rd. F

City

Bonduel

State

WI

Zip Code

54107-8408

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

535.00

Date of Receipt

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

Transaction ID: INC.A.24302

Amount of Each Receipt this Period

25.00

**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 110 / 153

(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)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

Glenn Burns

Mailing Address 3931 Mud House Rd NE

City

Lancaster

State

OH

Zip Code

43130

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Glenn R. Burns DDS (self)Occupation  
Dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: INC.A.24948

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Wayne Hauck

Mailing Address 2661 Browning Drive

City

Virginia Beach

State

VA

Zip Code

23456

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
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	2	/	0	3	/	2	0	0	9

Transaction ID: INC.A.22339

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Maria De Los Angeles Hernandez-Pistorino

Mailing Address 6535 SW 123 Street

City

Pinecrest

State

FL

Zip Code

33156

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Not employedOccupation  
Volunteer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1570.00

Date of Receipt

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

Transaction ID: INC.A.23692

Amount of Each Receipt this Period

100.00

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 111 / 153

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

John Lehman

Mailing Address 554 Pine Street

City

Meadville

State

PA

Zip Code

16335-2954

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
USAF

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

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

Transaction ID: INC.A.23604

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Robert Mcallister

Mailing Address 5629 Bear Creek Drive

City

Catheys Valley

State

CA

Zip Code

95306

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BloodSource

Occupation  
Driver

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 / 0 3 / 2 0 0 9

Transaction ID: INC.A.21865

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Charles Parrott III

Mailing Address 940 7th St NW

City

Largo

State

FL

Zip Code

33770

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

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

Transaction ID: INC.A.22564

Amount of Each Receipt this Period

25.00

**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 112 / 153

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

Mary Proctor

Mailing Address 1096 Joe Joyner Rd.

City

Munford

State

TN

Zip Code

38058

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

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

Transaction ID: INC.A.23326

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

John Herbert Sullivan

Mailing Address 22 Charles River Square

City

Boston

State

MA

Zip Code

2114

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sullivan Risk Management  
Group

Occupation  
Chairman & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: INC.A.23116

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Harold Weber

Mailing Address 6167 Applegate Dr

City

Spring Hill

State

FL

Zip Code

34606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Not Employed

Occupation  
retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID: INC.A.22953

Amount of Each Receipt this Period

25.00

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

75.00

**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 113 / 153

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

Sheila Charmak

Mailing Address 1 Gates Place

City

Tappan

State

NY

Zip Code

10983

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NW Pharmacy

Occupation

Pharmacy Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: INC.A.23177

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Albert Depew

Mailing Address P.O. Box 1932

City

Butler

State

PA

Zip Code

16003

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Depew & Assoc. Inc.

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID: INC.A.23200

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mike Frisbie

Mailing Address 7793 East Hiway 4

City

Gypsum

State

KS

Zip Code

67448

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
brehmer homestead

Occupation

millwright

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

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

Transaction ID: INC.A.25641

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 114 / 153

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

Robert Mcallister

Mailing Address 5629 Bear Creek Drive

City

Catheys Valley

State

CA

Zip Code

95306

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BloodSource

Occupation  
Driver

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 / 0 5 / 2 0 0 9

Transaction ID: INC.A.21866

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Elizabeth Molumphy

Mailing Address 600 Devon Drive

City

Hillsborough

State

CA

Zip Code

94010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
registered nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: INC.A.22512

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Milton Armitage

Mailing Address N4298 County Rd. F

City

Bonduel

State

WI

Zip Code

54107-8408

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

535.00

Date of Receipt

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

Transaction ID: INC.A.24303

Amount of Each Receipt this Period

25.00

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

75.00

**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 115 / 153

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

Keith Barron

Mailing Address 4 Trafalgar Ct.

City

Columbia

State

SC

Zip Code

29209

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Barron Financial Group

Occupation  
insurance agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

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

Transaction ID: INC.A.23661

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Glenn Burns

Mailing Address 3931 Mud House Rd NE

City

Lancaster

State

OH

Zip Code

43130

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Glenn R. Burns DDS (self)

Occupation  
Dentist

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: INC.A.24949

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Brian Ellsworth

Mailing Address 8 Barry Pl

City

Rocky Hill

State

CT

Zip Code

6067

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Otis Elevator

Occupation  
engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

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

Transaction ID: INC.A.26329

Amount of Each Receipt this Period

25.00

**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 116 / 153

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

Maria De Los Angeles Hernandez-Pistorino

Mailing Address 6535 SW 123 Street

City

Pinecrest

State

FL

Zip Code

33156

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Not employed

Occupation  
Volunteer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1570.00

Date of Receipt

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

Transaction ID: INC.A.23693

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Rod Smalt

Mailing Address 22520 Iverson Dr. #1002

City

Great Mills

State

MD

Zip Code

20634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DoD Contractor

Occupation  
Software Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

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

Transaction ID: INC.A.23223

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Roni Smith

Mailing Address 203 E. Northside Ave

City

Marion

State

SC

Zip Code

29571

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Metlife

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

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

Transaction ID: INC.A.23268

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

Harold Weber

Mailing Address 6167 Applegate Dr

City

Spring Hill

State

FL

Zip Code

34606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Not Employed

Occupation  
retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID: INC.A.22954

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

John De Graffenried

Mailing Address 323 Unity Road

City

Trumbull

State

CT

Zip Code

6611

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sacred Heart University

Occupation  
associate professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: INC.A.23156

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Janice Bennett

Mailing Address 2213 N. Sunrise Dr

City

Round Lake Beach

State

IL

Zip Code

60073

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Not Employed

Occupation  
Chaplain

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: INC.A.23382

Amount of Each Receipt this Period

25.00

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

75.00

**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 118 / 153

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

Milton Armitage

Mailing Address N4298 County Rd. F

City

Bonduel

State

WI

Zip Code

54107-8408

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

535.00

Date of Receipt

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

Transaction ID: INC.A.24304

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Jo Ann Baughman

Mailing Address Po Box 1269

City

Philomath

State

OR

Zip Code

97370

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
farmer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

695.00

Date of Receipt

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

Transaction ID: INC.A.23791

Amount of Each Receipt this Period

35.00

**C.**

Full Name (Last, First, Middle Initial)

Sheila Charmak

Mailing Address 1 Gates Place

City

Tappan

State

NY

Zip Code

10983

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NW Pharmacy

Occupation  
Pharmacy Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: INC.A.23178

Amount of Each Receipt this Period

25.00

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

85.00

**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 119 / 153

(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)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

Patricia Lakoff

Mailing Address 804 Tallow Tree Court

City

Naples

State

FL

Zip Code

34108

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Not EmployedOccupation  
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	2		2	0		2	0	0	9

Transaction ID: INC.A.21813

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Kenneth Lindsay

Mailing Address 10433 County Road 136

City

Live Oak

State

FL

Zip Code

32060

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

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

Transaction ID: INC.A.22936

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Charles Parrott III

Mailing Address 940 7th St NW

City

Largo

State

FL

Zip Code

33770

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

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

Transaction ID: INC.A.22565

Amount of Each Receipt this Period

25.00

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 120 / 153

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

John Herbert Sullivan

Mailing Address 22 Charles River Square

City

Boston

State

MA

Zip Code

2114

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sullivan Risk Management  
Group

Occupation

Chairman & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: INC.A.23117

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Steve D. Weaver

Mailing Address 1409 Jeff Davis Dr

City

Tyler

State

TX

Zip Code

75703

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SDW & Associates Inc.

Occupation

Civil Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

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

Transaction ID: INC.A.23433

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Harold Weber

Mailing Address 6167 Applegate Dr

City

Spring Hill

State

FL

Zip Code

34606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Not Employed

Occupation

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  
1 2 / 2 0 / 2 0 0 9

Transaction ID: INC.A.22955

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 121 / 153

(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)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

Philip Allen

Mailing Address 815 Yucca Street

City

Port Hueneme

State

CA

Zip Code

93041-2340

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Not EmployedOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

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

Transaction ID: INC.A.23636

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Charles Parrott III

Mailing Address 940 7th St NW

City

Largo

State

FL

Zip Code

33770

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

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

Transaction ID: INC.A.22566

Amount of Each Receipt this Period

35.00

**C.**

Full Name (Last, First, Middle Initial)

William Sullivant

Mailing Address 1600 Oak Park Circle

City

Gatesville

State

TX

Zip Code

76528

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-EmployedOccupation  
Consultant for Oil & Gas

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: INC.A.25940

Amount of Each Receipt this Period

50.00

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

135.00

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 122 / 153

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

Harold Weber

Mailing Address 6167 Applegate Dr

City

Spring Hill

State

FL

Zip Code

34606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Not Employed

Occupation  
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  
1 2 / 2 9 / 2 0 0 9

Transaction ID: INC.A.22956

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Sheila Charmak

Mailing Address 1 Gates Place

City

Tappan

State

NY

Zip Code

10983

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NW Pharmacy

Occupation  
Pharmacy Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: INC.A.23179

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Lud Corrao

Mailing Address Po#12907

City

Reno

State

NV

Zip Code

89510

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

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 Y  
1 2 / 3 0 / 2 0 0 9

Transaction ID: INC.A.26243

Amount of Each Receipt this Period

100.00

**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 123 / 153

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)

Kenneth Lindsay

Mailing Address 10433 County Road 136

City

Live Oak

State

FL

Zip Code

32060

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

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

Transaction ID: INC.A.22937

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Elizabeth Molumphy

Mailing Address 600 Devon Drive

City

Hillsborough

State

CA

Zip Code

94010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
registered nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: INC.A.22513

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Harold Weber

Mailing Address 6167 Applegate Dr

City

Spring Hill

State

FL

Zip Code

34606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Not Employed

Occupation  
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  
1 2 / 3 0 / 2 0 0 9

Transaction ID: INC.A.22957

Amount of Each Receipt this Period

25.00

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

75.00

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

18160.00

# **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 124 / 153

<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)  
National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)  
Eagle Publishing

Mailing Address One Massachusetts Ave., 6th Floor

City Washington State DC Zip Code 20001

Purpose of Disbursement  
E-mail broadcasts

Candidate Name

003  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

**Transaction ID:** EXP.B.16292

Date of Disbursement

07 / 01 / 2009

Amount of Each Disbursement this Period

674.00

**B.**

Full Name (Last, First, Middle Initial)  
Barrett Garcia

Mailing Address 32302 Camino Capistrano #214

City San Juan Capistran State CA Zip Code 92675

Purpose of Disbursement  
Accounting services

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

**Transaction ID:** EXP.B.16293

Date of Disbursement

07 / 03 / 2009

Amount of Each Disbursement this Period

459.23

**C.**

Full Name (Last, First, Middle Initial)  
Landslide Communications

Mailing Address 30011 Ivy Glenn Dr., Ste 223

City Laguna Niguel State CA Zip Code 92677

Purpose of Disbursement  
General committee management

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

**Transaction ID:** EXP.B.16294

Date of Disbursement

07 / 09 / 2009

Amount of Each Disbursement this Period

3000.00

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

4133.23

**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 125 / 153

<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)  
National Campaign Fund

<b>A.</b>	<p>Full Name (Last, First, Middle Initial) Visteva</p> <p>Mailing Address 12881 Knott Street, Ste 105</p> <p>City Garden Grove State CA Zip Code 92841</p> <p>Purpose of Disbursement Web expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> EXP.B.16298</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1250.00"/></p>
<b>B.</b>	<p>Full Name (Last, First, Middle Initial) Excellentia Inc.</p> <p>Mailing Address 4224 67th Ave CT W</p> <p>City University Place State WA Zip Code 98466</p> <p>Purpose of Disbursement General committee management</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> EXP.B.16297</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="5000.00"/></p>
<b>C.</b>	<p>Full Name (Last, First, Middle Initial) SunTrust Merchant Services</p> <p>Mailing Address 1 Western Maryland Parkway</p> <p>City Hagerstown State MD Zip Code 21740</p> <p>Purpose of Disbursement merchant fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> EXP.B.16296</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="105.00"/></p>

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

**6355.00**

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

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

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

FOR LINE NUMBER:  
(check only one)

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<input 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)  
National Campaign Fund

<b>A.</b> Full Name (Last, First, Middle Initial) SunTrust Merchant Services	<b>Transaction ID:</b> EXP.B.16299 <b>Date of Disbursement</b>
Mailing Address 1 Western Maryland Parkway	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 5 / 2 0 0 9</div> </div>
City Hagerstown State MD Zip Code 21740 Purpose of Disbursement Merchant fees Candidate Name	<b>Amount of Each Disbursement this Period</b> <div>569.20</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Eagle Publishing	<b>Transaction ID:</b> EXP.B.16301 <b>Date of Disbursement</b>
Mailing Address One Massachusetts Ave., 6th Floor	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 6 / 2 0 0 9</div> </div>
City Washington State DC Zip Code 20001 Purpose of Disbursement E-mail broadcast Candidate Name	<b>Amount of Each Disbursement this Period</b> <div>2643.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) SunTrust Merchant Services	<b>Transaction ID:</b> EXP.B.16303 <b>Date of Disbursement</b>
Mailing Address 1 Western Maryland Parkway	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 2 1 / 2 0 0 9</div> </div>
City Hagerstown State MD Zip Code 21740 Purpose of Disbursement Merchant fees Candidate Name	<b>Amount of Each Disbursement this Period</b> <div>166.25</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

**3378.45**

**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 127 / 153

<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)  
National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)  
C4Strategies

Mailing Address 8230 Catbird Circle #302

City Lorton State VA Zip Code 22079

Purpose of Disbursement  
Website expenses

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

**Transaction ID:** EXP.B.16304

Date of Disbursement

07 / 23 / 2009

Amount of Each Disbursement this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)  
Excellentia Inc.

Mailing Address 4224 67th Ave CT W

City University Place State WA Zip Code 98466

Purpose of Disbursement  
General committee management

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

**Transaction ID:** EXP.B.16306

Date of Disbursement

07 / 24 / 2009

Amount of Each Disbursement this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)  
NetFile

Mailing Address 2707 Aurora Road

City Mariposa State CA Zip Code 95338

Purpose of Disbursement  
Web Service

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

**Transaction ID:** EXP.B.16307

Date of Disbursement

07 / 28 / 2009

Amount of Each Disbursement this Period

455.00

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

10455.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 128 / 153

<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)  
National Campaign Fund

<b>A.</b> Full Name (Last, First, Middle Initial) Endeavor Media Group, LLC	<b>Transaction ID:</b> EXP.B.16311 <b>Date of Disbursement</b>
Mailing Address 8787 Sienna Springs #128	<div> <div>07</div> <div>30</div> <div>2009</div> </div>
City Missouri City State TX Zip Code 77459	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement E-mail list rentals Candidate Name	<div>2495.00</div> <div>003 Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) SunTrust Merchant Services	<b>Transaction ID:</b> EXP.B.16310 <b>Date of Disbursement</b>
Mailing Address 1 Western Maryland Parkway	<div> <div>07</div> <div>30</div> <div>2009</div> </div>
City Hagerstown State MD Zip Code 21740	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Merchant fees Candidate Name	<div>14.00</div> <div>001 Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Barrett Garcia	<b>Transaction ID:</b> EXP.B.21410 <b>Date of Disbursement</b>
Mailing Address 32302 Camino Capistrano #214	<div> <div>07</div> <div>31</div> <div>2009</div> </div>
City San Juan Capistran State CA Zip Code 92675	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Accounting services Candidate Name	<div>690.35</div> <div>002 Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

**3199.35**

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



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 129 / 153

<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)  
National Campaign Fund

<b>A.</b> Full Name (Last, First, Middle Initial) Eagle Publishing	<b>Transaction ID:</b> EXP.B.21411 <b>Date of Disbursement</b>																				
Mailing Address One Massachusetts Ave., 6th Floor	<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 Washington State DC Zip Code 20001	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Email broadcast Candidate Name	<table border="1"> <tr> <td colspan="10">4278.00</td> </tr> </table>	4278.00																			
4278.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Endeavor Media Group, LLC	<b>Transaction ID:</b> EXP.B.21414 <b>Date of Disbursement</b>																				
Mailing Address 8787 Sienna Springs #128	<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>6</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	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		0	6		2	0	0	9												
City Missouri City State TX Zip Code 77459	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Email list rentals Candidate Name	<table border="1"> <tr> <td colspan="10">2430.00</td> </tr> </table>	2430.00																			
2430.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) SunTrust Merchant Services	<b>Transaction ID:</b> EXP.B.21413 <b>Date of Disbursement</b>																				
Mailing Address 1 Western Maryland Parkway	<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>6</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	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		0	6		2	0	0	9												
City Hagerstown State MD Zip Code 21740	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Merchant fees Candidate Name	<table border="1"> <tr> <td colspan="10">180.20</td> </tr> </table>	180.20																			
180.20																					
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) .....

6888.20

**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 130 / 153

<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)  
National Campaign Fund

<b>A.</b> Full Name (Last, First, Middle Initial) Excellentia Inc.	<b>Transaction ID:</b> EXP.B.21417 <b>Date of Disbursement</b>																				
Mailing Address 4224 67th Ave CT 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>1</td><td>2</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		1	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	2		2	0	0	9												
City State Zip Code University Place WA 98466 Purpose of Disbursement General committee management fees Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>5000.00</td> </tr> </table>	5000.00																			
5000.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	001 Category/ Type																				
<b>B.</b> Full Name (Last, First, Middle Initial) SunTrust Merchant Services	<b>Transaction ID:</b> EXP.B.21416 <b>Date of Disbursement</b>																				
Mailing Address 1 Western Maryland Parkway	<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>1</td><td>2</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		1	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	2		2	0	0	9												
City State Zip Code Hagerstown MD 21740 Purpose of Disbursement Merchant fees Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>853.34</td> </tr> </table>	853.34																			
853.34																					
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) ▼	001 Category/ Type																				
<b>C.</b> Full Name (Last, First, Middle Initial) Eagle Publishing	<b>Transaction ID:</b> EXP.B.21419 <b>Date of Disbursement</b>																				
Mailing Address One Massachusetts Ave., 6th Floor	<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>1</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	0	8		1	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	9		2	0	0	9												
City State Zip Code Washington DC 20001 Purpose of Disbursement Email broadcast Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>397.50</td> </tr> </table>	397.50																			
397.50																					
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) ▼	003 Category/ Type																				

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

6250.84

**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)

PAGE 131 / 153

<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)  
National Campaign Fund

<b>A.</b> Full Name (Last, First, Middle Initial) Landslide Communications	<b>Transaction ID:</b> EXP.B.21418 <b>Date of Disbursement</b>																				
Mailing Address 30011 Ivy Glenn Dr., Ste 223	<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>1</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	0	8		1	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	9		2	0	0	9												
City Laguna Niguel State CA Zip Code 92677	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name	<table border="1"> <tr> <td>001</td> </tr> </table> Category/ Type	001																			
001																					
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>B.</b> Full Name (Last, First, Middle Initial) Eagle Publishing	<b>Transaction ID:</b> EXP.B.21420 <b>Date of Disbursement</b>																				
Mailing Address One Massachusetts Ave., 6th Floor	<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>2</td><td>8</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		2	8		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	8		2	0	0	9												
City Washington State DC Zip Code 20001	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement E-mail broadcast	<table border="1"> <tr> <td>292.50</td> </tr> </table>	292.50																			
292.50																					
Candidate Name	<table border="1"> <tr> <td>003</td> </tr> </table> Category/ Type	003																			
003																					
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>C.</b> Full Name (Last, First, Middle Initial) Landslide Communications	<b>Transaction ID:</b> EXP.B.21421 <b>Date of Disbursement</b>																				
Mailing Address 30011 Ivy Glenn Dr., Ste 223	<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>9</td><td></td><td>0</td><td>1</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	9		0	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		0	1		2	0	0	9												
City Laguna Niguel State CA Zip Code 92677	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Committee management fees	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name	<table border="1"> <tr> <td>001</td> </tr> </table> Category/ Type	001																			
001																					
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) .....

**2292.50**

**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 132 / 153

<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)  
National Campaign Fund

<b>A.</b> Full Name (Last, First, Middle Initial) Excellentia Inc.	<b>Transaction ID:</b> EXP.B.21424 <b>Date of Disbursement</b>
Mailing Address 4224 67th Ave CT W	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 2 / 2 0 0 9</div> </div>
City State Zip Code University Place WA 98466 Purpose of Disbursement Committee management fees Candidate Name	<b>Amount of Each Disbursement this Period</b> <div>5000.00</div>
<div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	<div>001</div> <div>Category/Type</div>
<b>B.</b> Full Name (Last, First, Middle Initial) SunTrust Merchant Services	<b>Transaction ID:</b> EXP.B.21423 <b>Date of Disbursement</b>
Mailing Address 1 Western Maryland Parkway	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 2 / 2 0 0 9</div> </div>
City State Zip Code Hagerstown MD 21740 Purpose of Disbursement Merchant fees Candidate Name	<b>Amount of Each Disbursement this Period</b> <div>407.41</div>
<div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	<div>001</div> <div>Category/Type</div>
<b>C.</b> Full Name (Last, First, Middle Initial) Landslide Communications	<b>Transaction ID:</b> EXP.B.21427 <b>Date of Disbursement</b>
Mailing Address 30011 Ivy Glenn Dr., Ste 223	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 3 / 2 0 0 9</div> </div>
City State Zip Code Laguna Niguel CA 92677 Purpose of Disbursement Candidate Name	<b>Amount of Each Disbursement this Period</b> <div>1000.00</div>
<div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	<div>001</div> <div>Category/Type</div>

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

6407.41

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

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
National Campaign Fund

Full Name (Last, First, Middle Initial)  
Barrett Garcia & Co.

Mailing Address 32302 Camino Capistrano #214

City	State	Zip Code
San Juan Capistran	CA	92675

Purpose of Disbursement Accounting
Candidate Name

Category/ Type	001
-------------------	-----

Office Sought: ☐ House  
☐ Senate  
☐ President

State:  District:

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

**Transaction ID:** EXP.B.21429  
**Date of Disbursement**

MM / DD / YYYY

Amount of Each Disbursement this Period

510.35

Full Name (Last, First, Middle Initial)  
C4Strategies

Mailing Address 8230 Catbird Circle #302

City	State	Zip Code
Lorton	VA	22079

Purpose of Disbursement	Website Expense	Candidate Name

Category/ Type	001
-------------------	-----

Office Sought: ☐ House  
☐ Senate  
☐ President

State:  District:

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Transaction ID: EXP.B.21428

Date of Disbursement

Amount of Each Disbursement this Period

8758.33

Full Name (Last, First, Middle Initial)  
Excellentia Inc.

Mailing Address 4224 67th Ave CT W

City	State	Zip Code
University Place	WA	98466

Purpose of Disbursement
General committee management fees
Candidate Name

Category/ Type	001
-------------------	-----

Office Sought: ☐ House  
☐ Senate  
☐ President

State:  District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Transaction ID: EXP.B.21433

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

5000.00

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

**14268.68**

**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 134 / 153

<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)  
National Campaign Fund

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Landslide Communications</p> <p>Mailing Address 30011 Ivy Glenn Dr., Ste 223</p> <p>City Laguna Niguel State CA Zip Code 92677</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> EXP.B.21435</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="5"/> / <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><input type="text" value="1000.00"/></p> <p><input type="text" value="001"/> Category/Type</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) SunTrust Merchant Services</p> <p>Mailing Address 1 Western Maryland Parkway</p> <p>City Hagerstown State MD Zip Code 21740</p> <p>Purpose of Disbursement Merchant fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> EXP.B.21431</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="5"/> / <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><input type="text" value="598.35"/></p> <p><input type="text" value="001"/> Category/Type</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Wewer &amp; Lacy, LLP</p> <p>Mailing Address 30011 Ivy Glenn Dr. #223</p> <p>City Laguna Niguel State CA Zip Code 92677</p> <p>Purpose of Disbursement Legal</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> EXP.B.21434</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="5"/> / <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><input type="text" value="1000.00"/></p> <p><input type="text" value="001"/> Category/Type</p>

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

**2598.35**

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 135 / 153

<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)  
National Campaign Fund

<b>A.</b> Full Name (Last, First, Middle Initial) Eagle Publishing	<b>Transaction ID:</b> EXP.B.21437 <b>Date of Disbursement</b>																				
Mailing Address One Massachusetts Ave., 6th Floor	<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>9</td><td></td><td>1</td><td>8</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	9		1	8		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		1	8		2	0	0	9												
City Washington State DC Zip Code 20001	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement E-mail broadcast Candidate Name	<table border="1"> <tr> <td colspan="10">2232.00</td> </tr> </table>	2232.00																			
2232.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) James Lacy	<b>Transaction ID:</b> EXP.B.21459 <b>Date of Disbursement</b>																				
Mailing Address 30011 Ivy Glenn Dr #223	<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>9</td><td></td><td>1</td><td>8</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	9		1	8		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		1	8		2	0	0	9												
City Laguna Niguel State CA Zip Code 92677	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Meeting Expense Candidate Name	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Capitol Resources, Inc.	<b>Transaction ID:</b> EXP.B.21457 <b>Date of Disbursement</b>																				
Mailing Address 700 E. Pleasant St. PO Box 257	<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>9</td><td></td><td>2</td><td>3</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	9		2	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		2	3		2	0	0	9												
City Brooklyn State IA Zip Code 52211	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Telephone Fundraising Candidate Name	<table border="1"> <tr> <td colspan="10">509.99</td> </tr> </table>	509.99																			
509.99																					
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) .....**3741.99****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 136 / 153

<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)  
National Campaign Fund

<b>A.</b> Full Name (Last, First, Middle Initial) Landslide Communications	<b>Transaction ID:</b> EXP.B.21458 <b>Date of Disbursement</b>																				
Mailing Address 30011 Ivy Glenn Dr., Ste 223	<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>9</td><td></td><td>2</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	9		2	4		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		2	4		2	0	0	9												
City Laguna Niguel State CA Zip Code 92677	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name	<table border="1"> <tr> <td>001</td> </tr> </table> Category/ Type	001																			
001																					
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>B.</b> Full Name (Last, First, Middle Initial) Eagle Publishing	<b>Transaction ID:</b> EXP.B.21462 <b>Date of Disbursement</b>																				
Mailing Address One Massachusetts Ave., 6th Floor	<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>9</td><td></td><td>2</td><td>5</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	9		2	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		2	5		2	0	0	9												
City Washington State DC Zip Code 20001	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement E-mail broadcast	<table border="1"> <tr> <td>2000.00</td> </tr> </table>	2000.00																			
2000.00																					
Candidate Name	<table border="1"> <tr> <td>003</td> </tr> </table> Category/ Type	003																			
003																					
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>C.</b> Full Name (Last, First, Middle Initial) Excellentia Inc.	<b>Transaction ID:</b> EXP.B.21463 <b>Date of Disbursement</b>																				
Mailing Address 4224 67th Ave CT 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>9</td><td></td><td>2</td><td>5</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	9		2	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		2	5		2	0	0	9												
City University Place State WA Zip Code 98466	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement General committee management fees	<table border="1"> <tr> <td>5000.00</td> </tr> </table>	5000.00																			
5000.00																					
Candidate Name	<table border="1"> <tr> <td>001</td> </tr> </table> Category/ Type	001																			
001																					
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) .....

8000.00

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



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 137 / 153

<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)  
National Campaign Fund

<b>A.</b> Full Name (Last, First, Middle Initial) SunTrust Merchant Services	<b>Transaction ID:</b> EXP.B.21461 <b>Date of Disbursement</b>
Mailing Address 1 Western Maryland Parkway	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 5 / 2 0 0 9</div> </div>
City Hagerstown State MD Zip Code 21740	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Merchant Fees Candidate Name	<div> <div>153.63</div> <div>001</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Authorize.net	<b>Transaction ID:</b> EXP.B.21493 <b>Date of Disbursement</b>
Mailing Address 8230 Catbird Circle	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 0 2 / 2 0 0 9</div> </div>
City Lorton State VA Zip Code 22079	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Internet Gateway charges Candidate Name	<div> <div>124.40</div> <div>001</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Endeavor Media Group, LLC	<b>Transaction ID:</b> EXP.B.21491 <b>Date of Disbursement</b>
Mailing Address 8787 Sienna Springs #128	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 0 2 / 2 0 0 9</div> </div>
City Missouri City State TX Zip Code 77459	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement E-mail lists Candidate Name	<div> <div>950.00</div> <div>003</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

1228.03

**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)

PAGE 138 / 153

<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)  
National Campaign Fund

<b>A.</b> Full Name (Last, First, Middle Initial) C4Strategies	<b>Transaction ID:</b> EXP.B.21499 <b>Date of Disbursement</b>																				
Mailing Address 8230 Catbird Circle #302	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>6</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	0		0	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	6		2	0	0	9												
City Lorton State VA Zip Code 22079	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Website expense Candidate Name	<table border="1"> <tr> <td colspan="10">10743.83</td> </tr> </table>	10743.83																			
10743.83																					
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>B.</b> Full Name (Last, First, Middle Initial) Barrett Garcia	<b>Transaction ID:</b> EXP.B.21501 <b>Date of Disbursement</b>																				
Mailing Address 32302 Camino Capistrano #214	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>6</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	0		0	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	6		2	0	0	9												
City San Juan Capistran State CA Zip Code 92675	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Accounting services Candidate Name	<table border="1"> <tr> <td colspan="10">572.70</td> </tr> </table>	572.70																			
572.70																					
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>C.</b> Full Name (Last, First, Middle Initial) NetFile	<b>Transaction ID:</b> EXP.B.21502 <b>Date of Disbursement</b>																				
Mailing Address 2707 Aurora Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>7</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	0		0	7		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	7		2	0	0	9												
City Mariposa State CA Zip Code 95338	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Web Service Candidate Name	<table border="1"> <tr> <td colspan="10">455.00</td> </tr> </table>	455.00																			
455.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

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

11771.53

**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 139 / 153

<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)  
National Campaign Fund

<p><b>A.</b> Full Name (Last, First, Middle Initial) Wewer &amp; Lacy, LLP</p> <p>Mailing Address 30011 Ivy Glenn Dr. #223</p> <p>City Laguna Niguel State CA Zip Code 92677</p> <p>Purpose of Disbursement Legal</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> EXP.B.21503</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="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><input type="text" value="1000.00"/></p> <p>001 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Capitol Resources, Inc.</p> <p>Mailing Address 700 E. Pleasant St. PO Box 257</p> <p>City Brooklyn State IA Zip Code 52211</p> <p>Purpose of Disbursement Telephone Fundraising</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> EXP.B.21504</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="4"/> / <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><input type="text" value="1234.72"/></p> <p>003 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Eagle Publishing</p> <p>Mailing Address One Massachusetts Ave., 6th Floor</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement E-mail broadcast</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> EXP.B.21505</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="4"/> / <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><input type="text" value="192.50"/></p> <p>003 Category/ Type</p>

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

**2427.22**

**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 140 / 153

<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)  
National Campaign Fund

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Capitol Resources, Inc.</p> <p>Mailing Address 700 E. Pleasant St. PO Box 257</p> <p>City Brooklyn State IA Zip Code 52211</p> <p>Purpose of Disbursement Telephone Fundraising</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> EXP.B.21548</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p>003 Category/ Type</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Excellentia Inc.</p> <p>Mailing Address 4224 67th Ave CT W</p> <p>City University Place State WA Zip Code 98466</p> <p>Purpose of Disbursement Management fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> EXP.B.21558</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="5000.00"/></p> <p>001 Category/ Type</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) James Lacy</p> <p>Mailing Address 30011 Ivy Glenn Dr #223</p> <p>City Laguna Niguel State CA Zip Code 92677</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> EXP.B.21557</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="4.80"/></p> <p>001 Category/ Type</p>

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

**6004.80**

**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 141 / 153

<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)  
National Campaign Fund

<b>A.</b> Full Name (Last, First, Middle Initial) C4Strategies	<b>Transaction ID:</b> EXP.B.21554 <b>Date of Disbursement</b>
Mailing Address 8230 Catbird Circle #302	<div> <div><small>M</small>1</div> <div><small>M</small>1</div> <div>/</div> <div><small>D</small>1</div> <div><small>D</small>1</div> <div>/</div> <div><small>Y</small>2</div> <div><small>Y</small>0</div> <div><small>Y</small>0</div> <div><small>Y</small>9</div> </div>
City Lorton State VA Zip Code 22079	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Website expenses Candidate Name	<div>1000.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Capitol Resources, Inc.	<b>Transaction ID:</b> EXP.B.21550 <b>Date of Disbursement</b>
Mailing Address 700 E. Pleasant St. PO Box 257	<div> <div><small>M</small>1</div> <div><small>M</small>1</div> <div>/</div> <div><small>D</small>1</div> <div><small>D</small>1</div> <div>/</div> <div><small>Y</small>2</div> <div><small>Y</small>0</div> <div><small>Y</small>0</div> <div><small>Y</small>9</div> </div>
City Brooklyn State IA Zip Code 52211	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Telephone fundraising Candidate Name	<div>1000.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Discount Book Distributors	<b>Transaction ID:</b> EXP.B.21552 <b>Date of Disbursement</b>
Mailing Address 83 Oakdale Path	<div> <div><small>M</small>1</div> <div><small>M</small>1</div> <div>/</div> <div><small>D</small>1</div> <div><small>D</small>1</div> <div>/</div> <div><small>Y</small>2</div> <div><small>Y</small>0</div> <div><small>Y</small>0</div> <div><small>Y</small>9</div> </div>
City Dallas State GA Zip Code 98464	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement E-mail lists Candidate Name	<div>1308.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

3308.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 142 / 153

<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)  
National Campaign Fund

<b>A.</b> Full Name (Last, First, Middle Initial) Eagle Publishing	<b>Transaction ID:</b> EXP.B.21553 <b>Date of Disbursement</b>
Mailing Address One Massachusetts Ave., 6th Floor	<div> <div>11</div> <div>11</div> <div>2009</div> </div>
City Washington State DC Zip Code 20001	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement E-mail broadcasts Candidate Name	<div>770.00</div> <div>003 Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>B.</b> Full Name (Last, First, Middle Initial) Endeavor Media Group, LLC	<b>Transaction ID:</b> EXP.B.21551 <b>Date of Disbursement</b>
Mailing Address 8787 Sienna Springs #128	<div> <div>11</div> <div>11</div> <div>2009</div> </div>
City Missouri City State TX Zip Code 77459	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement E-mail lists Candidate Name	<div>2334.00</div> <div>003 Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>C.</b> Full Name (Last, First, Middle Initial) Landslide Communications	<b>Transaction ID:</b> EXP.B.21556 <b>Date of Disbursement</b>
Mailing Address 30011 Ivy Glenn Dr., Ste 223	<div> <div>11</div> <div>12</div> <div>2009</div> </div>
City Laguna Niguel State CA Zip Code 92677	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement General committee management fees Candidate Name	<div>1000.00</div> <div>001 Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

**4104.00**

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 143 / 153

<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)  
National Campaign Fund

<b>A.</b> Full Name (Last, First, Middle Initial) Excellentia Inc.	<b>Transaction ID:</b> EXP.B.21555 <b>Date of Disbursement</b>																				
Mailing Address 4224 67th Ave CT 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>1</td><td>1</td><td></td><td>1</td><td>3</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	1		1	3		2	0	9	
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	3		2	0	9													
City State Zip Code University Place WA 98466	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Management fee Candidate Name	<table border="1"> <tr> <td colspan="10">5000.00</td> </tr> </table>	5000.00																			
5000.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) SunTrust Merchant Services	<b>Transaction ID:</b> EXP.B.21559 <b>Date of Disbursement</b>																				
Mailing Address 1 Western Maryland Parkway	<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>1</td><td>6</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	1		1	6		2	0	9	
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	6		2	0	9													
City State Zip Code Hagerstown MD 21740	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Merchant Fees Candidate Name	<table border="1"> <tr> <td colspan="10">1994.88</td> </tr> </table>	1994.88																			
1994.88																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) AMEX Fees	<b>Transaction ID:</b> EXP.B.21563 <b>Date of Disbursement</b>																				
Mailing Address 1101 Frederick Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>9</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	1		1	9		2	0	9	
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	9		2	0	9													
City State Zip Code Hagerstown MD 21740	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Merchant fees Candidate Name	<table border="1"> <tr> <td colspan="10">115.58</td> </tr> </table>	115.58																			
115.58																					
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) .....

**7110.46**

**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 144 / 153

<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)  
National Campaign Fund

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Landslide Communications</p> <p>Mailing Address 30011 Ivy Glenn Dr., Ste 223</p> <p>City Laguna Niguel State CA Zip Code 92677</p> <p>Purpose of Disbursement Committee management expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> EXP.B.21564</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p><b>001</b> Category/ Type</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Capitol Resources, Inc.</p> <p>Mailing Address 700 E. Pleasant St. PO Box 257</p> <p>City Brooklyn State IA Zip Code 52211</p> <p>Purpose of Disbursement Telephone Fundraising</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> EXP.B.21561</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1842.41"/></p> <p><b>003</b> Category/ Type</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Eagle Publishing</p> <p>Mailing Address One Massachusetts Ave., 6th Floor</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement E-mail broadcast</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> EXP.B.21568</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="3048.00"/></p> <p><b>003</b> Category/ Type</p>

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

**5890.41**

**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)

PAGE 145 / 153

<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)  
National Campaign Fund

<b>A.</b> Full Name (Last, First, Middle Initial) Barrett Garcia	<b>Transaction ID:</b> EXP.B.21566 <b>Date of Disbursement</b>																				
Mailing Address 32302 Camino Capistrano #214	<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>2</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	1	1		2	4		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		2	4		2	0	0	9												
City San Juan Capistran State CA Zip Code 92675	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Accounting services Candidate Name	<table border="1"> <tr> <td colspan="10">918.00</td> </tr> </table>	918.00																			
918.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Excellentia Inc.	<b>Transaction ID:</b> EXP.B.21573 <b>Date of Disbursement</b>																				
Mailing Address 4224 67th Ave CT 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>1</td><td>1</td><td></td><td>3</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	1	1		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		3	0		2	0	0	9												
City University Place State WA Zip Code 98466	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Management fee Candidate Name	<table border="1"> <tr> <td colspan="10">5000.00</td> </tr> </table>	5000.00																			
5000.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) SunTrust Merchant Services	<b>Transaction ID:</b> EXP.B.21574 <b>Date of Disbursement</b>																				
Mailing Address 1 Western Maryland Parkway	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		0	3		2	0	0	9												
City Hagerstown State MD Zip Code 21740	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Merchant Fees Candidate Name	<table border="1"> <tr> <td colspan="10">177.75</td> </tr> </table>	177.75																			
177.75																					
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) .....

6095.75

**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 146 / 153

<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)  
National Campaign Fund

<b>A.</b> Full Name (Last, First, Middle Initial) SunTrust Merchant Services	<b>Transaction ID:</b> EXP.B.21576 <b>Date of Disbursement</b>																				
Mailing Address 1 Western Maryland Parkway	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>0</td><td>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	2		0	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		0	9		2	0	0	9												
City Hagerstown State MD Zip Code 21740	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Merchant Fees Candidate Name	<table border="1"> <tr> <td colspan="10">50.00</td> </tr> </table>	50.00																			
50.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Eagle Publishing	<b>Transaction ID:</b> EXP.B.21578 <b>Date of Disbursement</b>																				
Mailing Address One Massachusetts Ave., 6th Floor	<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>1</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	1	2		1	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		1	0		2	0	0	9												
City Washington State DC Zip Code 20001	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement E-mail broadcasting Candidate Name	<table border="1"> <tr> <td colspan="10">4948.00</td> </tr> </table>	4948.00																			
4948.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Landslide Communications	<b>Transaction ID:</b> EXP.B.21579 <b>Date of Disbursement</b>																				
Mailing Address 30011 Ivy Glenn Dr., Ste 223	<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>1</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	1	2		1	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		1	0		2	0	0	9												
City Laguna Niguel State CA Zip Code 92677	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement General committee management fees Candidate Name	<table border="1"> <tr> <td colspan="10">1500.00</td> </tr> </table>	1500.00																			
1500.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

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

**6498.00**

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 147 / 153

<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)  
National Campaign Fund

<b>A.</b> Full Name (Last, First, Middle Initial) SunTrust Merchant Services	<b>Transaction ID:</b> EXP.B.21580 <b>Date of Disbursement</b>																				
Mailing Address 1 Western Maryland Parkway	<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>1</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	1	2		1	4		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		1	4		2	0	0	9												
City Hagerstown State MD Zip Code 21740	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Merchant fees Candidate Name	<table border="1"> <tr> <td colspan="10">742.57</td> </tr> </table>	742.57																			
742.57																					
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>B.</b> Full Name (Last, First, Middle Initial) C4Strategies	<b>Transaction ID:</b> EXP.B.21582 <b>Date of Disbursement</b>																				
Mailing Address 8230 Catbird Circle #302	<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>1</td><td>5</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	2		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		1	5		2	0	0	9												
City Lorton State VA Zip Code 22079	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Website expenses Candidate Name	<table border="1"> <tr> <td colspan="10">4000.00</td> </tr> </table>	4000.00																			
4000.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Excellentia Inc.	<b>Transaction ID:</b> EXP.B.21586 <b>Date of Disbursement</b>																				
Mailing Address 4224 67th Ave CT 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>1</td><td>2</td><td></td><td>1</td><td>5</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	2		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		1	5		2	0	0	9												
City University Place State WA Zip Code 98466	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Management fee Candidate Name	<table border="1"> <tr> <td colspan="10">5000.00</td> </tr> </table>	5000.00																			
5000.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

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

9742.57

**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)

PAGE 148 / 153

<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)  
National Campaign Fund

<b>A.</b> Full Name (Last, First, Middle Initial) Landslide Communications	<b>Transaction ID:</b> EXP.B.21585 <b>Date of Disbursement</b>																				
Mailing Address 30011 Ivy Glenn Dr., Ste 223	<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>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	1	2		2	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		2	0		2	0	0	9												
City Laguna Niguel State CA Zip Code 92677	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement General committee management fees Candidate Name	<table border="1"> <tr> <td colspan="10">1500.00</td> </tr> </table>	1500.00																			
1500.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) AMEX Fees	<b>Transaction ID:</b> EXP.B.21589 <b>Date of Disbursement</b>																				
Mailing Address 1101 Frederick Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>2</td><td>1</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	2		2	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		2	1		2	0	0	9												
City Hagerstown State MD Zip Code 21740	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Merchant fees Candidate Name	<table border="1"> <tr> <td colspan="10">152.12</td> </tr> </table>	152.12																			
152.12																					
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>C.</b> Full Name (Last, First, Middle Initial) C4Strategies	<b>Transaction ID:</b> EXP.B.21592 <b>Date of Disbursement</b>																				
Mailing Address 8230 Catbird Circle #302	<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>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	1	2		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		3	0		2	0	0	9												
City Lorton State VA Zip Code 22079	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Website expenses Candidate Name	<table border="1"> <tr> <td colspan="10">2000.00</td> </tr> </table>	2000.00																			
2000.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

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

**3652.12**

**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 149 / 153

<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)  
National Campaign Fund

<b>A.</b> Full Name (Last, First, Middle Initial) Eagle Publishing	<b>Transaction ID:</b> EXP.B.21593 <b>Date of Disbursement</b>																				
Mailing Address One Massachusetts Ave., 6th Floor	<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>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	1	2		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		3	0		2	0	0	9												
City Washington State DC Zip Code 20001	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement E-mail broadcast Candidate Name	<table border="1"> <tr> <td colspan="10">2000.00</td> </tr> </table>	2000.00																			
2000.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Excellentia Inc.	<b>Transaction ID:</b> EXP.B.21590 <b>Date of Disbursement</b>																				
Mailing Address 4224 67th Ave CT 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>1</td><td>2</td><td></td><td>3</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	1	2		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		3	0		2	0	0	9												
City University Place State WA Zip Code 98466	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Management fee Candidate Name	<table border="1"> <tr> <td colspan="10">5000.00</td> </tr> </table>	5000.00																			
5000.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

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

7000.00

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

152801.89

# **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 150 / 153

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
National Campaign Fund

<b>A.</b> Full Name (Last, First, Middle Initial) C4Strategies	<b>Transaction ID:</b> EXP.B.16308 <b>Date of Disbursement</b>
Mailing Address 8230 Catbird Circle #302	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 2 8 / 2 0 0 9</div> </div>
City Lorton State VA Zip Code 22079	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Website Services	<div>3985.00</div>
Candidate Name	<div>24A</div> <div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Landslide Communications	<b>Transaction ID:</b> EXP.B.21430 <b>Date of Disbursement</b>
Mailing Address 30011 Ivy Glenn Dr., Ste 223	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 1 / 2 0 0 9</div> </div>
City Laguna Niguel State CA Zip Code 92677	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement	<div>1250.00</div>
Candidate Name	<div></div> <div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Excellentia Inc.	<b>Transaction ID:</b> EXP.B.21508 <b>Date of Disbursement</b>
Mailing Address 4224 67th Ave CT W	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 1 5 / 2 0 0 9</div> </div>
City University Place State WA Zip Code 98466	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement	<div>5000.00</div>
Candidate Name	<div></div> <div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

10235.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
National Campaign Fund

**A.**

Full Name (Last, First, Middle Initial)  
Landslide Communications

Mailing Address 30011 Ivy Glenn Dr., Ste 223

City Laguna Niguel State CA Zip Code 92677

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
 State: District:

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

Category/  
Type

Transaction ID: EXP.B.21509

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2500.00

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

2500.00

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

12735.00

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

PAGE 152 / 153

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
National Campaign Fund**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Response Dynamics, Inc.Nature of Debt (Purpose):  
P.O.Box and bulk rate mail-  
ing account deposit

Mailing Address 2070 Chain Bridge Rd # 520

City State ZIP Code  
Vienna VA 22182

Outstanding Balance Beginning This Period

1960.00

Transaction ID: PAY:D:107

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1960.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Response Dynamics, Inc.Nature of Debt (Purpose):  
Mailing/printing

Mailing Address 2070 Chain Bridge Rd # 520

City State ZIP Code  
Vienna VA 22182

Outstanding Balance Beginning This Period

4934.00

Transaction ID: PAY:D:15467

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4934.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Response Dynamics, Inc.Nature of Debt (Purpose):  
Mailing/printing

Mailing Address 2070 Chain Bridge Rd # 520

City State ZIP Code  
Vienna VA 22182

Outstanding Balance Beginning This Period

2823.00

Transaction ID: PAY:D:15468

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2823.00

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

9717.00

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

9717.00

**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)

9717.00



B. Form/Schedule : **SD10**  
Transaction ID : **PAY:D:15467**

Special election

C. Form/Schedule : **SD10**  
Transaction ID : **PAY:D:15468**

Special election