

**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

Senate Conservatives Fund

ADDRESS (number and street)

228 S. Washington St., Ste. 115

Check if different  
than previously  
reported. (ACC)

Alexandria

VA

22314

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00448696

3. IS THIS  
REPORTNEW  
(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

11

01

2009

through

11

30

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

Lisa Lisker

Signature of Treasurer

Electronically Filed by Lisa Lisker

Date

12

17

2009

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

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

A. Form/Schedule : **F3XN**

Transaction ID :

All contributions noted as EM indicate a contribution received by the Senate Conservatives Fund that was earmarked for a specific candidate. The candidate name is noted and the date of transmittal to each candidate is noted. The matching transmittal checks are itemized on line 23. All contributors aggregating over \$200 calendar year to date with incomplete employer/occupation have received requests for additional information.

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

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Write or Type Committee Name  
Senate Conservatives Fund

Report Covering the Period: From: 

|   |   |
|---|---|
| M | M |
| 1 | 1 |

|   |   |
|---|---|
| D | D |
| 0 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 9 |

 To: 

|   |   |
|---|---|
| M | M |
| 1 | 1 |

|   |   |
|---|---|
| D | D |
| 3 | 0 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 9 |

|                                                                                                                  | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |
|------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand<br>January 1                                                                                 |                         | 113499.51                         |
| (b) Cash on Hand at<br>Beginning of Reporting Period .....                                                       | 23533.95                |                                   |
| (c) Total Receipts (from Line 19) .....                                                                          | 52000.95                | 1195757.56                        |
| (d) Subtotal (add lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B) .....             | 75534.90                | 1309257.07                        |
| 7. Total Disbursements (from Line 31) .....                                                                      | 57730.91                | 1291453.08                        |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)) .....                        | 17803.99                | 17803.99                          |
| 9. Debts and Obligations owed <b>TO</b><br>the committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | 0.00                    |                                   |
| 10. Debts and Obligations owed <b>BY</b><br>the committee (Itemize all on<br>Schedule C and/or Schedule D) ..... | 0.00                    |                                   |

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

### For further information contact:

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

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

# DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

Senate Conservatives Fund

Report Covering the Period:

From:

|   |   |
|---|---|
| M | M |
| 1 | 1 |

|   |   |
|---|---|
| D | D |
| 0 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 9 |

To:

|   |   |
|---|---|
| M | M |
| 1 | 1 |

|   |   |
|---|---|
| D | D |
| 3 | 0 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 9 |

| I. Receipts                                                                                            | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:                                                             |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees                                                |                               |                                   |
| (i) Itemized (use Schedule A) .....                                                                    | 19745.00                      | 283838.00                         |
| (ii) Unitemized .....                                                                                  | 20281.00                      | 810661.24                         |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) .....                                                         | 40026.00                      | 1094499.24                        |
| (b) Political Party Committees .....                                                                   | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs) .....                                                    | 10000.00                      | 75500.00                          |
| (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....     | 50026.00                      | 1169999.24                        |
| 12. Transfers From Affiliated/Other Party Committees .....                                             | 0.00                          | 13132.96                          |
| 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) ..... | 1974.95                       | 12625.36                          |
| 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)) .....                          | 52000.95                      | 1195757.56                        |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....                                    | 52000.95                      | 1195757.56                        |

## DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

| II. DISBURSEMENTS                                                                              |          | COLUMN A<br>Total This Period | COLUMN B<br>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.....                                                  | 44740.91 | 1149433.38                    |                                   |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤                        | 44740.91 | 1149433.38                    |                                   |
| 22. Transfers to Affiliated/Other Party Committees.....                                        | 0.00     | 0.00                          |                                   |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 10695.00 | 103139.00                     |                                   |
| 24. Independent Expenditure (use Schedule E) .....                                             | 2295.00  | 38880.70                      |                                   |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)..... | 0.00     | 0.00                          |                                   |
| 26. Loan Repayments Made.....                                                                  | 0.00     | 0.00                          |                                   |
| 27. Loans Made.....                                                                            | 0.00     | 0.00                          |                                   |
| 28. Refunds of Contributions To:                                                               |          |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees .....                                  | 0.00     | 0.00                          |                                   |
| (b) Political Party Committees                                                                 | 0.00     | 0.00                          |                                   |
| (c) Other Political Committees (such as PACs) .....                                            | 0.00     | 0.00                          |                                   |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....                           | 0.00     | 0.00                          |                                   |
| 29. Other Disbursements.....                                                                   | 0.00     | 0.00                          |                                   |
| 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))..       | 57730.91 | 1291453.08                    |                                   |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 57730.91 | 1291453.08                    |                                   |

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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| III. Net Contributions/Operating Expenditures                                       | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|-------------------------------------------------------------------------------------|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>from Line 11(d), page 3) .....        | 50026.00                      | 1169999.24                        |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                           | 0.00                          | 0.00                              |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....   | 50026.00                      | 1169999.24                        |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b))..... | 44740.91                      | 1149433.38                        |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3) .....               | 1974.95                       | 12625.36                          |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....             | 42765.96                      | 1136808.02                        |

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

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

FOR LINE NUMBER: PAGE 7 / 131

(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)

Senate Conservatives Fund

**A.**

Full Name (Last, First, Middle Initial)

Robert Marsh

Mailing Address 1567 E Curtis Rd

City

Hope

State

MI

Zip Code

48628-9708

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 ▼

50.00

Date of Receipt

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

Transaction ID: A40DC32C4DD20486CAAA

Amount of Each Receipt this Period

10.00

NOTE: EM/Rubio/Trans111109

**B.**

Full Name (Last, First, Middle Initial)

Robert Marsh

Mailing Address 1567 E Curtis Rd

City

Hope

State

MI

Zip Code

48628-9708

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 ▼

50.00

Date of Receipt

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

Transaction ID: AD8D07BEAD0D44268BE9

Amount of Each Receipt this Period

10.00

NOTE: EM/Toomey/Trans1111-09

**C.**

Full Name (Last, First, Middle Initial)

Lenhardt Matz

Mailing Address 41 Belmont Ave

City

Feeding Hills

State

MA

Zip Code

01030-1501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Aspen Global LLC

Occupation  
self

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

150.00

Date of Receipt

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

Transaction ID: ACABD3D53043B4491B79

Amount of Each Receipt this Period

50.00

NOTE: EM/Toomey/Trans1111-09

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

70.00

**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 / 131

(check only one)

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

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NAME OF COMMITTEE (In Full)

Senate Conservatives Fund

**A.**

Full Name (Last, First, Middle Initial)

Lenhardt Matz

Mailing Address 41 Belmont Ave

City

Feeding Hills

State

MA

Zip Code

01030-1501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Aspen Global LLC

Occupation  
self

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

150.00

Date of Receipt

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

Transaction ID: A0C5CB3E25493443A8C7

Amount of Each Receipt this Period

50.00

NOTE: EM/Rubio/Trans111109

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Una Schaeperklaus

Mailing Address 3412 Fiddlers Green Rd

City

Cincinnati

State

OH

Zip Code

45248-2810

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.00

Date of Receipt

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

Transaction ID: AAA4C7586F82847BCB81

Amount of Each Receipt this Period

120.00

**C.**

Full Name (Last, First, Middle Initial)

Edgar Williams

Mailing Address 2900 Cove Cay Dr Apt 3g

City

Clearwater

State

FL

Zip Code

33760-1209

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Legacy Capital Group

Occupation  
Investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: A3F5BB82324904DC698F

Amount of Each Receipt this Period

5000.00

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

5170.00

**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 / 131

(check only one)

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

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NAME OF COMMITTEE (In Full)

Senate Conservatives Fund

**A.**

Full Name (Last, First, Middle Initial)

Ted L. Harrison

Mailing Address 2570 N. Tanque Verde Acres Dr

City

Tucson

State

AZ

Zip Code

85749-9580

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 ▼

40.00

Date of Receipt

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

Transaction ID: AB750C478177749D09BB

Amount of Each Receipt this Period

10.00

NOTE: EM/Toomey/Trans1111-09

**B.**

Full Name (Last, First, Middle Initial)

Ted L. Harrison

Mailing Address 2570 N. Tanque Verde Acres Dr

City

Tucson

State

AZ

Zip Code

85749-9580

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 ▼

40.00

Date of Receipt

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

Transaction ID: AAD93D295194D4F5981B

Amount of Each Receipt this Period

10.00

NOTE: EM/Rubio/Trans111109

**C.**

Full Name (Last, First, Middle Initial)

Erin Raasch

Mailing Address 18W267 Kirkland Lane

City

Villa Park

State

IL

Zip Code

60181-3660

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NORC

Occupation  
Social Science Researcher

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

40.00

Date of Receipt

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

Transaction ID: A475D6B9A8FB5405AB45

Amount of Each Receipt this Period

20.00

NOTE: EM/Rubio/Trans111109

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

40.00

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 131

(check only one)

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

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NAME OF COMMITTEE (In Full)

Senate Conservatives Fund

**A.**

Full Name (Last, First, Middle Initial)

Deborah Johnson

Mailing Address 15116 Derby Circle

City

Rosemount

State

MN

Zip Code

55068-5520

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
State of Minnesota

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20.00

Date of Receipt

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

Transaction ID: A9CE1B7D9749445B9929

Amount of Each Receipt this Period

20.00

NOTE: EM/Rubio/Trans111109

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Virginia Montero

Mailing Address 1800 Danora Dr

City

Waycross

State

GA

Zip Code

31501-4152

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

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

Transaction ID: A577224EAD40640AB94E

Amount of Each Receipt this Period

25.00

NOTE: EM/Rubio/Trans111109

**C.**

Full Name (Last, First, Middle Initial)

Heily Young

Mailing Address 1312 Daisy Court

City

Roseville

State

CA

Zip Code

95661-5446

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
homemaker

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

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

Transaction ID: A9E87601FFCAB4C77828

Amount of Each Receipt this Period

25.00

NOTE: EM/Rubio/Trans111109

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

70.00

**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 / 131

(check only one)

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

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NAME OF COMMITTEE (In Full)

Senate Conservatives Fund

**A.**

Full Name (Last, First, Middle Initial)

Heily Young

Mailing Address 1312 Daisy Court

City

Roseville

State

CA

Zip Code

95661-5446

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

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

Transaction ID: AFD89555E97D44E14A3C

Amount of Each Receipt this Period

25.00

NOTE: EM/DeVore/Trans1111-09

**B.**

Full Name (Last, First, Middle Initial)

Kaj Ahlburg

Mailing Address 4513 Mount Pleasant Road

City

Port Angeles

State

WA

Zip Code

98362-8366

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 ▼

25.00

Date of Receipt

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

Transaction ID: A04A35C857E0E4124A2F

Amount of Each Receipt this Period

25.00

NOTE: EM/Rubio/Trans111109

**C.**

Full Name (Last, First, Middle Initial)

Frederick Gray

Mailing Address 23616 S. President Avenue

City

Harbor City

State

CA

Zip Code

90710-1007

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 ▼

60.00

Date of Receipt

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

Transaction ID: ADA22C53CFDF145D2AE9

Amount of Each Receipt this Period

25.00

NOTE: EM/Toomey/Trans1111-09

**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 12 / 131

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Senate Conservatives Fund

**A.**

Full Name (Last, First, Middle Initial)  
Larry Boomer

Mailing Address 348 Hummel St

City State Zip Code  
Harrisburg PA 17104-1722

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 ▼

25.00

Date of Receipt

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

Transaction ID: A26E2CB22037C4DFC84B

Amount of Each Receipt this Period

25.00

NOTE: EM/Rubio/Trans111109

**B.**

Full Name (Last, First, Middle Initial)  
Nina Spears

Mailing Address 7705 Lake Highlands Drive

City State Zip Code  
Fort Worth TX 76179-2809

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 ▼

100.00

Date of Receipt

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

Transaction ID: AD730444DCD3D42008F9

Amount of Each Receipt this Period

25.00

NOTE: EM/Rubio/Trans111109

**C.**

Full Name (Last, First, Middle Initial)  
Nina Spears

Mailing Address 7705 Lake Highlands Drive

City State Zip Code  
Fort Worth TX 76179-2809

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 ▼

100.00

Date of Receipt

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

Transaction ID: AF5BCC837366943E1B72

Amount of Each Receipt this Period

25.00

NOTE: EM/DeVore/Trans1111-09

**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 13 / 131

(check only one)

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

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NAME OF COMMITTEE (In Full)

Senate Conservatives Fund

**A.**

Full Name (Last, First, Middle Initial)

Nina Spears

Mailing Address 7705 Lake Highlands Drive

City

Fort Worth

State

TX

Zip Code

76179-2809

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 ▼

100.00

Date of Receipt

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

Transaction ID: A8285E15C82B547AEBEE

Amount of Each Receipt this Period

25.00

NOTE: EM/Rubio/Trans111109

**B.**

Full Name (Last, First, Middle Initial)

Larry Bloomer

Mailing Address 348 Hummel St

City

Harrisburg

State

PA

Zip Code

17104-1722

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 ▼

125.00

Date of Receipt

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

Transaction ID: A64E16829A3044466B98

Amount of Each Receipt this Period

25.00

NOTE: EM/Toomey/Trans1111-09

**C.**

Full Name (Last, First, Middle Initial)

Frederick Gray

Mailing Address 23616 S. President Avenue

City

Harbor City

State

CA

Zip Code

90710-1007

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 ▼

60.00

Date of Receipt

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

Transaction ID: A735E5233C2D948ABAE8

Amount of Each Receipt this Period

25.00

NOTE: EM/Rubio/Trans111109

**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 14 / 131

(check only one)

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

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NAME OF COMMITTEE (In Full)

Senate Conservatives Fund

**A.**

Full Name (Last, First, Middle Initial)

Larry Bloomer

Mailing Address 348 Hummel St

City

Harrisburg

State

PA

Zip Code

17104-1722

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 ▼

125.00

Date of Receipt

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

Transaction ID: A3432AD77CBB34EE98B4

Amount of Each Receipt this Period

25.00

NOTE: EM/DeVore/Trans1111-09

**B.**

Full Name (Last, First, Middle Initial)

Nina Spears

Mailing Address 7705 Lake Highlands Drive

City

Fort Worth

State

TX

Zip Code

76179-2809

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 ▼

100.00

Date of Receipt

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

Transaction ID: AD4A02CAFC6234F08A70

Amount of Each Receipt this Period

25.00

NOTE: EM/DeVore/Trans1111-09

**C.**

Full Name (Last, First, Middle Initial)

Diane O'Connor

Mailing Address 4526 E. La Choza

City

Tucson

State

AZ

Zip Code

85718-5305

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Property Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

105.00

Date of Receipt

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

Transaction ID: AC97865A2ADA246529EC

Amount of Each Receipt this Period

35.00

NOTE: EM/Rubio/Trans111109

**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 / 131

(check only one)

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

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NAME OF COMMITTEE (In Full)

Senate Conservatives Fund

**A.**

Full Name (Last, First, Middle Initial)

Diane O'Connor

Mailing Address 4526 E. La Choza

City

Tucson

State

AZ

Zip Code

85718-5305

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Property Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

105.00

Date of Receipt

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

Transaction ID: AC098730132594635902

Amount of Each Receipt this Period

35.00

NOTE: EM/DeVore/Trans1111-09

**B.**

Full Name (Last, First, Middle Initial)

Phillip Abbott

Mailing Address 1272 Creek Bend Rd.

City

Saint Johns

State

FL

Zip Code

32259-2923

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 ▼

50.00

Date of Receipt

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

Transaction ID: AC8140FE6AB044C09970

Amount of Each Receipt this Period

50.00

NOTE: EM/Rubio/Trans111109

**C.**

Full Name (Last, First, Middle Initial)

Anne Jones

Mailing Address 113 Wolf Circle

City

Graham

State

TX

Zip Code

76450-6432

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 ▼

150.00

Date of Receipt

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

Transaction ID: A41793E9BD25C4ACFB97

Amount of Each Receipt this Period

50.00

NOTE: EM/DeVore/Trans1111-09

**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 16 / 131

(check only one)

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

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NAME OF COMMITTEE (In Full)

Senate Conservatives Fund

**A.**

Full Name (Last, First, Middle Initial)

Craig Rushing

Mailing Address 1300 Army Navy Drive #830

City

Arlington

State

VA

Zip Code

22202-2018

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
US House of Representativ-  
es

Occupation

Legislative Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

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

Transaction ID: AFA3D6446534744C7AD4

Amount of Each Receipt this Period

50.00

NOTE: EM/Rubio/Trans111109

**B.**

Full Name (Last, First, Middle Initial)

Anne Jones

Mailing Address 113 Wolf Circle

City

Graham

State

TX

Zip Code

76450-6432

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 ▼

150.00

Date of Receipt

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

Transaction ID: A6B8D4BD9FA2248C2A29

Amount of Each Receipt this Period

50.00

NOTE: EM/Rubio/Trans111109

**C.**

Full Name (Last, First, Middle Initial)

Sylvia Quintana

Mailing Address 5701 Collins Ave

City

Miami Beach

State

FL

Zip Code

33140-2353

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Realtor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

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

Transaction ID: AD80A1A49E7354318A6E

Amount of Each Receipt this Period

50.00

NOTE: EM/Rubio/Trans111109

**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 17 / 131

(check only one)

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

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NAME OF COMMITTEE (In Full)

Senate Conservatives Fund

**A.**

Full Name (Last, First, Middle Initial)

Anne Jones

Mailing Address 113 Wolf Circle

City

Graham

State

TX

Zip Code

76450-6432

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 ▼

150.00

Date of Receipt

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

Transaction ID: A6E779C398C72490184C

Amount of Each Receipt this Period

50.00

NOTE: EM/Toomey/Trans1111-09

**B.**

Full Name (Last, First, Middle Initial)

Kathy Harris

Mailing Address 2607 Herndon Street

City

Valrico

State

FL

Zip Code

33596-5908

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 ▼

100.00

Date of Receipt

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

Transaction ID: AC03A1484F00E471F802

Amount of Each Receipt this Period

50.00

NOTE: EM/Rubio/Trans111109

**C.**

Full Name (Last, First, Middle Initial)

Matthew Emerson

Mailing Address 6258 Oxford Peak Ct

City

Castle Rock

State

CO

Zip Code

80108-9467

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FTI Consulting

Occupation  
Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: A3063997205A84528A15

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

FOR LINE NUMBER: PAGE 18 / 131

(check only one)

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

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NAME OF COMMITTEE (In Full)

Senate Conservatives Fund

**A.**

Full Name (Last, First, Middle Initial)

Mr. Albert Anseman

Mailing Address 23343 Blue Water Cir Apt B214

City

Boca Raton

State

FL

Zip Code

33433-7072

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: A950D4760D2164E4E8AC

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Matthew Emerson

Mailing Address 6258 Oxford Peak Ct

City

Castle Rock

State

CO

Zip Code

80108-9467

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FTI Consulting

Occupation

Consultant

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 1 / 0 3 / 2 0 0 9

Transaction ID: AB5B543373A4A4F0F9AC

Amount of Each Receipt this Period

100.00

NOTE: EM/Rubio/Trans111109

**C.**

Full Name (Last, First, Middle Initial)

Pamela Borden

Mailing Address 10677 Brooks Street

City

Indianapolis

State

IN

Zip Code

46234-3224

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Indecon LLC

Occupation

Project Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

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

Transaction ID: A573730C4E2F04E5386A

Amount of Each Receipt this Period

100.00

NOTE: EM/Toomey/Trans1111-09

**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 19 / 131

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Senate Conservatives Fund

**A.**

Full Name (Last, First, Middle Initial)  
Peter Franco

Mailing Address 6306 S MacDill Ave Apt 524

City State Zip Code  
Tampa FL 33611-5046

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
U.S. Army

Occupation  
U.S. Army Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

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

**Transaction ID:** AB6CEEB4A65914C0DAD2

Amount of Each Receipt this Period

100.00

NOTE: EM/Rubio/Trans111109

**B.**

Full Name (Last, First, Middle Initial)  
Pamela Borden

Mailing Address 10677 Brooks Street

City State Zip Code  
Indianapolis IN 46234-3224

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Indecon LLC

Occupation  
Project Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

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

**Transaction ID:** AB1130E8E5D184B3DB5A

Amount of Each Receipt this Period

100.00

NOTE: EM/Rubio/Trans111109

**C.**

Full Name (Last, First, Middle Initial)  
Patricia Simmons

Mailing Address 4239 Dewberry Ln

City State Zip Code  
Katy TX 77494-5491

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 ▼

200.00

Date of Receipt

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

**Transaction ID:** A74009E9B07EA4ECE858

Amount of Each Receipt this Period

200.00

NOTE: EM/Rubio/Trans111109

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

400.00

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

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

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

FOR LINE NUMBER: PAGE 20 / 131

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Senate Conservatives Fund

**A.**

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

Mailing Address 76 Balfour Dr

City State Zip Code  
West Hartford CT 06117-2901

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 ▼

300.00

Date of Receipt

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

Transaction ID: A2607210D3E644D69B30

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)  
Paul Hills

Mailing Address 6127 Boykin Spaniel Rd

City State Zip Code  
Charlotte NC 28277-8742

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 ▼

25.00

Date of Receipt

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

Transaction ID: A23860FE3363D4890B3F

Amount of Each Receipt this Period

25.00

NOTE: EM/Rubio/Trans111109

**C.**

Full Name (Last, First, Middle Initial)  
June Curtice

Mailing Address 4100 Lara Dr. NE

City State Zip Code  
Albuquerque NM 87111-4124

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 ▼

50.00

Date of Receipt

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

Transaction ID: AC422372954CB41DBA46

Amount of Each Receipt this Period

25.00

NOTE: EM/DeVore/Trans1111-09

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

350.00

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

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

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

FOR LINE NUMBER: PAGE 21 / 131

(check only one)

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

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NAME OF COMMITTEE (In Full)

Senate Conservatives Fund

**A.**

Full Name (Last, First, Middle Initial)

Sue Sabens

Mailing Address 5209 Overland Trace

City

Birmingham

State

AL

Zip Code

35244-3953

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

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

Transaction ID: A9C9D7FAF14BF4B32867

Amount of Each Receipt this Period

25.00

NOTE: EM/Rubio/Trans111109

**B.**

Full Name (Last, First, Middle Initial)

June Curtice

Mailing Address 4100 Lara Dr. NE

City

Albuquerque

State

NM

Zip Code

87111-4124

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 ▼

50.00

Date of Receipt

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

Transaction ID: A6ED87299F809498B82C

Amount of Each Receipt this Period

25.00

NOTE: EM/Rubio/Trans111109

**C.**

Full Name (Last, First, Middle Initial)

Bruce Calhoun

Mailing Address 306 Cedar Ridge Way

City

Durham

State

NC

Zip Code

27705-1983

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 ▼

200.00

Date of Receipt

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

Transaction ID: A7C05D84C6F2943AA961

Amount of Each Receipt this Period

50.00

NOTE: EM/Toomey/Trans1111-09

**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 22 / 131

(check only one)

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

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NAME OF COMMITTEE (In Full)

Senate Conservatives Fund

**A.**

Full Name (Last, First, Middle Initial)

Bruce Calhoun

Mailing Address 306 Cedar Ridge Way

City

Durham

State

NC

Zip Code

27705-1983

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 ▼

200.00

Date of Receipt

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

Transaction ID: A36FBDD680F964AD098E

Amount of Each Receipt this Period

50.00

NOTE: EM/DeVore/Trans1111-09

**B.**

Full Name (Last, First, Middle Initial)

Bruce Calhoun

Mailing Address 306 Cedar Ridge Way

City

Durham

State

NC

Zip Code

27705-1983

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 ▼

200.00

Date of Receipt

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

Transaction ID: AB34B1616F0984A499F6

Amount of Each Receipt this Period

50.00

NOTE: EM/Rubio/Trans111109

**C.**

Full Name (Last, First, Middle Initial)

Barbara Coppola

Mailing Address 314 Brickell St. S. E.

City

Palm Bay

State

FL

Zip Code

32909-4329

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 ▼

50.00

Date of Receipt

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

Transaction ID: A4ED3CBEA77364274BCB

Amount of Each Receipt this Period

50.00

NOTE: EM/Rubio/Trans111109

**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 23 / 131

(check only one)

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

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NAME OF COMMITTEE (In Full)

Senate Conservatives Fund

**A.**

Full Name (Last, First, Middle Initial)

John Czerniak

Mailing Address 7695 Redhill Way

City

Browns Valley

State

CA

Zip Code

95918-9657

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  
1 1 / 0 4 / 2 0 0 9

Transaction ID: A1AD2816898A64BDAB78

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

John Czerniak

Mailing Address 7695 Redhill Way

City

Browns Valley

State

CA

Zip Code

95918-9657

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  
1 1 / 0 4 / 2 0 0 9

Transaction ID: A50A0D53F35414E16828

Amount of Each Receipt this Period

100.00

NOTE: EM/Toomey/Trans1111-09

**C.**

Full Name (Last, First, Middle Initial)

Ronald Lewis

Mailing Address 319 Plantation Dr

City

Manning

State

SC

Zip Code

29102-9449

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Clarendon County Disabili-  
ties Board

Occupation  
Non-Profit 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  
1 1 / 0 4 / 2 0 0 9

Transaction ID: A12B8E91897CF4B36BD5

Amount of Each Receipt this Period

100.00

NOTE: EM/Toomey/Trans1111-09

**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 24 / 131

(check only one)

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

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NAME OF COMMITTEE (In Full)

Senate Conservatives Fund

**A.**

Full Name (Last, First, Middle Initial)

Ronald Lewis

Mailing Address 319 Plantation Dr

City

Manning

State

SC

Zip Code

29102-9449

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Clarendon County Disabili-  
ties Board

Occupation

Non-Profit 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  
1 1 / 0 4 / 2 0 0 9

Transaction ID: AAC71E0275FA348D1BAD

Amount of Each Receipt this Period

100.00

NOTE: EM/Rubio/Trans111109

**B.**

Full Name (Last, First, Middle Initial)

John Czerniak

Mailing Address 7695 Redhill Way

City

Browns Valley

State

CA

Zip Code

95918-9657

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  
1 1 / 0 4 / 2 0 0 9

Transaction ID: AEBC807CD6FD14377BBO

Amount of Each Receipt this Period

100.00

NOTE: EM/Rubio/Trans111109

**C.**

Full Name (Last, First, Middle Initial)

John Czerniak

Mailing Address 7695 Redhill Way

City

Browns Valley

State

CA

Zip Code

95918-9657

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  
1 1 / 0 4 / 2 0 0 9

Transaction ID: AA0B5E9B325244E4E922

Amount of Each Receipt this Period

100.00

NOTE: EM/DeVore/Trans1111-09

**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 25 / 131

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Senate Conservatives Fund

**A.**

Full Name (Last, First, Middle Initial)

Anne Grosvenor

Mailing Address 7148 Shady Oaks Drive

City

Memphis

State

TN

Zip Code

38133-8931

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Buckeye Technologies

Occupation  
Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: AD541CB4F40B641B0A6F

Amount of Each Receipt this Period

110.00

NOTE: EM/Rubio/Trans111109

**B.**

Full Name (Last, First, Middle Initial)

Mr. Vince Ferachi

Mailing Address 3239 Fairway Dr

City

Baton Rouge

State

LA

Zip Code

70809-1816

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
CPA

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 4 / 2 0 0 9

Transaction ID: A5F267379EC274D28BA5

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

C.T. Froscher

Mailing Address 95258 Wilder Blvd

City

Fernandina Beach

State

FL

Zip Code

32034-9482

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 ▼

1000.00

Date of Receipt

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

Transaction ID: A7BEF8858C5C74E40B05

Amount of Each Receipt this Period

500.00

NOTE: EM/Rubio/Trans111109

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

810.00

**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 / 131

(check only one)

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

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NAME OF COMMITTEE (In Full)

Senate Conservatives Fund

**A.**

Full Name (Last, First, Middle Initial)

C.T. Froscher

Mailing Address 95258 Wilder Blvd

City

Fernandina Beach

State

FL

Zip Code

32034-9482

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 ▼

1000.00

Date of Receipt

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

Transaction ID: A7AE42F48726444B697D

Amount of Each Receipt this Period

500.00

NOTE: EM/DeVore/Trans1111-09

**B.**

Full Name (Last, First, Middle Initial)

Barbara Decker

Mailing Address 6133 La Jolla Blvd.

City

La Jolla

State

CA

Zip Code

92037-6727

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 ▼

50.00

Date of Receipt

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

Transaction ID: A51ABB8CAAB1B46C587A

Amount of Each Receipt this Period

25.00

NOTE: EM/DeVore/Trans1111-09

**C.**

Full Name (Last, First, Middle Initial)

Mary Williams

Mailing Address 10417 Tasha Rd

City

Nevada City

State

CA

Zip Code

95959-9779

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
medical technologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

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

Transaction ID: AED0B5B9808D249F68BB

Amount of Each Receipt this Period

25.00

NOTE: EM/Rubio/Trans111109

**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 27 / 131

(check only one)

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

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NAME OF COMMITTEE (In Full)

Senate Conservatives Fund

**A.**

Full Name (Last, First, Middle Initial)

Barbara Decker

Mailing Address 6133 La Jolla Blvd.

City

La Jolla

State

CA

Zip Code

92037-6727

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 ▼

50.00

Date of Receipt

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

Transaction ID: A1A837F1AEE6E4EE3A81

Amount of Each Receipt this Period

25.00

NOTE: EM/Rubio/Trans111109

**B.**

Full Name (Last, First, Middle Initial)

Randy Perrine

Mailing Address P.O. Box 624

City

Rogue River

State

OR

Zip Code

97537-0624

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 ▼

75.00

Date of Receipt

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

Transaction ID: A20CDD4E134484D8D90C

Amount of Each Receipt this Period

25.00

NOTE: EM/Rubio/Trans111109

**C.**

Full Name (Last, First, Middle Initial)

Mary Williams

Mailing Address 10417 Tasha Rd

City

Nevada City

State

CA

Zip Code

95959-9779

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
medical technologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

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

Transaction ID: A3F1DB6773153423880C

Amount of Each Receipt this Period

25.00

NOTE: EM/Toomey/Trans1111-09

**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 / 131

(check only one)

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

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NAME OF COMMITTEE (In Full)

Senate Conservatives Fund

**A.**

Full Name (Last, First, Middle Initial)

Randy Perrine

Mailing Address P.O. Box 624

City

Rogue River

State

OR

Zip Code

97537-0624

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 ▼

75.00

Date of Receipt

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

Transaction ID: AD3CBB98955FF4768909

Amount of Each Receipt this Period

25.00

NOTE: EM/Toomey/Trans1111-09

**B.**

Full Name (Last, First, Middle Initial)

Patty Giesecke

Mailing Address 3412 Monarch Lane

City

Annandale

State

VA

Zip Code

22003-1155

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Minute Clinic

Occupation  
Nurse Practitioner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

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

Transaction ID: A5BF877A42C0F4DDEA19

Amount of Each Receipt this Period

25.00

NOTE: EM/DeVore/Trans1111-09

**C.**

Full Name (Last, First, Middle Initial)

Patty Giesecke

Mailing Address 3412 Monarch Lane

City

Annandale

State

VA

Zip Code

22003-1155

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Minute Clinic

Occupation  
Nurse Practitioner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

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

Transaction ID: A9499E01182954A0EB21

Amount of Each Receipt this Period

25.00

NOTE: EM/Rubio/Trans111109

**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 / 131

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Senate Conservatives Fund

**A.**

Full Name (Last, First, Middle Initial)  
Randy Perrine

Mailing Address P.O. Box 624

City State Zip Code  
Rogue River OR 97537-0624

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 ▼

75.00

Date of Receipt

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

Transaction ID: A22818CBE998A4BFEA78

Amount of Each Receipt this Period

25.00

NOTE: EM/DeVore/Trans1111-09

**B.**

Full Name (Last, First, Middle Initial)  
Janet Best

Mailing Address 2153 W McCormick Rd

City State Zip Code  
Apopka FL 32703-8966

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

60.00

Date of Receipt

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

Transaction ID: A063E6855554D4E60962

Amount of Each Receipt this Period

25.00

NOTE: EM/Rubio/Trans111109

**C.**

Full Name (Last, First, Middle Initial)  
Mary Williams

Mailing Address 10417 Tasha Rd

City State Zip Code  
Nevada City CA 95959-9779

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation  
medical technologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

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

Transaction ID: AD08567A07E404050B8E

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 30 / 131

(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)  
Senate Conservatives Fund

**A.**

Full Name (Last, First, Middle Initial)  
Mr. John Ykema

Mailing Address 1343 W Baltimore Pike Apt E418

City State Zip Code  
Media PA 19063-5547

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
L-3

Occupation  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: A8302CD349EC641B4BBE

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)  
Mrs. Lois Green

Mailing Address 200 Nomini Dr

City State Zip Code  
Arnold MD 21012-1051

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
hns - self employed

Occupation  
Retired

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 5 / 2 0 0 9

Transaction ID: AC5634763EB7E4EF19F3

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)  
Mary Williams

Mailing Address 10417 Tasha Rd

City State Zip Code  
Nevada City CA 95959-9779

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation  
medical technologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

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

Transaction ID: AF1CC32AF93AC4496B95

Amount of Each Receipt this Period

100.00

NOTE: EM/DeVore/Trans1111-09

**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 31 / 131

(check only one)

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

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NAME OF COMMITTEE (In Full)

Senate Conservatives Fund

**A.**

Full Name (Last, First, Middle Initial)

Ronald Johns

Mailing Address 584 Lake Asbury Drive

City

Green Cove Springs

State

FL

Zip Code

32043-9550

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CSX

Occupation  
Clerk

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

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

Transaction ID: AB1FFBA657B544D8DA28

Amount of Each Receipt this Period

25.00

NOTE: EM/Rubio/Trans111109

**B.**

Full Name (Last, First, Middle Initial)

Nina Spears

Mailing Address 7705 Lake Highlands Drive

City

Fort Worth

State

TX

Zip Code

76179-2809

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 ▼

50.00

Date of Receipt

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

Transaction ID: A0DA963203B154D4EBB2

Amount of Each Receipt this Period

-25.00

NOTE: EM/Rubio/Trans111109

**C.**

Full Name (Last, First, Middle Initial)

Nina Spears

Mailing Address 7705 Lake Highlands Drive

City

Fort Worth

State

TX

Zip Code

76179-2809

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 ▼

50.00

Date of Receipt

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

Transaction ID: AE3A06BDBCBCDC4A00A15

Amount of Each Receipt this Period

-25.00

NOTE: EM/DeVore/Trans1111-09

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

-25.00

**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 / 131

(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)

Senate Conservatives Fund

**A.**

Full Name (Last, First, Middle Initial)

Jack Benigni

Mailing Address 484 Windemere Dr

City

Aberdeen

State

MD

Zip Code

21001-1800

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Masimo Corp

Occupation

Respiratory Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

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

Transaction ID: AC72013C87D714A57856

Amount of Each Receipt this Period

50.00

NOTE: EM/Toomey/Trans1118-09

**B.**

Full Name (Last, First, Middle Initial)

Jack Benigni

Mailing Address 484 Windemere Dr

City

Aberdeen

State

MD

Zip Code

21001-1800

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Masimo Corp

Occupation

Respiratory Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

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

Transaction ID: A006081A7B7B84340891

Amount of Each Receipt this Period

100.00

NOTE: EM/Rubio/Trans111809

**C.**

Full Name (Last, First, Middle Initial)

Clare O'Shaughnessy

Mailing Address 6393 Pine Meadows Dr

City

Spring Hill

State

FL

Zip Code

34606-3341

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

40.00

Date of Receipt

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

Transaction ID: A8F5408EBE75F47758D3

Amount of Each Receipt this Period

5.00

NOTE: EM/Toomey/Trans1118-09

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

155.00

**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 / 131

(check only one)

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

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NAME OF COMMITTEE (In Full)

Senate Conservatives Fund

**A.**

Full Name (Last, First, Middle Initial)

Clare O'Shaughnessy

Mailing Address 6393 Pine Meadows Dr

City

Spring Hill

State

FL

Zip Code

34606-3341

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

40.00

Date of Receipt

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

Transaction ID: AF379705BECF34630973

Amount of Each Receipt this Period

5.00

NOTE: EM/DeVore/Trans1118-09

**B.**

Full Name (Last, First, Middle Initial)

Clare O'Shaughnessy

Mailing Address 6393 Pine Meadows Dr

City

Spring Hill

State

FL

Zip Code

34606-3341

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

40.00

Date of Receipt

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

Transaction ID: A1D949C8F0F5A4A84B94

Amount of Each Receipt this Period

5.00

NOTE: EM/Rubio/Trans111809

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Elizabeth Craine

Mailing Address 28977 Old Trilby Rd

City

Brooksville

State

FL

Zip Code

34602-7447

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
homemaker

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

555.00

Date of Receipt

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

Transaction ID: A838E021759FA44F78C3

Amount of Each Receipt this Period

10.00

NOTE: EM/DeVore/Trans1118-09

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

20.00

**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 / 131

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Senate Conservatives Fund

**A.**

Full Name (Last, First, Middle Initial)  
Christopher Norfolk

Mailing Address P.O. Box 5298

City State Zip Code  
Albuquerque NM 87185-5298

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
WSI

Occupation  
Planner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

130.00

Date of Receipt

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

Transaction ID: AEBDA4AF8CE624FC6871

Amount of Each Receipt this Period

10.00

NOTE: EM/DeVore/Trans1118-09

**B.**

Full Name (Last, First, Middle Initial)  
Larry Taylor

Mailing Address 4418 Rosser Square

City State Zip Code  
Dallas TX 75244-6648

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

95.00

Date of Receipt

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

Transaction ID: AE1B7CE0B6C5A45AAB54

Amount of Each Receipt this Period

15.00

NOTE: EM/Toomey/Trans1118-09

**C.**

Full Name (Last, First, Middle Initial)  
Larry Taylor

Mailing Address 4418 Rosser Square

City State Zip Code  
Dallas TX 75244-6648

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

95.00

Date of Receipt

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

Transaction ID: A378552E3195643C6BD1

Amount of Each Receipt this Period

15.00

NOTE: EM/DeVore/Trans1118-09

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

40.00

**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 / 131

(check only one)

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

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NAME OF COMMITTEE (In Full)

Senate Conservatives Fund

**A.**

Full Name (Last, First, Middle Initial)

Mary McFadden

Mailing Address 938 Tenth St Apt 8

City

Santa Monica

State

CA

Zip Code

90403-2919

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 ▼

25.00

Date of Receipt

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

Transaction ID: A64BC506393714B65B0B

Amount of Each Receipt this Period

15.00

NOTE: EM/DeVore/Trans1118-09

**B.**

Full Name (Last, First, Middle Initial)

Durwood Foote

Mailing Address 917 Mountain Terrace

City

Hurst

State

TX

Zip Code

76053-4100

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tarrant County College

Occupation  
Teacher

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 / 0 9 / 2 0 0 9

Transaction ID: A6DC4329133C14784884

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Celia Puff

Mailing Address 180 Westcott Way

City

Sacramento

State

CA

Zip Code

95864-6972

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 ▼

80.00

Date of Receipt

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

Transaction ID: A679F2958D06E4D1BA87

Amount of Each Receipt this Period

20.00

NOTE: EM/DeVore/Trans1118-09

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

55.00

**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 / 131

(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)

Senate Conservatives Fund

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Elizabeth Craine

Mailing Address 28977 Old Trilby Rd

City

Brooksville

State

FL

Zip Code

34602-7447

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
homemaker

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

555.00

Date of Receipt

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

Transaction ID: A1C01023716D040E4852

Amount of Each Receipt this Period

20.00

NOTE: EM/Rubio/Trans111809

**B.**

Full Name (Last, First, Middle Initial)

Celia Puff

Mailing Address 180 Westcott Way

City

Sacramento

State

CA

Zip Code

95864-6972

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 ▼

80.00

Date of Receipt

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

Transaction ID: AE5F6DAC09E8F43D5948

Amount of Each Receipt this Period

20.00

NOTE: EM/Toomey/Trans1118-09

**C.**

Full Name (Last, First, Middle Initial)

Durwood Foote

Mailing Address 917 Mountain Terrace

City

Hurst

State

TX

Zip Code

76053-4100

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tarrant County College

Occupation

Teacher

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

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

Transaction ID: A76EB92C9BC4D46D2974

Amount of Each Receipt this Period

20.00

NOTE: EM/Toomey/Trans1118-09

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

60.00

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 / 131

(check only one)

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

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NAME OF COMMITTEE (In Full)

Senate Conservatives Fund

**A.**

Full Name (Last, First, Middle Initial)

Larry Taylor

Mailing Address 4418 Rosser Square

City

Dallas

State

TX

Zip Code

75244-6648

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

95.00

Date of Receipt

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

Transaction ID: A47CE8219F527458C862

Amount of Each Receipt this Period

20.00

NOTE: EM/Rubio/Trans111809

**B.**

Full Name (Last, First, Middle Initial)

Christopher Norfolk

Mailing Address P.O. Box 5298

City

Albuquerque

State

NM

Zip Code

87185-5298

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WSI

Occupation  
Planner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

130.00

Date of Receipt

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

Transaction ID: A2474BEB4D00C4B44851

Amount of Each Receipt this Period

20.00

NOTE: EM/Toomey/Trans1118-09

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Elizabeth Craine

Mailing Address 28977 Old Trilby Rd

City

Brooksville

State

FL

Zip Code

34602-7447

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
homemaker

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

555.00

Date of Receipt

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

Transaction ID: AEFA28AA5AE4C4723A57

Amount of Each Receipt this Period

20.00

NOTE: EM/Toomey/Trans1118-09

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

60.00

**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 / 131

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Senate Conservatives Fund

**A.**

Full Name (Last, First, Middle Initial)  
Ozzie Chabot

Mailing Address 220 S Mill St

City State Zip Code  
Kasota MN 56050-2039

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 ▼

80.00

Date of Receipt

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

Transaction ID: AA487AC40D1F54DEC962

Amount of Each Receipt this Period

20.00

NOTE: EM/DeVore/Trans1118-09

**B.**

Full Name (Last, First, Middle Initial)  
Jennifer Welliver

Mailing Address 396 Mosteller Road

City State Zip Code  
Montoursville PA 17754-9000

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
homemaker

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

60.00

Date of Receipt

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

Transaction ID: AA554B32954A4491A892

Amount of Each Receipt this Period

20.00

NOTE: EM/Toomey/Trans1118-09

**C.**

Full Name (Last, First, Middle Initial)  
Celia Puff

Mailing Address 180 Westcott Way

City State Zip Code  
Sacramento CA 95864-6972

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 ▼

80.00

Date of Receipt

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

Transaction ID: AA5CC372460414199B02

Amount of Each Receipt this Period

20.00

NOTE: EM/Rubio/Trans111809

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

60.00

**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 / 131

(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)  
Senate Conservatives Fund

**A.**

Full Name (Last, First, Middle Initial)  
Ozzie Chabot

Mailing Address 220 S Mill St

City State Zip Code  
Kasota MN 56050-2039

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 ▼

80.00

Date of Receipt

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

Transaction ID: A4DFD93C984E04CFEA1A

Amount of Each Receipt this Period

20.00

NOTE: EM/Rubio/Trans111809

**B.**

Full Name (Last, First, Middle Initial)  
Ozzie Chabot

Mailing Address 220 S Mill St

City State Zip Code  
Kasota MN 56050-2039

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 ▼

80.00

Date of Receipt

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

Transaction ID: A889CBDC54C93465A975

Amount of Each Receipt this Period

20.00

NOTE: EM/Toomey/Trans1118-09

**C.**

Full Name (Last, First, Middle Initial)  
Christopher Norfolk

Mailing Address P.O. Box 5298

City State Zip Code  
Albuquerque NM 87185-5298

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WSI

Occupation  
Planner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

130.00

Date of Receipt

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

Transaction ID: AC2622183077C44FB80C

Amount of Each Receipt this Period

20.00

NOTE: EM/Rubio/Trans111809

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

60.00

**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 / 131

(check only one)

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

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NAME OF COMMITTEE (In Full)

Senate Conservatives Fund

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Elizabeth Craine

Mailing Address 28977 Old Trilby Rd

City

Brooksville

State

FL

Zip Code

34602-7447

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
homemaker

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

555.00

Date of Receipt

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

Transaction ID: A6B9C531FEAA14F70BB8

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Michael Rauseo

Mailing Address 5608 Paseo de la Tirada

City

Tucson

State

AZ

Zip Code

85750-1418

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 ▼

100.00

Date of Receipt

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

Transaction ID: A95DF74DC8B15414FAA2

Amount of Each Receipt this Period

25.00

NOTE: EM/Toomey/Trans1118-09

**C.**

Full Name (Last, First, Middle Initial)

Phyllis Smith

Mailing Address 221 Creekside St.

City

Cloverdale

State

CA

Zip Code

95425-5426

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 ▼

25.00

Date of Receipt

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

Transaction ID: A5D52A1EAA6984D8E80F

Amount of Each Receipt this Period

25.00

NOTE: EM/DeVore/Trans1118-09

**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 41 / 131

(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)

Senate Conservatives Fund

**A.**

Full Name (Last, First, Middle Initial)

A.J. Southard

Mailing Address 7563 Key Deer Ct

City

Fort Myers

State

FL

Zip Code

33966-5709

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 ▼

50.00

Date of Receipt

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

Transaction ID: A8AC717C419B1463FB9C

Amount of Each Receipt this Period

25.00

NOTE: EM/Rubio/Trans111809

**B.**

Full Name (Last, First, Middle Initial)

Michael Rauseo

Mailing Address 5608 Paseo de la Tirada

City

Tucson

State

AZ

Zip Code

85750-1418

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 ▼

100.00

Date of Receipt

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

Transaction ID: A92D054FD76BA41909FC

Amount of Each Receipt this Period

25.00

NOTE: EM/DeVore/Trans1118-09

**C.**

Full Name (Last, First, Middle Initial)

Glenda Dwyer

Mailing Address 415 W Grangeville Blvd

City

Hanford

State

CA

Zip Code

93230-2860

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PG&E

Occupation  
Gas SVC Rep

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

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

Transaction ID: A7A8C5C10B84944148A0

Amount of Each Receipt this Period

25.00

NOTE: EM/Rubio/Trans111809

**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 42 / 131

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Senate Conservatives Fund

**A.**

Full Name (Last, First, Middle Initial)  
Randy Linn

Mailing Address P.O. Box 453

City State Zip Code  
Arab AL 35016-0453

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Floral Design Inc.

Occupation  
Manufacturer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

75.00

Date of Receipt

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

Transaction ID: AF752128764184D62BB6

Amount of Each Receipt this Period

25.00

NOTE: EM/DeVore/Trans1118-09

**B.**

Full Name (Last, First, Middle Initial)  
Glenda Dwyer

Mailing Address 415 W Grangeville Blvd

City State Zip Code  
Hanford CA 93230-2860

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
PG&E

Occupation  
Gas SVC Rep

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

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

Transaction ID: AF6FA58F6CA6249E38A7

Amount of Each Receipt this Period

25.00

NOTE: EM/Toomey/Trans1118-09

**C.**

Full Name (Last, First, Middle Initial)  
Charles Serio

Mailing Address 415 Madingley Road

City State Zip Code  
Linthicum Heights MD 21090-2036

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
none

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

70.00

Date of Receipt

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

Transaction ID: AF595E5E3046445A48E6

Amount of Each Receipt this Period

25.00

NOTE: EM/Rubio/Trans111809

**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 43 / 131

(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)

Senate Conservatives Fund

**A.**

Full Name (Last, First, Middle Initial)

Michael Rauseo

Mailing Address 5608 Paseo de la Tirada

City

Tucson

State

AZ

Zip Code

85750-1418

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 ▼

100.00

Date of Receipt

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

Transaction ID: A2E8B73270FD84678A39

Amount of Each Receipt this Period

25.00

NOTE: EM/Rubio/Trans111809

**B.**

Full Name (Last, First, Middle Initial)

Glenda Dwyer

Mailing Address 415 W Grangeville Blvd

City

Hanford

State

CA

Zip Code

93230-2860

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PG&E

Occupation  
Gas SVC Rep

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

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

Transaction ID: ADED8B8F4BB8C48F6BF3

Amount of Each Receipt this Period

25.00

NOTE: EM/DeVore/Trans1118-09

**C.**

Full Name (Last, First, Middle Initial)

Debbie Ternan

Mailing Address 4957 Paloma Ave

City

Carmichael

State

CA

Zip Code

95608-5845

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
homemaker

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

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

Transaction ID: A4B56CC13B3FF4BB7A7C

Amount of Each Receipt this Period

25.00

NOTE: EM/DeVore/Trans1118-09

**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 44 / 131

(check only one)

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

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NAME OF COMMITTEE (In Full)

Senate Conservatives Fund

**A.**

Full Name (Last, First, Middle Initial)

Charles Serio

Mailing Address 415 Madingley Road

City

Linthicum Heights

State

MD

Zip Code

21090-2036

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

70.00

Date of Receipt

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

Transaction ID: AD2F8EF741D384017898

Amount of Each Receipt this Period

25.00

NOTE: EM/Toomey/Trans1118-09

**B.**

Full Name (Last, First, Middle Initial)

Durwood Foote

Mailing Address 917 Mountain Terrace

City

Hurst

State

TX

Zip Code

76053-4100

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tarrant County College

Occupation  
Teacher

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 / 0 9 / 2 0 0 9

Transaction ID: A7D260D75673C4A5A9FB

Amount of Each Receipt this Period

30.00

NOTE: EM/Rubio/Trans111809

**C.**

Full Name (Last, First, Middle Initial)

Durwood Foote

Mailing Address 917 Mountain Terrace

City

Hurst

State

TX

Zip Code

76053-4100

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tarrant County College

Occupation  
Teacher

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 / 0 9 / 2 0 0 9

Transaction ID: AB475A961227D4C9BA6A

Amount of Each Receipt this Period

30.00

NOTE: EM/DeVore/Trans1118-09

**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 45 / 131

(check only one)

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

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NAME OF COMMITTEE (In Full)

Senate Conservatives Fund

**A.**

Full Name (Last, First, Middle Initial)

James Westfall

Mailing Address 4221 Sora Common

City

Fremont

State

CA

Zip Code

94555-3036

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 ▼

100.00

Date of Receipt

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

Transaction ID: AAA412CC714284099BF9

Amount of Each Receipt this Period

50.00

NOTE: EM/DeVore/Trans1118-09

**B.**

Full Name (Last, First, Middle Initial)

Andrew Rivera

Mailing Address 71 Ganung Dr.

City

Ossining

State

NY

Zip Code

10562-3937

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
verizon

Occupation  
Telecom. Tech.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

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

Transaction ID: A49EB20F5C42C43219D4

Amount of Each Receipt this Period

50.00

NOTE: EM/Toomey/Trans1118-09

**C.**

Full Name (Last, First, Middle Initial)

Gayland Trousdale

Mailing Address 42664 Cardiff St

City

Palm Desert

State

CA

Zip Code

92211-8840

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 ▼

100.00

Date of Receipt

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

Transaction ID: A2257398A27B84ED3BB3

Amount of Each Receipt this Period

50.00

NOTE: EM/DeVore/Trans1118-09

**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 46 / 131

(check only one)

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

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NAME OF COMMITTEE (In Full)

Senate Conservatives Fund

**A.**

Full Name (Last, First, Middle Initial)

Andrew Rivera

Mailing Address 71 Ganung Dr.

City

Ossining

State

NY

Zip Code

10562-3937

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
verizon

Occupation

Telecom. Tech.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

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

Transaction ID: A48D2D76E182847039CF

Amount of Each Receipt this Period

50.00

NOTE: EM/DeVore/Trans1118-09

**B.**

Full Name (Last, First, Middle Initial)

Andrew Rivera

Mailing Address 71 Ganung Dr.

City

Ossining

State

NY

Zip Code

10562-3937

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
verizon

Occupation

Telecom. Tech.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

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

Transaction ID: A30AB69432BC94D8A88F

Amount of Each Receipt this Period

50.00

NOTE: EM/Rubio/Trans111809

**C.**

Full Name (Last, First, Middle Initial)

William Scheifley

Mailing Address 714 Winston Lane

City

Sugar Land

State

TX

Zip Code

77479-5835

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 1 / 0 9 / 2 0 0 9

Transaction ID: AE8CCC130C21C4AE0B4F

Amount of Each Receipt this Period

50.00

NOTE: EM/Toomey/Trans1118-09

**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 47 / 131

(check only one)

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

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NAME OF COMMITTEE (In Full)

Senate Conservatives Fund

**A.**

Full Name (Last, First, Middle Initial)

William Scheifley

Mailing Address 714 Winston Lane

City

Sugar Land

State

TX

Zip Code

77479-5835

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  
1 1 / 0 9 / 2 0 0 9

Transaction ID: ADE561FF7CBF24F319E2

Amount of Each Receipt this Period

50.00

NOTE: EM/DeVore/Trans1118-09

**B.**

Full Name (Last, First, Middle Initial)

William Scheifley

Mailing Address 714 Winston Lane

City

Sugar Land

State

TX

Zip Code

77479-5835

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  
1 1 / 0 9 / 2 0 0 9

Transaction ID: A42A4D65FE08A4D208F1

Amount of Each Receipt this Period

50.00

NOTE: EM/Rubio/Trans111809

**C.**

Full Name (Last, First, Middle Initial)

John E. Fox

Mailing Address P.O. Box 608

City

Stevensville

State

MT

Zip Code

59870-0608

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  
1 1 / 0 9 / 2 0 0 9

Transaction ID: AB9F10F85CC044F81B72

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

FOR LINE NUMBER: PAGE 48 / 131

(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)  
Senate Conservatives Fund

**A.**

Full Name (Last, First, Middle Initial)

John E. Fox

Mailing Address P.O. Box 608

City

Stevensville

State

MT

Zip Code

59870-0608

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  
1 1 / 0 9 / 2 0 0 9

Transaction ID: AA854CD4531064C5D84F

Amount of Each Receipt this Period

100.00

NOTE: EM/Toomey/Trans1118-09

**B.**

Full Name (Last, First, Middle Initial)

John E. Fox

Mailing Address P.O. Box 608

City

Stevensville

State

MT

Zip Code

59870-0608

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  
1 1 / 0 9 / 2 0 0 9

Transaction ID: A797C24DA33A44F3FAD2

Amount of Each Receipt this Period

100.00

NOTE: EM/Rubio/Trans111809

**C.**

Full Name (Last, First, Middle Initial)

John E. Fox

Mailing Address P.O. Box 608

City

Stevensville

State

MT

Zip Code

59870-0608

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  
1 1 / 0 9 / 2 0 0 9

Transaction ID: AE42F986FCCD04A6E903

Amount of Each Receipt this Period

100.00

NOTE: EM/DeVore/Trans1118-09

**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 49 / 131

(check only one)

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

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NAME OF COMMITTEE (In Full)

Senate Conservatives Fund

**A.**

Full Name (Last, First, Middle Initial)

William Scheifley

Mailing Address 714 Winston Lane

City

Sugar Land

State

TX

Zip Code

77479-5835

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 1 / 0 9 / 2 0 0 9

Transaction ID: A5336EDCBE1324CB28B7

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Joyce Friedell

Mailing Address 8 Brooks Avenue

City

Huntington

State

NY

Zip Code

11743-6217

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 ▼

60.00

Date of Receipt

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

Transaction ID: A877A8097A0E64C45BE4

Amount of Each Receipt this Period

10.00

NOTE: EM/DeVore/Trans1118-09

**C.**

Full Name (Last, First, Middle Initial)

Joyce Friedell

Mailing Address 8 Brooks Avenue

City

Huntington

State

NY

Zip Code

11743-6217

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 ▼

60.00

Date of Receipt

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

Transaction ID: ACDBA3F712C614302822

Amount of Each Receipt this Period

10.00

NOTE: EM/Toomey/Trans1118-09

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

220.00

**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 / 131

(check only one)

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

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NAME OF COMMITTEE (In Full)

Senate Conservatives Fund

**A.**

Full Name (Last, First, Middle Initial)

Joyce Friedell

Mailing Address 8 Brooks Avenue

City

Huntington

State

NY

Zip Code

11743-6217

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 ▼

60.00

Date of Receipt

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

Transaction ID: AE8FA7B0A55844D11956

Amount of Each Receipt this Period

10.00

NOTE: EM/Rubio/Trans111809

**B.**

Full Name (Last, First, Middle Initial)

Fred Zimmerman

Mailing Address 4515 Waterton Circle

City

Hoschton

State

GA

Zip Code

30548-3485

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 ▼

65.00

Date of Receipt

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

Transaction ID: A6A6BBC95A11941EEA3D

Amount of Each Receipt this Period

15.00

NOTE: EM/Rubio/Trans111809

**C.**

Full Name (Last, First, Middle Initial)

Fred Zimmerman

Mailing Address 4515 Waterton Circle

City

Hoschton

State

GA

Zip Code

30548-3485

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 ▼

65.00

Date of Receipt

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

Transaction ID: A64B49E5B0DD14950970

Amount of Each Receipt this Period

15.00

NOTE: EM/Toomey/Trans1118-09

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

40.00

**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 / 131

(check only one)

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

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NAME OF COMMITTEE (In Full)

Senate Conservatives Fund

**A.**

Full Name (Last, First, Middle Initial)

Fred Zimmerman

Mailing Address 4515 Waterton Circle

City

Hoschton

State

GA

Zip Code

30548-3485

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 ▼

65.00

Date of Receipt

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

Transaction ID: A014E18534CA34B72851

Amount of Each Receipt this Period

15.00

NOTE: EM/DeVore/Trans1118-09

**B.**

Full Name (Last, First, Middle Initial)

Allen Kraska

Mailing Address 542 Westmount Lane

City

Venice

State

FL

Zip Code

34293-4426

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 ▼

25.00

Date of Receipt

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

Transaction ID: AEE766C641C7045699DD

Amount of Each Receipt this Period

25.00

NOTE: EM/Rubio/Trans111809

**C.**

Full Name (Last, First, Middle Initial)

Jeffrey Wolk

Mailing Address 49 La Cresta Road

City

Orinda

State

CA

Zip Code

94563-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Jeffrey Wolk & Co

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 / 1 0 / 2 0 0 9

Transaction ID: AFC0E0F327DEC4A5EAFc

Amount of Each Receipt this Period

50.00

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

90.00

**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 / 131

(check only one)

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

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NAME OF COMMITTEE (In Full)

Senate Conservatives Fund

**A.**

Full Name (Last, First, Middle Initial)

Jeffrey Wolk

Mailing Address 49 La Cresta Road

City

Orinda

State

CA

Zip Code

94563-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Jeffrey Wolk & Co

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 / 1 0 / 2 0 0 9

Transaction ID: A8FF733AD332E4CAF9DC

Amount of Each Receipt this Period

50.00

NOTE: EM/Rubio/Trans111809

**B.**

Full Name (Last, First, Middle Initial)

Jeffrey Wolk

Mailing Address 49 La Cresta Road

City

Orinda

State

CA

Zip Code

94563-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Jeffrey Wolk & Co

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 / 1 0 / 2 0 0 9

Transaction ID: A898353103F5C48AAB3D

Amount of Each Receipt this Period

50.00

NOTE: EM/Toomey/Trans1118-09

**C.**

Full Name (Last, First, Middle Initial)

Jeffrey Wolk

Mailing Address 49 La Cresta Road

City

Orinda

State

CA

Zip Code

94563-4144

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Jeffrey Wolk & Co

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 / 1 0 / 2 0 0 9

Transaction ID: A898A4F5877DC4D6CAD3

Amount of Each Receipt this Period

100.00

NOTE: EM/DeVore/Trans1118-09

**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 53 / 131

(check only one)

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

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NAME OF COMMITTEE (In Full)

Senate Conservatives Fund

**A.**

Full Name (Last, First, Middle Initial)

Brent Smith

Mailing Address 9150 S. O Street

City

Tonkawa

State

OK

Zip Code

74653-4750

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Equity Marketing Alliance

Occupation

Grain Merchandizing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: AB34C8311DCD8499F908

Amount of Each Receipt this Period

100.00

NOTE: EM/Toomey/Trans1118-09

**B.**

Full Name (Last, First, Middle Initial)

Brent Smith

Mailing Address 9150 S. O Street

City

Tonkawa

State

OK

Zip Code

74653-4750

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Equity Marketing Alliance

Occupation

Grain Merchandizing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: A666F99D9EFC844FBB4E

Amount of Each Receipt this Period

100.00

NOTE: EM/DeVore/Trans1118-09

**C.**

Full Name (Last, First, Middle Initial)

Brent Smith

Mailing Address 9150 S. O Street

City

Tonkawa

State

OK

Zip Code

74653-4750

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Equity Marketing Alliance

Occupation

Grain Merchandizing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: A03CB86D1F0C54CBA8F1

Amount of Each Receipt this Period

100.00

NOTE: EM/Rubio/Trans111809

**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 54 / 131

(check only one)

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

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NAME OF COMMITTEE (In Full)

Senate Conservatives Fund

**A.**

Full Name (Last, First, Middle Initial)

Ms. Elizabeth Skapin

Mailing Address 4445 W 215th St

City

Cleveland

State

OH

Zip Code

44126-2301

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Information Requested

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 1 / 1 3 / 2 0 0 9

Transaction ID: A1BE5DFD0ACB44988A3F

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Nancy Misasi

Mailing Address 26 North Gate

City

Wanaque

State

NJ

Zip Code

07465-1614

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation

Retired

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

90.00

Date of Receipt

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

Transaction ID: A84B7DCE6C4A241F7B30

Amount of Each Receipt this Period

10.00

NOTE: EM/Toomey/Trans1125-09

**C.**

Full Name (Last, First, Middle Initial)

Nancy Misasi

Mailing Address 26 North Gate

City

Wanaque

State

NJ

Zip Code

07465-1614

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation

Retired

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

90.00

Date of Receipt

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

Transaction ID: A57A0170C0B0544A4B0B

Amount of Each Receipt this Period

10.00

NOTE: EM/Rubio/Trans112509

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

45.00

**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 / 131

(check only one)

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

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NAME OF COMMITTEE (In Full)

Senate Conservatives Fund

**A.**

Full Name (Last, First, Middle Initial)

Nancy Misasi

Mailing Address 26 North Gate

City

Wanaque

State

NJ

Zip Code

07465-1614

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

90.00

Date of Receipt

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

Transaction ID: A79B2C347CA78426FA27

Amount of Each Receipt this Period

10.00

NOTE: EM/DeVore/Trans1125-09

**B.**

Full Name (Last, First, Middle Initial)

Julie Boraks

Mailing Address 1 Lindenwood Lane

City

Littleton

State

CO

Zip Code

80127-2621

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Pharmacist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30.00

Date of Receipt

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

Transaction ID: A7494BA4236E74000B6A

Amount of Each Receipt this Period

10.00

NOTE: EM/Rubio/Trans112509

**C.**

Full Name (Last, First, Middle Initial)

Julie Boraks

Mailing Address 1 Lindenwood Lane

City

Littleton

State

CO

Zip Code

80127-2621

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Pharmacist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30.00

Date of Receipt

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

Transaction ID: AA72B6C668D9747D88D2

Amount of Each Receipt this Period

10.00

NOTE: EM/Toomey/Trans1125-09

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

30.00

**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 / 131

(check only one)

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

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NAME OF COMMITTEE (In Full)

Senate Conservatives Fund

**A.**

Full Name (Last, First, Middle Initial)

Julie Boraks

Mailing Address 1 Lindenwood Lane

City

Littleton

State

CO

Zip Code

80127-2621

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Pharmacist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30.00

Date of Receipt

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

Transaction ID: A95E7297AB926470782D

Amount of Each Receipt this Period

10.00

NOTE: EM/DeVore/Trans1125-09

**B.**

Full Name (Last, First, Middle Initial)

Stephen Hope

Mailing Address 7150 58th St

City

Pinellas Park

State

FL

Zip Code

33781-4203

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Seco South

Occupation  
Sales/Project Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20.00

Date of Receipt

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

Transaction ID: AD64946AC598643F489D

Amount of Each Receipt this Period

20.00

NOTE: EM/Rubio/Trans112509

**C.**

Full Name (Last, First, Middle Initial)

Anne Sullivan

Mailing Address 4113 perlita avenue

City

Los Angeles

State

CA

Zip Code

90039-1361

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Walt Disney Studios

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

90.00

Date of Receipt

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

Transaction ID: AE86A8D5018C04A16B32

Amount of Each Receipt this Period

20.00

NOTE: EM/Rubio/Trans112509

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

50.00

**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 / 131

(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)

Senate Conservatives Fund

**A.**

Full Name (Last, First, Middle Initial)

Allen Mueller

Mailing Address P.O. Box 429

City

Rossville

State

TN

Zip Code

38066-0429

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Memphis Shades Inc.

Occupation  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

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

Transaction ID: AAD58C72E2A59483C960

Amount of Each Receipt this Period

200.00

NOTE: EM/Toomey/Trans1125-09

**B.**

Full Name (Last, First, Middle Initial)

David Lowther

Mailing Address 1055 Piedmont Avenue NE #216

City

Atlanta

State

GA

Zip Code

30309-3711

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Southeastern Radiotherapy

Occupation  
Physician

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 / 1 6 / 2 0 0 9

Transaction ID: AA7B89B8E76D64F608AF

Amount of Each Receipt this Period

500.00

NOTE: EM/Toomey/Trans1125-09

**C.**

Full Name (Last, First, Middle Initial)

Betty S. Prince

Mailing Address 2504 Forestcrest Dr.

City

Plano

State

TX

Zip Code

75074-6573

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 ▼

100.00

Date of Receipt

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

Transaction ID: ACD66348CF0ED4F028E6

Amount of Each Receipt this Period

25.00

NOTE: EM/DeVore/Trans1125-09

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

725.00

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

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

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

FOR LINE NUMBER: PAGE 58 / 131

(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)

Senate Conservatives Fund

**A.**

Full Name (Last, First, Middle Initial)

Betty S. Prince

Mailing Address 2504 Forestcrest Dr.

City

Plano

State

TX

Zip Code

75074-6573

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 ▼

100.00

Date of Receipt

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

Transaction ID: A3D385FDAE5BC411EB35

Amount of Each Receipt this Period

25.00

NOTE: EM/Toomey/Trans1125-09

**B.**

Full Name (Last, First, Middle Initial)

Betty S. Prince

Mailing Address 2504 Forestcrest Dr.

City

Plano

State

TX

Zip Code

75074-6573

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 ▼

100.00

Date of Receipt

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

Transaction ID: A92EE4728E00349BBBD5

Amount of Each Receipt this Period

25.00

NOTE: EM/Rubio/Trans112509

**C.**

Full Name (Last, First, Middle Initial)

James P. Smith, Sr.

Mailing Address 5517 Anne Lane

City

Dayton

State

OH

Zip Code

45459-1603

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 ▼

80.00

Date of Receipt

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

Transaction ID: ADE62CEE76AF24C58890

Amount of Each Receipt this Period

40.00

NOTE: EM/Rubio/Trans112509

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

90.00

**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 / 131

(check only one)

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

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NAME OF COMMITTEE (In Full)

Senate Conservatives Fund

**A.**

Full Name (Last, First, Middle Initial)

James P. Smith, Sr.

Mailing Address 5517 Anne Lane

City

Dayton

State

OH

Zip Code

45459-1603

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 ▼

80.00

Date of Receipt

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

Transaction ID: AFA02BEED01514C0CBA6

Amount of Each Receipt this Period

40.00

NOTE: EM/DeVore/Trans1125-09

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Jean F. Ross

Mailing Address 9401 Old Sauk Rd Apt 131

City

Middleton

State

WI

Zip Code

53562-4406

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation  
Information Requested

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 1 / 1 6 / 2 0 0 9

Transaction ID: A0A67D7FEA32146DE861

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

John Burford

Mailing Address 3525 N W 28th Way

City

Jennings

State

FL

Zip Code

32053-3871

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 ▼

50.00

Date of Receipt

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

Transaction ID: A43AD5FBDA6884C5E9A2

Amount of Each Receipt this Period

50.00

NOTE: EM/Rubio/Trans112509

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

140.00

**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 / 131

(check only one)

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

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NAME OF COMMITTEE (In Full)

Senate Conservatives Fund

**A.**

Full Name (Last, First, Middle Initial)

Mr. Gneal Trevethan

Mailing Address 2985 Catlett Rd

City

Pleasant Grove

State

CA

Zip Code

95668-9741

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-trevethan farms

Occupation

Farmer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: AC444F11132B8443BA93

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Janice Hatley

Mailing Address 1903 Deer Creek Rd.

City

Mc Ewen

State

TN

Zip Code

37101-5125

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 ▼

40.00

Date of Receipt

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

Transaction ID: A144EE700C18F47AE9CC

Amount of Each Receipt this Period

10.00

NOTE: EM/DeVore/Trans1125-09

**C.**

Full Name (Last, First, Middle Initial)

Janice Hatley

Mailing Address 1903 Deer Creek Rd.

City

Mc Ewen

State

TN

Zip Code

37101-5125

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 ▼

40.00

Date of Receipt

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

Transaction ID: A9744F2EAB6764DA2B2A

Amount of Each Receipt this Period

10.00

NOTE: EM/Rubio/Trans112509

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

120.00

**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 / 131

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

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NAME OF COMMITTEE (In Full)

Senate Conservatives Fund

**A.**

Full Name (Last, First, Middle Initial)

Janice Hatley

Mailing Address 1903 Deer Creek Rd.

City

Mc Ewen

State

TN

Zip Code

37101-5125

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 ▼

40.00

Date of Receipt

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

Transaction ID: A2673683EF862456EB14

Amount of Each Receipt this Period

10.00

NOTE: EM/Toomey/Trans1125-09

**B.**

Full Name (Last, First, Middle Initial)

Joseph Cheevers

Mailing Address 3743 Woodbourne place

City

Santa Rosa

State

CA

Zip Code

95403-0942

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 ▼

40.00

Date of Receipt

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

Transaction ID: ADC1554B7E2E5446B8AF

Amount of Each Receipt this Period

20.00

NOTE: EM/DeVore/Trans1125-09

**C.**

Full Name (Last, First, Middle Initial)

Jana Foisel

Mailing Address 1191 1st Street NW

City

Watertown

State

SD

Zip Code

57201-1412

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kranz Insurance

Occupation  
Office Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

60.00

Date of Receipt

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

Transaction ID: AA2CEAB92B21D44EBBD7

Amount of Each Receipt this Period

20.00

NOTE: EM/DeVore/Trans1125-09

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

50.00

**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 / 131

(check only one)

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

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NAME OF COMMITTEE (In Full)

Senate Conservatives Fund

**A.**

Full Name (Last, First, Middle Initial)

Jana Foisel

Mailing Address 1191 1st Street NW

City

Watertown

State

SD

Zip Code

57201-1412

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kranz Insurance

Occupation

Office Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

60.00

Date of Receipt

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

Transaction ID: A1E2AAB9DAEC34210B41

Amount of Each Receipt this Period

20.00

NOTE: EM/Toomey/Trans1125-09

**B.**

Full Name (Last, First, Middle Initial)

Jana Foisel

Mailing Address 1191 1st Street NW

City

Watertown

State

SD

Zip Code

57201-1412

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kranz Insurance

Occupation

Office Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

60.00

Date of Receipt

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

Transaction ID: A5209EE4A0B984E07AA6

Amount of Each Receipt this Period

20.00

NOTE: EM/Rubio/Trans112509

**C.**

Full Name (Last, First, Middle Initial)

Gary Brey

Mailing Address 769 John Ringling E-2

City

Sarasota

State

FL

Zip Code

34236-1519

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Manasota Realty

Occupation

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

35.00

Date of Receipt

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

Transaction ID: A514BC19A357744799A6

Amount of Each Receipt this Period

20.00

NOTE: EM/Rubio/Trans112509

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

60.00

**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 / 131

(check only one)

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

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NAME OF COMMITTEE (In Full)

Senate Conservatives Fund

**A.**

Full Name (Last, First, Middle Initial)

Mr. Ralph Hammett

Mailing Address P O Box 191

City

Jacksonville

State

AL

Zip Code

36265-0191

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 ▼

250.00

Date of Receipt

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

Transaction ID: A031959FFDAFA4AF58F1

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Charles Patton

Mailing Address 1087 Messina Drive

City

Punta Gorda

State

FL

Zip Code

33950-6544

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 ▼

100.00

Date of Receipt

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

Transaction ID: A49DD80303F71450B949

Amount of Each Receipt this Period

100.00

NOTE: EM/Rubio/Trans112509

**C.**

Full Name (Last, First, Middle Initial)

Ruth Meves

Mailing Address 4511 Grandview Dr.

City

Louisville

State

KY

Zip Code

40216-2801

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 ▼

20.00

Date of Receipt

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

Transaction ID: AA50BDE85DE784D55904

Amount of Each Receipt this Period

5.00

NOTE: EM/Toomey/Trans1125-09

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

130.00

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

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

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

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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)

Senate Conservatives Fund

**A.**

Full Name (Last, First, Middle Initial)

Ruth Meves

Mailing Address 4511 Grandview Dr.

City

Louisville

State

KY

Zip Code

40216-2801

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 ▼

20.00

Date of Receipt

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

Transaction ID: A58ADB10BF47344DDA7C

Amount of Each Receipt this Period

5.00

NOTE: EM/DeVore/Trans1125-09

**B.**

Full Name (Last, First, Middle Initial)

Gary Brey

Mailing Address 769 John Ringling E-2

City

Sarasota

State

FL

Zip Code

34236-1519

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Manasota Realty

Occupation  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

35.00

Date of Receipt

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

Transaction ID: A2CDC8962DD944031BC1

Amount of Each Receipt this Period

5.00

NOTE: EM/DeVore/Trans1125-09

**C.**

Full Name (Last, First, Middle Initial)

Gary Brey

Mailing Address 769 John Ringling E-2

City

Sarasota

State

FL

Zip Code

34236-1519

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Manasota Realty

Occupation  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

35.00

Date of Receipt

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

Transaction ID: AA164F34A8EDC435E921

Amount of Each Receipt this Period

5.00

NOTE: EM/Toomey/Trans1125-09

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

15.00

**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 / 131

(check only one)

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

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NAME OF COMMITTEE (In Full)

Senate Conservatives Fund

**A.**

Full Name (Last, First, Middle Initial)

Ruth Meves

Mailing Address 4511 Grandview Dr.

City

Louisville

State

KY

Zip Code

40216-2801

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 ▼

20.00

Date of Receipt

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

Transaction ID: A5679D482EBDB420F834

Amount of Each Receipt this Period

5.00

NOTE: EM/Rubio/Trans112509

**B.**

Full Name (Last, First, Middle Initial)

Toby Walden

Mailing Address 4148 NW 36th Street

City

Gainesville

State

FL

Zip Code

32605-1445

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCA

Occupation  
Collection Specialist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

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

Transaction ID: ACDB1E289A39545739BC

Amount of Each Receipt this Period

25.00

NOTE: EM/Rubio/Trans112509

**C.**

Full Name (Last, First, Middle Initial)

Eric Ostrander

Mailing Address 11754 Fan Tail LN

City

Orlando

State

FL

Zip Code

32827-7126

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TW Telecom

Occupation  
technician

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 1 / 1 8 / 2 0 0 9

Transaction ID: A6AB9A15477EC492196C

Amount of Each Receipt this Period

50.00

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

80.00

**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 / 131

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Senate Conservatives Fund

**A.**

Full Name (Last, First, Middle Initial)  
Eric Ostrander

Mailing Address 11754 Fan Tail LN

City State Zip Code  
Orlando FL 32827-7126

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
TW Telecom

Occupation  
technician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: AE7ED439883CD4A95911

Amount of Each Receipt this Period

100.00

NOTE: EM/Rubio/Trans112509

**B.**

Full Name (Last, First, Middle Initial)  
Billie Buchanan

Mailing Address 3805 Fox Glen Dr.

City State Zip Code  
Irving TX 75062-3831

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
homemaker

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

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

Transaction ID: A8065AF866D9E44F5BB0

Amount of Each Receipt this Period

100.00

NOTE: EM/Rubio/Trans112509

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Steve Abrams

Mailing Address 10118 Meadow Lake Ln

City State Zip Code  
Houston TX 77042-2926

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 ▼

250.00

Date of Receipt

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

Transaction ID: AC87C53B7EB894E6A9CF

Amount of Each Receipt this Period

250.00

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

450.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 67 / 131

(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)

Senate Conservatives Fund

**A.**

Full Name (Last, First, Middle Initial)

Ms. Virginia Brown

Mailing Address 828 Van Buren St

City

Herndon

State

VA

Zip Code

20170-4651

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
retiredOccupation  
Retired

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 | 8 | / | 2 | 0 | 0 | 9 |

Transaction ID: AE6AE07C190AF4CBBA2E

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. William McGowan, Jr.

Mailing Address P O Box 795

City

Geneva

State

AL

Zip Code

36340-0795

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation  
Retired

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 | / | 2 | 0 | / | 2 | 0 | 0 | 9 |

Transaction ID: A8D575BDB91624F5E9C8

Amount of Each Receipt this Period

35.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Mark Schumacher

Mailing Address 1105 N 177th West Ave

City

Sand Springs

State

OK

Zip Code

74063-9343

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

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

Transaction ID: AAE4F517918F24FE1AA5

Amount of Each Receipt this Period

100.00

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

385.00

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 / 131

(check only one)

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

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NAME OF COMMITTEE (In Full)

Senate Conservatives Fund

**A.**

Full Name (Last, First, Middle Initial)

Ana Lauing

Mailing Address 25775 Pahute Rd.

City

Apple Valley

State

CA

Zip Code

92308-9746

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 ▼

25.00

Date of Receipt

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

Transaction ID: AAE92003324A347FB851

Amount of Each Receipt this Period

25.00

NOTE: EM/DeVore/Trans1125-09

**B.**

Full Name (Last, First, Middle Initial)

Betty Arras

Mailing Address 2540 San Miguel Dr.

City

Walnut Creek

State

CA

Zip Code

94596-6008

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 ▼

50.00

Date of Receipt

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

Transaction ID: A4E31DC7E1DFD479FA69

Amount of Each Receipt this Period

25.00

NOTE: EM/DeVore/Trans1125-09

**C.**

Full Name (Last, First, Middle Initial)

Isabelle Terry

Mailing Address 5822 Olde Meadow Ct NE

City

Rockford

State

MI

Zip Code

49341-7315

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
homemaker

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

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

Transaction ID: A9DF71914569B4AF493A

Amount of Each Receipt this Period

25.00

NOTE: EM/Rubio/Trans112509

**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 69 / 131

(check only one)

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

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NAME OF COMMITTEE (In Full)

Senate Conservatives Fund

**A.**

Full Name (Last, First, Middle Initial)

Mr. Jack A. Buzbee

Mailing Address 200 E Douglas St

City

De Soto

State

IL

Zip Code

62924-1512

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 ▼

335.00

Date of Receipt

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

Transaction ID: AFAEDB54FF397462EB9C

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

William Phinney

Mailing Address 6745 Laurian Wood Dr

City

Atlanta

State

GA

Zip Code

30328-2754

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 ▼

100.00

Date of Receipt

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

Transaction ID: ACD59F09B9BAC4CFBBF8

Amount of Each Receipt this Period

50.00

NOTE: EM/Rubio/Trans112509

**C.**

Full Name (Last, First, Middle Initial)

Ken Sola

Mailing Address 20684 Abell Rd

City

Abell

State

MD

Zip Code

20606-2137

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 ▼

100.00

Date of Receipt

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

Transaction ID: ACFB8420C0A364EBDA9D

Amount of Each Receipt this Period

100.00

NOTE: EM/Rubio/Trans112509

**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 70 / 131

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Senate Conservatives Fund

**A.**

Full Name (Last, First, Middle Initial)  
William Huff

Mailing Address 310 Inlet Ave.

City State Zip Code  
Merritt Island FL 32953-3078

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 ▼

100.00

Date of Receipt

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

**Transaction ID:** A7EFC56A43A4B48A8BD2

Amount of Each Receipt this Period

100.00

NOTE: EM/Rubio/Trans112509

**B.**

Full Name (Last, First, Middle Initial)  
Judith Vantgroenewout

Mailing Address 2734 W Plum Hollow Dr

City State Zip Code  
Anthem AZ 85086-1203

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
none

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

97.00

Date of Receipt

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

**Transaction ID:** AF8718116F53A4D4485A

Amount of Each Receipt this Period

10.00

NOTE: EM/Rubio/Trans112509

**C.**

Full Name (Last, First, Middle Initial)  
Ms Cheryl Volesky

Mailing Address 1004 Barbi Ct

City State Zip Code  
Castle Rock CO 80104-1602

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation  
Educational Asst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

135.00

Date of Receipt

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

**Transaction ID:** A8EA51D9805B34ED2BA1

Amount of Each Receipt this Period

10.00

NOTE: EM/DeVore/Trans1125-09

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

120.00

**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 / 131

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Senate Conservatives Fund

**A.**

Full Name (Last, First, Middle Initial)  
Judith Vantgroenewout

Mailing Address 2734 W Plum Hollow Dr

City State Zip Code  
Anthem AZ 85086-1203

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
none

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

97.00

Date of Receipt

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

Transaction ID: ACD08A9AF7C824623BCA

Amount of Each Receipt this Period

10.00

NOTE: EM/DeVore/Trans1125-09

**B.**

Full Name (Last, First, Middle Initial)  
Mary Kiewlich

Mailing Address 415 Eagle

City State Zip Code  
Lakeway TX 78734-5004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
none

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

75.00

Date of Receipt

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

Transaction ID: AF5991FF395A34CDAA74

Amount of Each Receipt this Period

10.00

NOTE: EM/Rubio/Trans112509

**C.**

Full Name (Last, First, Middle Initial)  
Douglas Burroughs

Mailing Address P. O. Box 51

City State Zip Code  
Agua Dulce TX 78330-0051

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Celanese

Occupation  
Industrial Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

40.00

Date of Receipt

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

Transaction ID: A5A3A8E08CF7B4BE5AB0

Amount of Each Receipt this Period

10.00

NOTE: EM/Toomey/Trans1125-09

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

30.00

**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 / 131

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Senate Conservatives Fund

**A.**

Full Name (Last, First, Middle Initial)  
Douglas Burroughs

Mailing Address P. O. Box 51

City State Zip Code  
Agua Dulce TX 78330-0051

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Celanese

Occupation  
Industrial Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

40.00

Date of Receipt

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

Transaction ID: A7351D80FFFB44701ABD

Amount of Each Receipt this Period

10.00

NOTE: EM/Rubio/Trans112509

**B.**

Full Name (Last, First, Middle Initial)  
Geoff Lewis

Mailing Address 1351 Eden Meadows Way

City State Zip Code  
Dayton OH 45440-4096

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MaryCrest

Occupation  
Public Relations Intern

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

55.00

Date of Receipt

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

Transaction ID: AD5E6A693F99C4096971

Amount of Each Receipt this Period

10.00

NOTE: EM/Rubio/Trans112509

**C.**

Full Name (Last, First, Middle Initial)  
Geoff Lewis

Mailing Address 1351 Eden Meadows Way

City State Zip Code  
Dayton OH 45440-4096

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MaryCrest

Occupation  
Public Relations Intern

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

55.00

Date of Receipt

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

Transaction ID: A96497EEBF7554079A4A

Amount of Each Receipt this Period

10.00

NOTE: EM/Toomey/Trans1125-09

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

30.00

**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 / 131

(check only one)

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

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NAME OF COMMITTEE (In Full)

Senate Conservatives Fund

**A.**

Full Name (Last, First, Middle Initial)

Judith Vantgroenewout

Mailing Address 2734 W Plum Hollow Dr

City

Anthem

State

AZ

Zip Code

85086-1203

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

97.00

Date of Receipt

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

Transaction ID: A09E46D968D9E4E96A75

Amount of Each Receipt this Period

10.00

NOTE: EM/Toomey/Trans1125-09

**B.**

Full Name (Last, First, Middle Initial)

Geoff Lewis

Mailing Address 1351 Eden Meadows Way

City

Dayton

State

OH

Zip Code

45440-4096

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MaryCrest

Occupation  
Public Relations Intern

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

55.00

Date of Receipt

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

Transaction ID: AB1E6CEA7D7FC4C87A9D

Amount of Each Receipt this Period

10.00

NOTE: EM/DeVore/Trans1125-09

**C.**

Full Name (Last, First, Middle Initial)

Ms Cheryl Volesky

Mailing Address 1004 Barbi Ct

City

Castle Rock

State

CO

Zip Code

80104-1602

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation  
Educational Asst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

135.00

Date of Receipt

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

Transaction ID: A31313C76DFB846DFA99

Amount of Each Receipt this Period

10.00

NOTE: EM/Toomey/Trans1125-09

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

30.00

**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 / 131

(check only one)

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

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NAME OF COMMITTEE (In Full)

Senate Conservatives Fund

**A.**

Full Name (Last, First, Middle Initial)

Ms Cheryl Volesky

Mailing Address 1004 Barbi Ct

City

Castle Rock

State

CO

Zip Code

80104-1602

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Educational Asst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

135.00

Date of Receipt

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

Transaction ID: AF6467628FD2B4C2EB4C

Amount of Each Receipt this Period

10.00

NOTE: EM/Rubio/Trans112509

**B.**

Full Name (Last, First, Middle Initial)

Douglas Burroughs

Mailing Address P. O. Box 51

City

Agua Dulce

State

TX

Zip Code

78330-0051

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Celanese

Occupation

Industrial Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

40.00

Date of Receipt

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

Transaction ID: A4E0E8E799DEB42979B7

Amount of Each Receipt this Period

10.00

NOTE: EM/DeVore/Trans1125-09

**C.**

Full Name (Last, First, Middle Initial)

Darl Easton

Mailing Address 1005 Fayette Dr

City

Euleuss

State

TX

Zip Code

76039-3248

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 ▼

80.00

Date of Receipt

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

Transaction ID: A236727AFEF3D4BD0A5F

Amount of Each Receipt this Period

20.00

NOTE: EM/Rubio/Trans112509

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

40.00

**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 / 131

(check only one)

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

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NAME OF COMMITTEE (In Full)

Senate Conservatives Fund

**A.**

Full Name (Last, First, Middle Initial)

Darl Easton

Mailing Address 1005 Fayette Dr

City

Eules

State

TX

Zip Code

76039-3248

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 ▼

80.00

Date of Receipt

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

Transaction ID: A0BEF809CC964412393A

Amount of Each Receipt this Period

20.00

NOTE: EM/DeVore/Trans1125-09

**B.**

Full Name (Last, First, Middle Initial)

Darl Easton

Mailing Address 1005 Fayette Dr

City

Eules

State

TX

Zip Code

76039-3248

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 ▼

80.00

Date of Receipt

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

Transaction ID: A07879B69D0454220A1B

Amount of Each Receipt this Period

20.00

NOTE: EM/Toomey/Trans1125-09

**C.**

Full Name (Last, First, Middle Initial)

Vicky Alexander

Mailing Address 39 19th avenue

City

Bay Shore

State

NY

Zip Code

11706-3136

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
homemaker

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20.00

Date of Receipt

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

Transaction ID: A851381614D3C4CECBFB

Amount of Each Receipt this Period

5.00

NOTE: EM/DeVore/Trans1130-09

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

45.00

**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 / 131

(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)

Senate Conservatives Fund

**A.**

Full Name (Last, First, Middle Initial)

Vicky Alexander

Mailing Address 39 19th avenue

City

Bay Shore

State

NY

Zip Code

11706-3136

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
homemaker

Occupation

Homemaker

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

20.00

Date of Receipt

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

Transaction ID: AA9775D45507D47DB858

Amount of Each Receipt this Period

5.00

NOTE: EM/Toomey/Trans1130-09

**B.**

Full Name (Last, First, Middle Initial)

Vicky Alexander

Mailing Address 39 19th avenue

City

Bay Shore

State

NY

Zip Code

11706-3136

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
homemaker

Occupation

Homemaker

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

20.00

Date of Receipt

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

Transaction ID: A33795ADED7A0486B9A9

Amount of Each Receipt this Period

5.00

NOTE: EM/Rubio/Trans113009

**C.**

Full Name (Last, First, Middle Initial)

Kendra Gilpatrick

Mailing Address 511 Beverly Blvd

City

Upper Darby

State

PA

Zip Code

19082-3615

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
VITAS Innovative Hospice  
Care

Occupation

Registered Nurse

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

150.00

Date of Receipt

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

Transaction ID: AFA783C57C17A4521965

Amount of Each Receipt this Period

50.00

NOTE: EM/Toomey/Trans1130-09

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

60.00

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 77 / 131

(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)  
Senate Conservatives Fund**A.**Full Name (Last, First, Middle Initial)  
Daniel Eubank

Mailing Address P.O. Box 113

|               |       |            |
|---------------|-------|------------|
| City          | State | Zip Code   |
| Milledgeville | TN    | 38359-0113 |

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EatonOccupation  
Sales Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

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

Transaction ID: A65C49868CFF64B549E3

Amount of Each Receipt this Period

50.00

NOTE: EM/Rubio/Trans113009

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

Mailing Address P.O. Box 113

|               |       |            |
|---------------|-------|------------|
| City          | State | Zip Code   |
| Milledgeville | TN    | 38359-0113 |

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EatonOccupation  
Sales Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

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

Transaction ID: AF776E79446284443B9D

Amount of Each Receipt this Period

50.00

NOTE: EM/DeVore/Trans1130-09

**C.**Full Name (Last, First, Middle Initial)  
Andrew Warren

Mailing Address P.O. Box 923

|             |       |            |
|-------------|-------|------------|
| City        | State | Zip Code   |
| Fogelsville | PA    | 18051-0923 |

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
retiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

150.00

Date of Receipt

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

Transaction ID: ADE1628ECD92746D6A0E

Amount of Each Receipt this Period

50.00

NOTE: EM/Rubio/Trans113009

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 78 / 131

(check only one)

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

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NAME OF COMMITTEE (In Full)

Senate Conservatives Fund

**A.**

Full Name (Last, First, Middle Initial)

Virginia Tompakov

Mailing Address 3934 SE 37th Court

City

Ocala

State

FL

Zip Code

34480-4934

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

150.00

Date of Receipt

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

Transaction ID: AC12FED638049482A9D0

Amount of Each Receipt this Period

50.00

NOTE: EM/Rubio/Trans113009

**B.**

Full Name (Last, First, Middle Initial)

Leo Stemp

Mailing Address 157 Newgate Road

City

East Granby

State

CT

Zip Code

06026-9545

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WMCC

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

150.00

Date of Receipt

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

Transaction ID: AA0C308D7D3B14169B10

Amount of Each Receipt this Period

50.00

NOTE: EM/DeVore/Trans1130-09

**C.**

Full Name (Last, First, Middle Initial)

Andrew Warren

Mailing Address P.O. Box 923

City

Fogelsville

State

PA

Zip Code

18051-0923

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 ▼

150.00

Date of Receipt

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

Transaction ID: AB78DCE2A45234881A3C

Amount of Each Receipt this Period

50.00

NOTE: EM/DeVore/Trans1130-09

**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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FOR LINE NUMBER: PAGE 79 / 131

(check only one)

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

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NAME OF COMMITTEE (In Full)

Senate Conservatives Fund

**A.**

Full Name (Last, First, Middle Initial)

Kendra Gilpatrick

Mailing Address 511 Beverly Blvd

City

Upper Darby

State

PA

Zip Code

19082-3615

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
VITAS Innovative Hospice  
Care

Occupation

Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

150.00

Date of Receipt

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

Transaction ID: A2575D12E3FDB48E3841

Amount of Each Receipt this Period

50.00

NOTE: EM/Rubio/Trans113009

**B.**

Full Name (Last, First, Middle Initial)

Leo Stemp

Mailing Address 157 Newgate Road

City

East Granby

State

CT

Zip Code

06026-9545

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WMCC

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

150.00

Date of Receipt

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

Transaction ID: A51D7B9AD3EB9415499A

Amount of Each Receipt this Period

50.00

NOTE: EM/Toomey/Trans1130-09

**C.**

Full Name (Last, First, Middle Initial)

Barbara Sullivan

Mailing Address 245 Millwood Road

City

Chappaqua

State

NY

Zip Code

10514-1417

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Royal Realty Co.

Occupation

commercial real estate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

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

Transaction ID: A738EA02FC5F14EFDABF

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

FOR LINE NUMBER: PAGE 80 / 131

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Senate Conservatives Fund

**A.**

Full Name (Last, First, Middle Initial)  
Sue Masten

Mailing Address 10453 Maplewood PI SW

City State Zip Code  
Seattle WA 98146-1076

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

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

Transaction ID: A15C63842444F4415AA2

Amount of Each Receipt this Period

100.00

NOTE: EM/DeVore/Trans1130-09

**B.**

Full Name (Last, First, Middle Initial)  
John Goebel

Mailing Address 245 Little Harbor Lane

City State Zip Code  
Naples FL 34102-7606

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 ▼

500.00

Date of Receipt

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

Transaction ID: A090D78340CDE47DB979

Amount of Each Receipt this Period

100.00

NOTE: EM/Rubio/Trans113009

**C.**

Full Name (Last, First, Middle Initial)  
Charles E. Lader

Mailing Address 50 Coburn Drove West

City State Zip Code  
Okatie SC 29909

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 ▼

40.00

Date of Receipt

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

Transaction ID: A011B0605790A4CFD8A7

Amount of Each Receipt this Period

10.00

NOTE: EM/Rubio/Trans113009

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

210.00

**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)

Senate Conservatives Fund

**A.**

Full Name (Last, First, Middle Initial)

Theresa Lawson

Mailing Address 6 Cedar Ridge Dr

City

Fairport

State

NY

Zip Code

14450-8972

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

70.00

Date of Receipt

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

Transaction ID: AD8D637875DBA4DE5A17

Amount of Each Receipt this Period

10.00

NOTE: EM/Toomey/Trans1130-09

**B.**

Full Name (Last, First, Middle Initial)

Theresa Lawson

Mailing Address 6 Cedar Ridge Dr

City

Fairport

State

NY

Zip Code

14450-8972

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

70.00

Date of Receipt

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

Transaction ID: A0C70C14705814FB9BE7

Amount of Each Receipt this Period

10.00

NOTE: EM/Rubio/Trans113009

**C.**

Full Name (Last, First, Middle Initial)

Stephen Willson

Mailing Address 2651 Creston Avenue

City

Roanoke

State

VA

Zip Code

24015-4313

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 ▼

65.00

Date of Receipt

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

Transaction ID: A9502644F643A4223AC5

Amount of Each Receipt this Period

10.00

NOTE: EM/Rubio/Trans113009

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

30.00

**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 / 131

(check only one)

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

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NAME OF COMMITTEE (In Full)

Senate Conservatives Fund

**A.**

Full Name (Last, First, Middle Initial)

Charles E. Lader

Mailing Address 50 Coburn Drove West

City

Okatie

State

SC

Zip Code

29909

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 ▼

40.00

Date of Receipt

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

Transaction ID: A571E2D4F14A64C54B3B

Amount of Each Receipt this Period

10.00

NOTE: EM/DeVore/Trans1130-09

**B.**

Full Name (Last, First, Middle Initial)

Charles E. Lader

Mailing Address 50 Coburn Drove West

City

Okatie

State

SC

Zip Code

29909

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 ▼

40.00

Date of Receipt

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

Transaction ID: A5C479F234E6448808E2

Amount of Each Receipt this Period

10.00

NOTE: EM/Toomey/Trans1130-09

**C.**

Full Name (Last, First, Middle Initial)

Mary Jane Casablanca

Mailing Address 1701 Williams Court

City

Columbus

State

GA

Zip Code

31904-3902

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 ▼

30.00

Date of Receipt

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

Transaction ID: A017090D0E40F4AB2894

Amount of Each Receipt this Period

10.00

NOTE: EM/DeVore/Trans1130-09

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

30.00

**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 / 131

(check only one)

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

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NAME OF COMMITTEE (In Full)

Senate Conservatives Fund

**A.**

Full Name (Last, First, Middle Initial)

Mary Jane Casablanca

Mailing Address 1701 Williams Court

City

Columbus

State

GA

Zip Code

31904-3902

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 ▼

30.00

Date of Receipt

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

Transaction ID: AE95DACF139E94ADF94E

Amount of Each Receipt this Period

10.00

NOTE: EM/Toomey/Trans1130-09

**B.**

Full Name (Last, First, Middle Initial)

Mary Jane Casablanca

Mailing Address 1701 Williams Court

City

Columbus

State

GA

Zip Code

31904-3902

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 ▼

30.00

Date of Receipt

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

Transaction ID: A4889DC58B1364E6198F

Amount of Each Receipt this Period

10.00

NOTE: EM/Rubio/Trans113009

**C.**

Full Name (Last, First, Middle Initial)

Theresa Lawson

Mailing Address 6 Cedar Ridge Dr

City

Fairport

State

NY

Zip Code

14450-8972

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

70.00

Date of Receipt

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

Transaction ID: AAAA9E70C2ADA485E994

Amount of Each Receipt this Period

10.00

NOTE: EM/DeVore/Trans1130-09

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

30.00

**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 / 131

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

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NAME OF COMMITTEE (In Full)

Senate Conservatives Fund

**A.**

Full Name (Last, First, Middle Initial)

Jeff Reddoch

Mailing Address 104 Ramblewood

City

Lafayette

State

LA

Zip Code

70508-7402

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

150.00

Date of Receipt

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

Transaction ID: AC0E75400A6E3432D9AA

Amount of Each Receipt this Period

100.00

NOTE: EM/Rubio/Trans113009

**B.**

Full Name (Last, First, Middle Initial)

Sue Masten

Mailing Address 10453 Maplewood PI SW

City

Seattle

State

WA

Zip Code

98146-1076

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Homemaker

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

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

Transaction ID: A194C5D3100BE4628A64

Amount of Each Receipt this Period

100.00

NOTE: EM/Toomey/Trans1130-09

**C.**

Full Name (Last, First, Middle Initial)

John Goebel

Mailing Address 245 Little Harbor Lane

City

Naples

State

FL

Zip Code

34102-7606

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 ▼

500.00

Date of Receipt

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

Transaction ID: AA64606036C4A4A2F833

Amount of Each Receipt this Period

100.00

NOTE: EM/Toomey/Trans1130-09

**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 85 / 131

(check only one)

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

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NAME OF COMMITTEE (In Full)

Senate Conservatives Fund

**A.**

Full Name (Last, First, Middle Initial)

Sue Masten

Mailing Address 10453 Maplewood PI SW

City

Seattle

State

WA

Zip Code

98146-1076

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Homemaker

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

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

Transaction ID: A9DA6441DB874449DB0D

Amount of Each Receipt this Period

100.00

NOTE: EM/Rubio/Trans113009

**B.**

Full Name (Last, First, Middle Initial)

John Goebel

Mailing Address 245 Little Harbor Lane

City

Naples

State

FL

Zip Code

34102-7606

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 ▼

500.00

Date of Receipt

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

Transaction ID: A4041850F45ED47F88C2

Amount of Each Receipt this Period

100.00

NOTE: EM/DeVore/Trans1130-09

**C.**

Full Name (Last, First, Middle Initial)

Barbara Sullivan

Mailing Address 245 Millwood Road

City

Chappaqua

State

NY

Zip Code

10514-1417

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Royal Realty Co.

Occupation  
commercial real estate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

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

Transaction ID: A20DE715E39714104ADC

Amount of Each Receipt this Period

150.00

NOTE: EM/Rubio/Trans113009

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

350.00

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

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

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

FOR LINE NUMBER: PAGE 86 / 131

(check only one)

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

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NAME OF COMMITTEE (In Full)

Senate Conservatives Fund

**A.**

Full Name (Last, First, Middle Initial)

Barbara Sullivan

Mailing Address 245 Millwood Road

City

Chappaqua

State

NY

Zip Code

10514-1417

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Royal Realty Co.

Occupation

commercial real estate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

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

Transaction ID: AFAFB65B487524AC8916

Amount of Each Receipt this Period

150.00

NOTE: EM/Toomey/Trans1130-09

**B.**

Full Name (Last, First, Middle Initial)

Barbara Sullivan

Mailing Address 245 Millwood Road

City

Chappaqua

State

NY

Zip Code

10514-1417

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Royal Realty Co.

Occupation

commercial real estate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

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

Transaction ID: A7E37315FBC1546D78DF

Amount of Each Receipt this Period

150.00

NOTE: EM/DeVore/Trans1130-09

**C.**

Full Name (Last, First, Middle Initial)

Sue Masten

Mailing Address 10453 Maplewood PI SW

City

Seattle

State

WA

Zip Code

98146-1076

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Homemaker

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

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

Transaction ID: A2EE9EA39846E421AB5C

Amount of Each Receipt this Period

200.00

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

500.00

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

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

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

FOR LINE NUMBER: PAGE 87 / 131

(check only one)

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

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NAME OF COMMITTEE (In Full)

Senate Conservatives Fund

**A.**

Full Name (Last, First, Middle Initial)

John Goebel

Mailing Address 245 Little Harbor Lane

City

Naples

State

FL

Zip Code

34102-7606

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 ▼

500.00

Date of Receipt

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

Transaction ID: A36A420A75BD4471AB67

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Chris Bond

Mailing Address P.O. Box 1324

City

Dover

State

AR

Zip Code

72837-1324

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Best Brands Corp

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

80.00

Date of Receipt

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

Transaction ID: AF566E22E10D0495AA8A

Amount of Each Receipt this Period

20.00

NOTE: EM/Toomey/Trans1130-09

**C.**

Full Name (Last, First, Middle Initial)

Chris Bond

Mailing Address P.O. Box 1324

City

Dover

State

AR

Zip Code

72837-1324

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Best Brands Corp

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

80.00

Date of Receipt

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

Transaction ID: A92CE33686CB643EC8F3

Amount of Each Receipt this Period

20.00

NOTE: EM/DeVore/Trans1130-09

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

240.00

**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 / 131

(check only one)

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

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NAME OF COMMITTEE (In Full)

Senate Conservatives Fund

**A.**

Full Name (Last, First, Middle Initial)

Chris Bond

Mailing Address P.O. Box 1324

City

Dover

State

AR

Zip Code

72837-1324

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Best Brands Corp

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

80.00

Date of Receipt

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

Transaction ID: AEA2877EBD9854535A81

Amount of Each Receipt this Period

20.00

NOTE: EM/Rubio/Trans113009

**B.**

Full Name (Last, First, Middle Initial)

Ed Rogers

Mailing Address 11920 Airlea Drive

City

Nokesville

State

VA

Zip Code

20181-2303

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
lockheed martin

Occupation  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

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

Transaction ID: A3A697119CFF141AC99B

Amount of Each Receipt this Period

25.00

NOTE: EM/Toomey/Trans1130-09

**C.**

Full Name (Last, First, Middle Initial)

Vernon Vandiver

Mailing Address 9715 NW 63 LN

City

Gainesville

State

FL

Zip Code

32653-6808

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 ▼

50.00

Date of Receipt

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

Transaction ID: A122DF3B4F7A74B1E90E

Amount of Each Receipt this Period

25.00

NOTE: EM/Rubio/Trans113009

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

70.00

**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 89 / 131

(check only one)

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

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NAME OF COMMITTEE (In Full)

Senate Conservatives Fund

**A.**

Full Name (Last, First, Middle Initial)

David Miles

Mailing Address 2995 E Sunset Rd H-107

City

Las Vegas

State

NV

Zip Code

89120-2777

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 ▼

100.00

Date of Receipt

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

Transaction ID: ACBCD2B1301204238934

Amount of Each Receipt this Period

25.00

NOTE: EM/Toomey/Trans1130-09

**B.**

Full Name (Last, First, Middle Initial)

Edward Lauby

Mailing Address 2336 Lake James Way

City

Lakeland

State

FL

Zip Code

33810-4839

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 ▼

25.00

Date of Receipt

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

Transaction ID: A20112EAA742E4869A40

Amount of Each Receipt this Period

25.00

NOTE: EM/Rubio/Trans113009

**C.**

Full Name (Last, First, Middle Initial)

Sylvia Williams

Mailing Address 2201 E Vista Ave.

City

Phoenix

State

AZ

Zip Code

85020-4737

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

125.00

Date of Receipt

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

Transaction ID: A9DB92C4B55254697857

Amount of Each Receipt this Period

25.00

NOTE: EM/Toomey/Trans1130-09

**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 90 / 131

(check only one)

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

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NAME OF COMMITTEE (In Full)

Senate Conservatives Fund

**A.**

Full Name (Last, First, Middle Initial)

Ed Rogers

Mailing Address 11920 Airlea Drive

City

Nokesville

State

VA

Zip Code

20181-2303

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
lockheed martin

Occupation  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

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

Transaction ID: AC51D224450AE4885A05

Amount of Each Receipt this Period

25.00

NOTE: EM/Rubio/Trans113009

**B.**

Full Name (Last, First, Middle Initial)

Sylvia Williams

Mailing Address 2201 E Vista Ave.

City

Phoenix

State

AZ

Zip Code

85020-4737

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

125.00

Date of Receipt

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

Transaction ID: A1498D2E1354B4781986

Amount of Each Receipt this Period

25.00

NOTE: EM/Rubio/Trans113009

**C.**

Full Name (Last, First, Middle Initial)

Ed Rogers

Mailing Address 11920 Airlea Drive

City

Nokesville

State

VA

Zip Code

20181-2303

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
lockheed martin

Occupation  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

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

Transaction ID: A2DD09DF8009C4F67A0E

Amount of Each Receipt this Period

25.00

NOTE: EM/DeVore/Trans1130-09

**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  
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FOR LINE NUMBER: PAGE 91 / 131

(check only one)

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

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NAME OF COMMITTEE (In Full)

Senate Conservatives Fund

**A.**

Full Name (Last, First, Middle Initial)

Sally Jacob

Mailing Address 726 Manor Court

City

Brooklyn

State

NY

Zip Code

11235-5124

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

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

Transaction ID: A5F9869A8BE0844349A0

Amount of Each Receipt this Period

25.00

NOTE: EM/Rubio/Trans113009

**B.**

Full Name (Last, First, Middle Initial)

David Miles

Mailing Address 2995 E Sunset Rd H-107

City

Las Vegas

State

NV

Zip Code

89120-2777

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 ▼

100.00

Date of Receipt

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

Transaction ID: A798914E9C290413B9E3

Amount of Each Receipt this Period

25.00

NOTE: EM/Rubio/Trans113009

**C.**

Full Name (Last, First, Middle Initial)

Sylvia Williams

Mailing Address 2201 E Vista Ave.

City

Phoenix

State

AZ

Zip Code

85020-4737

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

125.00

Date of Receipt

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

Transaction ID: ACDF9F4D8120548FD8F9

Amount of Each Receipt this Period

25.00

NOTE: EM/DeVore/Trans1130-09

**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  
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FOR LINE NUMBER: PAGE 92 / 131

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Senate Conservatives Fund

**A.**

Full Name (Last, First, Middle Initial)  
David Miles

Mailing Address 2995 E Sunset Rd H-107

City State Zip Code  
Las Vegas NV 89120-2777

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 ▼

100.00

Date of Receipt

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

Transaction ID: AA544633557CB44CCA9E

Amount of Each Receipt this Period

25.00

NOTE: EM/DeVore/Trans1130-09

**B.**

Full Name (Last, First, Middle Initial)  
Linda Redondo

Mailing Address 9418 Monogram

City State Zip Code  
North Hills CA 91343-2817

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 ▼

40.00

Date of Receipt

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

Transaction ID: ACBCE25C29FAF40729B4

Amount of Each Receipt this Period

40.00

NOTE: EM/Rubio/Trans113009

**C.**

Full Name (Last, First, Middle Initial)  
Dean Kennedy

Mailing Address 1004 S Sierra Vista Ave

City State Zip Code  
Alhambra CA 91801-4818

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Consona ERP Inc

Occupation  
Programmer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: A50A4EB1B69064084A00

Amount of Each Receipt this Period

100.00

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

165.00

**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 / 131

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Senate Conservatives Fund

**A.**

Full Name (Last, First, Middle Initial)  
Gregory Chomic

Mailing Address 1725 King Arthur Circle

City State Zip Code  
Maitland FL 32751-5819

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Heyward Florida Incorporated

Occupation  
Salesman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

125.00

Date of Receipt

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

Transaction ID: A3339ABC463D7497AA03

Amount of Each Receipt this Period

100.00

NOTE: EM/Rubio/Trans113009

**B.**

Full Name (Last, First, Middle Initial)  
Catherine Wohltmann

Mailing Address 1331 New Philadelphia Road

City State Zip Code  
Pottstown PA 19465-8669

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Baptist Churches

Occupation  
Secretary

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 / 2 3 / 2 0 0 9

Transaction ID: AA82CAEA59D594448862

Amount of Each Receipt this Period

100.00

NOTE: EM/Toomey/Trans1130-09

**C.**

Full Name (Last, First, Middle Initial)  
Pamela Fugate

Mailing Address 551 South Chantilly Street

City State Zip Code  
Anaheim CA 92806-4338

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation  
Court Reporter

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

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

Transaction ID: A5D71D7963E7F4E1E9EC

Amount of Each Receipt this Period

25.00

NOTE: EM/DeVore/Trans1130-09

**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 94 / 131

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Senate Conservatives Fund

**A.**

Full Name (Last, First, Middle Initial)  
Pamela Fugate

Mailing Address 551 South Chantilly Street

City State Zip Code  
Anaheim CA 92806-4338

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation  
Court Reporter

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

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

Transaction ID: AAC45DA4942F34620B5D

Amount of Each Receipt this Period

25.00

NOTE: EM/Rubio/Trans113009

**B.**

Full Name (Last, First, Middle Initial)  
Jim Freeman

Mailing Address 2156 Baldwin Creek Rd.

City State Zip Code  
Lander WY 82520-9106

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 ▼

25.00

Date of Receipt

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

Transaction ID: A3D9BBB86D828479E91A

Amount of Each Receipt this Period

25.00

NOTE: EM/DeVore/Trans1130-09

**C.**

Full Name (Last, First, Middle Initial)  
Catherine Wohltmann

Mailing Address 1331 New Philadelphia Road

City State Zip Code  
Pottstown PA 19465-8669

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Baptist Churches

Occupation  
Secretary

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 3 / 2 0 0 9

Transaction ID: A7CF635D796194819ACE

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 95 / 131

(check only one)

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

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NAME OF COMMITTEE (In Full)

Senate Conservatives Fund

**A.**

Full Name (Last, First, Middle Initial)

Catherine Wohltmann

Mailing Address 1331 New Philadelphia Road

City

Pottstown

State

PA

Zip Code

19465-8669

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Baptist Churches

Occupation

Secretary

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 3 / 2 0 0 9

Transaction ID: A83C530D6460C49DB915

Amount of Each Receipt this Period

50.00

NOTE: EM/Rubio/Trans113009

**B.**

Full Name (Last, First, Middle Initial)

Catherine Wohltmann

Mailing Address 1331 New Philadelphia Road

City

Pottstown

State

PA

Zip Code

19465-8669

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Baptist Churches

Occupation

Secretary

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 3 / 2 0 0 9

Transaction ID: A72E3331FEC7F41E4948

Amount of Each Receipt this Period

50.00

NOTE: EM/DeVore/Trans1130-09

**C.**

Full Name (Last, First, Middle Initial)

Charles Trickey, III

Mailing Address 1015 Belmont Drive

City

Kennedale

State

TX

Zip Code

76060-5617

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Alcon Labs Inc.

Occupation

Research

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 3 / 2 0 0 9

Transaction ID: AF6E1608C8F14427CA75

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

FOR LINE NUMBER: PAGE 96 / 131

(check only one)

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

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NAME OF COMMITTEE (In Full)

Senate Conservatives Fund

**A.**

Full Name (Last, First, Middle Initial)

Joyce McReynolds

Mailing Address 7111 Riley Ridge Road

City

Fort Worth

State

TX

Zip Code

76126-6445

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 ▼

30.00

Date of Receipt

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

Transaction ID: A984475CD35A24F43932

Amount of Each Receipt this Period

10.00

NOTE: EM/Toomey/Trans1130-09

**B.**

Full Name (Last, First, Middle Initial)

Joyce McReynolds

Mailing Address 7111 Riley Ridge Road

City

Fort Worth

State

TX

Zip Code

76126-6445

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 ▼

30.00

Date of Receipt

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

Transaction ID: A5C31DE0714114484896

Amount of Each Receipt this Period

10.00

NOTE: EM/Rubio/Trans113009

**C.**

Full Name (Last, First, Middle Initial)

Joyce McReynolds

Mailing Address 7111 Riley Ridge Road

City

Fort Worth

State

TX

Zip Code

76126-6445

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 ▼

30.00

Date of Receipt

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

Transaction ID: A92767886604F4534ADC

Amount of Each Receipt this Period

10.00

NOTE: EM/DeVore/Trans1130-09

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

30.00

**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)

Senate Conservatives Fund

**A.**

Full Name (Last, First, Middle Initial)

Peter Guilbert

Mailing Address 23189 Hidden Ranch Rd

City

Auburn

State

CA

Zip Code

95602-8507

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 ▼

50.00

Date of Receipt

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

Transaction ID: A404FDC52F0B24B19882

Amount of Each Receipt this Period

50.00

NOTE: EM/DeVore/Trans1130-09

**B.**

Full Name (Last, First, Middle Initial)

Mr. Hollace Chastain

Mailing Address 1819 Braemar Dr

City

Fort Wayne

State

IN

Zip Code

46814-9364

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fort Wayne Cardiology

Occupation  
Physician

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 4 / 2 0 0 9

Transaction ID: AA92903D580E44A5CBBC

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Ken Hershey

Mailing Address 26 Graybill Road

City

Leola

State

PA

Zip Code

17540-1908

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 ▼

100.00

Date of Receipt

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

Transaction ID: A4E69B03FF8FD432E928

Amount of Each Receipt this Period

25.00

NOTE: EM/Toomey/Trans1130-09

**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 98 / 131

(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)

Senate Conservatives Fund

**A.**

Full Name (Last, First, Middle Initial)

Ken Hershey

Mailing Address 26 Graybill Road

City

Leola

State

PA

Zip Code

17540-1908

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
retiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

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

Transaction ID: AEB3DDD82343642D48C0

Amount of Each Receipt this Period

25.00

NOTE: EM/Rubio/Trans113009

**B.**

Full Name (Last, First, Middle Initial)

Richard L. Myers

Mailing Address P.O. Box 10

City

Haines City

State

FL

Zip Code

33845-0010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SelfOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

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

Transaction ID: AB361326AA0E04F64B3F

Amount of Each Receipt this Period

25.00

NOTE: EM/Rubio/Trans113009

**C.**

Full Name (Last, First, Middle Initial)

Ken Hershey

Mailing Address 26 Graybill Road

City

Leola

State

PA

Zip Code

17540-1908

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
retiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

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

Transaction ID: AD36B8403F944442192C

Amount of Each Receipt this Period

25.00

NOTE: EM/DeVore/Trans1130-09

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 99 / 131

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Senate Conservatives Fund

**A.**

Full Name (Last, First, Middle Initial)

Delle Colahan

Mailing Address 45164 Hwy. 31

City

Paisley

State

OR

Zip Code

97636-9724

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation  
rancher

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

40.00

Date of Receipt

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

Transaction ID: AEA760DC01F634CD5B3E

Amount of Each Receipt this Period

5.00

NOTE: EM/Toomey/Trans1130-09

**B.**

Full Name (Last, First, Middle Initial)

Delle Colahan

Mailing Address 45164 Hwy. 31

City

Paisley

State

OR

Zip Code

97636-9724

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation  
rancher

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

40.00

Date of Receipt

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

Transaction ID: A4882E10B0CA44C22A9C

Amount of Each Receipt this Period

5.00

NOTE: EM/DeVore/Trans1130-09

**C.**

Full Name (Last, First, Middle Initial)

Delle Colahan

Mailing Address 45164 Hwy. 31

City

Paisley

State

OR

Zip Code

97636-9724

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation  
rancher

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

40.00

Date of Receipt

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

Transaction ID: AF6AD0B21F67A4EFDAB7

Amount of Each Receipt this Period

5.00

NOTE: EM/Rubio/Trans113009

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

15.00

**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 100 / 131

(check only one)

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

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NAME OF COMMITTEE (In Full)

Senate Conservatives Fund

**A.**

Full Name (Last, First, Middle Initial)

Wayne Loofbourrow

Mailing Address 1754 Valpico Dr

City

San Jose

State

CA

Zip Code

95124-1956

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apple

Occupation

Software Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

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

Transaction ID: AD8542826BDD549F8ABD

Amount of Each Receipt this Period

100.00

NOTE: EM/Rubio/Trans113009

**B.**

Full Name (Last, First, Middle Initial)

Mike Vasovski

Mailing Address 410 University Pkwy Ste 1520

City

Aiken

State

SC

Zip Code

29801-6840

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Physician

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: A06294059DDFA44F893E

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Teresa Regard

Mailing Address 720 E Cherry Ln

City

Arlington Heights

State

IL

Zip Code

60004-3217

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  
1 1 / 3 0 / 2 0 0 9

Transaction ID: A6F78871B9F53417B902

Amount of Each Receipt this Period

300.00

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

650.00

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

19745.00

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

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

FOR LINE NUMBER: PAGE 101 / 131

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Senate Conservatives Fund

**A.**

Full Name (Last, First, Middle Initial)  
Real Estate Investment Trust PAC

Mailing Address 1875 I St., NW Ste. 600

City State Zip Code  
Washington DC 20006

FEC ID number of contributing  
federal political committee.

**C** C00303339

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

**Transaction ID:** AF503E3352C3C4B6E99B

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)  
American Inst. Certified Public Accountants PAC

Mailing Address 220 Leigh Farm Rd.

City State Zip Code  
Durham NC 27707

FEC ID number of contributing  
federal political committee.

**C** C00077321

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

**Transaction ID:** AB2240FF0BA0544CDA09

Amount of Each Receipt this Period

2000.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
National Community Pharmacists Assoc. PAC

Mailing Address 100 Daingerfield Rd.

City State Zip Code  
Alexandria VA 22314

FEC ID number of contributing  
federal political committee.

**C** C00030809

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

**Transaction ID:** A7392E4F6CD07498FB38

Amount of Each Receipt this Period

2000.00

Contribution

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

5000.00

**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 / 131

(check only one)

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

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NAME OF COMMITTEE (In Full)

Senate Conservatives Fund

**A.**

Full Name (Last, First, Middle Initial)

Koch Industries PAC

Mailing Address 600 14th St., NW Ste. 800

City

Washington

State

DC

Zip Code

20006

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

C00236489

Name of Employer

Occupation

Receipt For:

☐
☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: AC4B33821E2374C568A5

Amount of Each Receipt this Period

5000.00

Contribution

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

5000.00

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

10000.00

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

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

FOR LINE NUMBER: PAGE 103 / 131

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Senate Conservatives Fund

**A.**

Full Name (Last, First, Middle Initial)  
Robertson Mailing List Co.

Mailing Address Two Riverbend

City State Zip Code  
Leesburg VA 20176

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1569.61

Date of Receipt

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

Transaction ID: AAAD42B5F05E34EDCA7E

Amount of Each Receipt this Period

354.39

Vendor Refund

**B.**

Full Name (Last, First, Middle Initial)  
Robertson Mailing List Co.

Mailing Address Two Riverbend

City State Zip Code  
Leesburg VA 20176

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3190.17

Date of Receipt

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

Transaction ID: A93752B37FB0840B4900

Amount of Each Receipt this Period

1620.56

Vendor Refund

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

1974.95

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

1974.95

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 104 / 131

|                                         |                              |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)  
Senate Conservatives Fund

|                                                                                                                                      |                                                                                                                                                                                                                                                           |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|--------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Capital One                                                                     | <b>Transaction ID:</b> BD28F1D1BBBCA40EA871<br><b>Date of Disbursement</b>                                                                                                                                                                                |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 11697 Westheimer                                                                                                     | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>0</td><td>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 | 1 | 1 |  | 0 | 2 |  | 2 | 0 | 0 | 9 |
| M                                                                                                                                    | M                                                                                                                                                                                                                                                         | /       | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 1                                                                                                                                    | 1                                                                                                                                                                                                                                                         |         | 0 | 2 |   | 2 | 0 | 0 | 9 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Houston State TX Zip Code 77077-6709                                                                                            | <b>Amount of Each Disbursement this Period</b>                                                                                                                                                                                                            |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement Merchant Fees<br>Candidate Name                                                                              | <table border="1"> <tr> <td colspan="10">116.75</td> </tr> </table>                                                                                                                                                                                       | 116.75  |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 116.75                                                                                                                               |                                                                                                                                                                                                                                                           |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                                                                                                                         |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Advanced Mailing Systems                                                        | <b>Transaction ID:</b> B5D0437CEDEBD4B5BAE7<br><b>Date of Disbursement</b>                                                                                                                                                                                |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 1266 Kennestone Cir Ste 105                                                                                          | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>0</td><td>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 | 1 | 1 |  | 0 | 2 |  | 2 | 0 | 0 | 9 |
| M                                                                                                                                    | M                                                                                                                                                                                                                                                         | /       | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 1                                                                                                                                    | 1                                                                                                                                                                                                                                                         |         | 0 | 2 |   | 2 | 0 | 0 | 9 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Marietta State GA Zip Code 30066-7407                                                                                           | <b>Amount of Each Disbursement this Period</b>                                                                                                                                                                                                            |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement PAC Direct Mail Production<br>Candidate Name                                                                 | <table border="1"> <tr> <td colspan="10">9066.37</td> </tr> </table>                                                                                                                                                                                      | 9066.37 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 9066.37                                                                                                                              |                                                                                                                                                                                                                                                           |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                                                                                                                         |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Discover Merchant Services                                                      | <b>Transaction ID:</b> B120E83DBC2CA4CF19CC<br><b>Date of Disbursement</b>                                                                                                                                                                                |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 2500 Lake Cook Rd.                                                                                                   | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>0</td><td>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 | 1 |  | 0 | 3 |  | 2 | 0 | 0 | 9 |
| M                                                                                                                                    | M                                                                                                                                                                                                                                                         | /       | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 1                                                                                                                                    | 1                                                                                                                                                                                                                                                         |         | 0 | 3 |   | 2 | 0 | 0 | 9 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Riverwoods State IL Zip Code 60015                                                                                              | <b>Amount of Each Disbursement this Period</b>                                                                                                                                                                                                            |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement Merchant Fees<br>Candidate Name                                                                              | <table border="1"> <tr> <td colspan="10">14.98</td> </tr> </table>                                                                                                                                                                                        | 14.98   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 14.98                                                                                                                                |                                                                                                                                                                                                                                                           |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                                                                                                                         |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

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

9198.10

**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 105 / 131

|                                         |                              |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)  
Senate Conservatives Fund

|                                                                                                                                            |                                                                                                                                      |
|--------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Singularis Group                                                                      | <b>Transaction ID:</b> BA388B4E92892468EA01<br><b>Date of Disbursement</b>                                                           |
| Mailing Address 114 SW 8th Ave Ste 2                                                                                                       | <div> <div>MM/DD/YYYY</div> <div>11/04/2009</div> </div>                                                                             |
| City Topeka State KS Zip Code 66603-3953                                                                                                   | <b>Amount of Each Disbursement this Period</b>                                                                                       |
| Purpose of Disbursement<br>PAC Direct Mail Production                                                                                      | <div> <div></div> <div>1057.50</div> </div>                                                                                          |
| Candidate Name                                                                                                                             | <div> <div></div> <div>Category/<br/>Type</div> </div>                                                                               |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>American Express Merchant                                                             | <b>Transaction ID:</b> B3DB65FF7F0E9460A8AA<br><b>Date of Disbursement</b>                                                           |
| Mailing Address PO Box 53852                                                                                                               | <div> <div>MM/DD/YYYY</div> <div>11/06/2009</div> </div>                                                                             |
| City Phoenix State AZ Zip Code 85072-3852                                                                                                  | <b>Amount of Each Disbursement this Period</b>                                                                                       |
| Purpose of Disbursement<br>PAC Merchant Fees                                                                                               | <div> <div></div> <div>3.20</div> </div>                                                                                             |
| Candidate Name                                                                                                                             | <div> <div></div> <div>Category/<br/>Type</div> </div>                                                                               |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>American Caging Inc.                                                                  | <b>Transaction ID:</b> B374AD69C269C4857912<br><b>Date of Disbursement</b>                                                           |
| Mailing Address 4850 Wright Rd Ste 168                                                                                                     | <div> <div>MM/DD/YYYY</div> <div>11/06/2009</div> </div>                                                                             |
| City Stafford State TX Zip Code 77477-4121                                                                                                 | <b>Amount of Each Disbursement this Period</b>                                                                                       |
| Purpose of Disbursement<br>PAC Direct Mail Processing                                                                                      | <div> <div></div> <div>355.27</div> </div>                                                                                           |
| Candidate Name                                                                                                                             | <div> <div></div> <div>Category/<br/>Type</div> </div>                                                                               |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

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

1415.97

**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 106 / 131

|                                         |                              |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)  
Senate Conservatives Fund

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Paypal</p> <p>Mailing Address PO Box 45950</p> <p>City Omaha State NE Zip Code 68145-0950</p> <p>Purpose of Disbursement<br/>PAC CC Processing</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> BA12E60B52ADF48CF857</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="5"/> / <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="270.43"/></p> |
| <p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>American Express Merchant</p> <p>Mailing Address PO Box 53852</p> <p>City Phoenix State AZ Zip Code 85072-3852</p> <p>Purpose of Disbursement<br/>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> B48F29683E89B4AB9889</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="7"/> / <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="4.95"/></p>   |
| <p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>American Express Merchant</p> <p>Mailing Address PO Box 53852</p> <p>City Phoenix State AZ Zip Code 85072-3852</p> <p>Purpose of Disbursement<br/>PAC 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> B8DDDC95B1E224122811</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="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="3.04"/></p>   |

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

**278.42**

**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 107 / 131

|                                         |                              |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)  
Senate Conservatives Fund

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Paypal</p> <p>Mailing Address PO Box 45950</p> <p>City Omaha State NE Zip Code 68145-0950</p> <p>Purpose of Disbursement<br/>PAC CC Processing</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> B75090ED951D048CB82D</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="1"/> / <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="194.13"/></p>  |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>MDI Imaging &amp; Mail</p> <p>Mailing Address 21955 Cascades Parkway</p> <p>City Dulles State VA Zip Code 20166</p> <p>Purpose of Disbursement<br/>PAC Direct Mail Production</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> BD1240D72FAE543D6A8D</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"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="8177.65"/></p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Tri-state Envelope Corp.</p> <p>Mailing Address 20 Market St.</p> <p>City Ashland State PA Zip Code 17921</p> <p>Purpose of Disbursement<br/>PAC Printing</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> B336DA2665ED04E3A922</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"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1368.87"/></p> |

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

**9740.65**

**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 108 / 131

|                                         |                              |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)  
Senate Conservatives Fund

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Patriot Data Service</p> <p>Mailing Address Two Riverbend Pkwy</p> <p>City Leesburg State VA Zip Code 20176</p> <p>Purpose of Disbursement<br/>PAC Data 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> BB226E6E9540345D7851</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="220.00"/></p>  |
| <p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>The Richard Norman Company</p> <p>Mailing Address 44084 Riverside Pkwy., Ste. 350</p> <p>City Leesburg State VA Zip Code 20176-6823</p> <p>Purpose of Disbursement<br/>PAC Fundraising Consulting</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> BF0CACC9676BC401DAE4</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="4363.68"/></p> |
| <p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Direct Concepts</p> <p>Mailing Address 44084 Riverside, Ste. 350</p> <p>City Lansdowne State VA Zip Code 20176-6823</p> <p>Purpose of Disbursement<br/>PAC Direct Mail Design</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> B89CE74F0B99F4D5EBD4</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="475.00"/></p>  |

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

**5058.68**

**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 109 / 131

|                                         |                              |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)  
Senate Conservatives Fund

|                                                                                                                                      |                                                                                                                                                                                                                                                           |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|--------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Robertson Mailing List Co.                                                      | <b>Transaction ID:</b> BB9AE7D470B654C1EBCA<br><b>Date of Disbursement</b>                                                                                                                                                                                |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address Two Riverbend                                                                                                        | <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 Leesburg State VA Zip Code 20176                                                                                                | <b>Amount of Each Disbursement this Period</b>                                                                                                                                                                                                            |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement PAC Direct Mail-List Services<br>Candidate Name                                                              | <table border="1"> <tr> <td colspan="10">1432.50</td> </tr> </table>                                                                                                                                                                                      | 1432.50 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 1432.50                                                                                                                              |                                                                                                                                                                                                                                                           |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                                                                                                                         |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Verizon Wireless                                                                | <b>Transaction ID:</b> B04EE5322CD5C4C4FB44<br><b>Date of Disbursement</b>                                                                                                                                                                                |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address PO Box 25505                                                                                                         | <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>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 | 1 |  | 2 | 5 |  | 2 | 0 | 0 | 9 |
| M                                                                                                                                    | M                                                                                                                                                                                                                                                         | /       | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 1                                                                                                                                    | 1                                                                                                                                                                                                                                                         |         | 2 | 5 |   | 2 | 0 | 0 | 9 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Lehigh Valley State PA Zip Code 18002-5505                                                                                      | <b>Amount of Each Disbursement this Period</b>                                                                                                                                                                                                            |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement PAC Cell Phone<br>Candidate Name                                                                             | <table border="1"> <tr> <td colspan="10">47.49</td> </tr> </table>                                                                                                                                                                                        | 47.49   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 47.49                                                                                                                                |                                                                                                                                                                                                                                                           |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                                                                                                                         |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Active Engagement                                                               | <b>Transaction ID:</b> B31FD515212834FA086A<br><b>Date of Disbursement</b>                                                                                                                                                                                |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 44084 Riverside Parkway #350                                                                                         | <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>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 | 1 |  | 2 | 5 |  | 2 | 0 | 0 | 9 |
| M                                                                                                                                    | M                                                                                                                                                                                                                                                         | /       | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 1                                                                                                                                    | 1                                                                                                                                                                                                                                                         |         | 2 | 5 |   | 2 | 0 | 0 | 9 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Lansdowne State VA Zip Code 20176-6823                                                                                          | <b>Amount of Each Disbursement this Period</b>                                                                                                                                                                                                            |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement PAC Web Services<br>Candidate Name                                                                           | <table border="1"> <tr> <td colspan="10">6970.00</td> </tr> </table>                                                                                                                                                                                      | 6970.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 6970.00                                                                                                                              |                                                                                                                                                                                                                                                           |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                                                                                                                         |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....                                                                          | <table border="1"> <tr> <td colspan="10">8449.99</td> </tr> </table>                                                                                                                                                                                      | 8449.99 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 8449.99                                                                                                                              |                                                                                                                                                                                                                                                           |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>TOTAL</b> This Period (last page this line number only) .....                                                                     | <table border="1"> <tr> <td colspan="10"></td> </tr> </table>                                                                                                                                                                                             |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|                                                                                                                                      |                                                                                                                                                                                                                                                           |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

**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 110 / 131

|                                         |                              |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)  
Senate Conservatives Fund

|                                                                                                                                      |                                                                                                                                                                                                                                                           |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|--------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Foley & Lardner                                                                 | <b>Transaction ID:</b> BCC7500133C9047E2B71<br><b>Date of Disbursement</b>                                                                                                                                                                                |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 3000 K St NW Ste 500                                                                                                 | <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>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 | 1 |  | 2 | 5 |  | 2 | 0 | 0 | 9 |
| M                                                                                                                                    | M                                                                                                                                                                                                                                                         | /       | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 1                                                                                                                                    | 1                                                                                                                                                                                                                                                         |         | 2 | 5 |   | 2 | 0 | 0 | 9 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Washington State DC Zip Code 20007-5111                                                                                         | <b>Amount of Each Disbursement this Period</b>                                                                                                                                                                                                            |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement PAC Legal Fees<br>Candidate Name                                                                             | <table border="1"> <tr> <td colspan="10">467.89</td> </tr> </table>                                                                                                                                                                                       | 467.89  |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 467.89                                                                                                                               |                                                                                                                                                                                                                                                           |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                                                                                                                         |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Patriot Data Service                                                            | <b>Transaction ID:</b> B6F1BA9B06B104A189DA<br><b>Date of Disbursement</b>                                                                                                                                                                                |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address Two Riverbend Pkwy                                                                                                   | <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>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 | 1 |  | 2 | 5 |  | 2 | 0 | 0 | 9 |
| M                                                                                                                                    | M                                                                                                                                                                                                                                                         | /       | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 1                                                                                                                                    | 1                                                                                                                                                                                                                                                         |         | 2 | 5 |   | 2 | 0 | 0 | 9 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Leesburg State VA Zip Code 20176                                                                                                | <b>Amount of Each Disbursement this Period</b>                                                                                                                                                                                                            |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement PAC Web Services<br>Candidate Name                                                                           | <table border="1"> <tr> <td colspan="10">60.00</td> </tr> </table>                                                                                                                                                                                        | 60.00   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 60.00                                                                                                                                |                                                                                                                                                                                                                                                           |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                                                                                                                         |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Gula Graham Group                                                               | <b>Transaction ID:</b> B89786C05591A4258A1E<br><b>Date of Disbursement</b>                                                                                                                                                                                |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 700 12th St., NW Ste. 700                                                                                            | <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>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 | 1 |  | 2 | 5 |  | 2 | 0 | 0 | 9 |
| M                                                                                                                                    | M                                                                                                                                                                                                                                                         | /       | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 1                                                                                                                                    | 1                                                                                                                                                                                                                                                         |         | 2 | 5 |   | 2 | 0 | 0 | 9 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Washington State DC Zip Code 20005-4052                                                                                         | <b>Amount of Each Disbursement this Period</b>                                                                                                                                                                                                            |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement PAC Fundraising Consulting<br>Candidate Name                                                                 | <table border="1"> <tr> <td colspan="10">1350.00</td> </tr> </table>                                                                                                                                                                                      | 1350.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 1350.00                                                                                                                              |                                                                                                                                                                                                                                                           |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                                                                                                                         |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....                                                                          | <table border="1"> <tr> <td colspan="10">1877.89</td> </tr> </table>                                                                                                                                                                                      | 1877.89 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 1877.89                                                                                                                              |                                                                                                                                                                                                                                                           |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>TOTAL</b> This Period (last page this line number only) .....                                                                     | <table border="1"> <tr> <td colspan="10"></td> </tr> </table>                                                                                                                                                                                             |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|                                                                                                                                      |                                                                                                                                                                                                                                                           |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

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

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

FOR LINE NUMBER:  
(check only one)

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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)  
Senate Conservatives Fund

|                                                                                                                                      |                                                                                                                                   |
|--------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Huckaby Davis Lisker                                                            | <b>Transaction ID:</b> B4913406105654DFDADA<br><b>Date of Disbursement</b>                                                        |
| Mailing Address 228 S Washington St Ste 115                                                                                          | <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 2 5 / 2 0 0 9</div> </div>                                                        |
| City Alexandria State VA Zip Code 22314-5404                                                                                         | <b>Amount of Each Disbursement this Period</b>                                                                                    |
| Purpose of Disbursement<br>PAC Accounting/Compliance Services<br>Candidate Name                                                      | <div> <div>5859.32</div> <div>Category/Type</div> </div>                                                                          |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>American Caging Inc.                                                            | <b>Transaction ID:</b> BC7B779FBEF384DD08BE<br><b>Date of Disbursement</b>                                                        |
| Mailing Address 4850 Wright Rd Ste 168                                                                                               | <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 2 9 / 2 0 0 9</div> </div>                                                        |
| City Stafford State TX Zip Code 77477-4121                                                                                           | <b>Amount of Each Disbursement this Period</b>                                                                                    |
| Purpose of Disbursement<br>PAC Direct Mail Processing<br>Candidate Name                                                              | <div> <div>606.44</div> <div>Category/Type</div> </div>                                                                           |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>American Caging Inc.                                                            | <b>Transaction ID:</b> BCF63CF7AFAAD4399B37<br><b>Date of Disbursement</b>                                                        |
| Mailing Address 4850 Wright Rd Ste 168                                                                                               | <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 2 9 / 2 0 0 9</div> </div>                                                        |
| City Stafford State TX Zip Code 77477-4121                                                                                           | <b>Amount of Each Disbursement this Period</b>                                                                                    |
| Purpose of Disbursement<br>PAC Direct Mail Processing<br>Candidate Name                                                              | <div> <div>523.52</div> <div>Category/Type</div> </div>                                                                           |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

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

6989.28

**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)  
Senate Conservatives Fund

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Paypal</p> <p>Mailing Address PO Box 45950</p> <p>City Omaha State NE Zip Code 68145-0950</p> <p>Purpose of Disbursement<br/>PAC CC Processing</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> BDDDB66F56C59949228AD</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="3"/> <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="133.24"/></p>                         |
| <p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>American Express</p> <p>Mailing Address PO Box 650448</p> <p>City Dallas State TX Zip Code 75265-0448</p> <p>Purpose of Disbursement<br/>See Memos</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> B9667724E53504FDD80D</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="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="218.79"/></p>                          |
| <p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>U.S. Postal Service</p> <p>Mailing Address 1100 Wythe St</p> <p>City Alexandria State VA Zip Code 22314-1843</p> <p>Purpose of Disbursement<br/>PAC Postage</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> B942753224AC14A8CAB0</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="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="17.99"/></p> <p><b>[MEMO ITEM]</b></p> |

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

**352.03**

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Senate Conservatives Fund

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Extra Space Storage</p> <p>Mailing Address 1022 N. Henry St.</p> <p>City Alexandria State VA Zip Code 22314-1623</p> <p>Purpose of Disbursement<br/>PAC Storage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>         | <p><b>Transaction ID:</b> B805C4EF287AB4D2595A</p> <p>Date of Disbursement<br/>11 / 11 / 2009</p> <p>Amount of Each Disbursement this Period<br/>152.00</p> <p><b>[MEMO ITEM]</b></p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>American Express</p> <p>Mailing Address PO Box 650448</p> <p>City Dallas State TX Zip Code 75265-0448</p> <p>Purpose of Disbursement<br/>See Memo</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>                       | <p><b>Transaction ID:</b> B34E4471D48E94710AA6</p> <p>Date of Disbursement<br/>11 / 25 / 2009</p> <p>Amount of Each Disbursement this Period<br/>10.00</p>                            |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>E-fax Plus Service</p> <p>Mailing Address 6922 Hollywood Blvd., #800</p> <p>City Los Angeles State CA Zip Code 90028</p> <p>Purpose of Disbursement<br/>PAC Fax Service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> B6962A927305F41BD9E8</p> <p>Date of Disbursement<br/>11 / 25 / 2009</p> <p>Amount of Each Disbursement this Period<br/>10.00</p> <p><b>[MEMO ITEM]</b></p>  |

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

10.00

**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)  
Senate Conservatives Fund

|                                                                                                                                      |                                                                                                                                                                                                                                                           |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|--------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>American Express                                                                | <b>Transaction ID:</b> B2954B17EEAD24ECB900<br><b>Date of Disbursement</b>                                                                                                                                                                                |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address PO Box 650448                                                                                                        | <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>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 | 1 | 1 |  | 1 | 8 |  | 2 | 0 | 0 | 9 |
| M                                                                                                                                    | M                                                                                                                                                                                                                                                         | /       | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 1                                                                                                                                    | 1                                                                                                                                                                                                                                                         |         | 1 | 8 |   | 2 | 0 | 0 | 9 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Dallas State TX Zip Code 75265-0448<br>Purpose of Disbursement See Memos<br>Candidate Name                                      | Amount of Each Disbursement this Period<br><table border="1"> <tr> <td>17.95</td> </tr> </table>                                                                                                                                                          | 17.95   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 17.95                                                                                                                                |                                                                                                                                                                                                                                                           |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                                                                                                                         |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Network Solutions                                                               | <b>Transaction ID:</b> BFC05B9BC0D6D4136AC0<br><b>Date of Disbursement</b>                                                                                                                                                                                |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 13861 Sunrise Valley Dr                                                                                              | <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>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 | 1 | 1 |  | 1 | 8 |  | 2 | 0 | 0 | 9 |
| M                                                                                                                                    | M                                                                                                                                                                                                                                                         | /       | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 1                                                                                                                                    | 1                                                                                                                                                                                                                                                         |         | 1 | 8 |   | 2 | 0 | 0 | 9 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Herndon State VA Zip Code 20171-6124<br>Purpose of Disbursement PAC Internet Domain Fee<br>Candidate Name                       | Amount of Each Disbursement this Period<br><table border="1"> <tr> <td>17.95</td> </tr> </table>                                                                                                                                                          | 17.95   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 17.95                                                                                                                                |                                                                                                                                                                                                                                                           |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                                                                                                                         |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>American Express                                                                | <b>Transaction ID:</b> B5C6C1602ABB14065B6F<br><b>Date of Disbursement</b>                                                                                                                                                                                |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address PO Box 650448                                                                                                        | <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 Dallas State TX Zip Code 75265-0448<br>Purpose of Disbursement See Memos<br>Candidate Name                                      | Amount of Each Disbursement this Period<br><table border="1"> <tr> <td>1351.95</td> </tr> </table>                                                                                                                                                        | 1351.95 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 1351.95                                                                                                                              |                                                                                                                                                                                                                                                           |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                                                                                                                         |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

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

1369.90

**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)  
Senate Conservatives Fund

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>E-fax Plus Service</p> <p>Mailing Address 6922 Hollywood Blvd., #800</p> <p>City Los Angeles State CA Zip Code 90028</p> <p>Purpose of Disbursement<br/>PAC Fax Service</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> BCC250753ED6C4386A54</p> <p>Date of Disbursement</p> <p>11 / 30 / 2009</p> <p>Amount of Each Disbursement this Period</p> <p>16.95</p> <p><b>[MEMO ITEM]</b></p>  |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Human Events</p> <p>Mailing Address One Massachusetts Ave., NW</p> <p>City Washington State DC Zip Code 20001-1401</p> <p>Purpose of Disbursement<br/>PAC Banner Ads</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> B322A071E94E343DBBEA</p> <p>Date of Disbursement</p> <p>11 / 30 / 2009</p> <p>Amount of Each Disbursement this Period</p> <p>765.00</p> <p><b>[MEMO ITEM]</b></p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Constant Contact</p> <p>Mailing Address 1601 Trapelo Rd Ste 329</p> <p>City Waltham State MA Zip Code 02451-7357</p> <p>Purpose of Disbursement<br/>PAC Email Management Service</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> B4A3B002C95D940698C7</p> <p>Date of Disbursement</p> <p>11 / 30 / 2009</p> <p>Amount of Each Disbursement this Period</p> <p>570.00</p> <p><b>[MEMO ITEM]</b></p> |
| <p><b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ►</p> <p>0.00</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                             |
| <p><b>TOTAL</b> This Period (last page this line number only) ..... ►</p> <p>44740.91</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                             |

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

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NAME OF COMMITTEE (In Full)  
Senate Conservatives Fund

|                                                                                                                                                    |                                                                                                                                                      |
|----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>DeVore for California                                                                         | <b>Transaction ID:</b> B57485BD6B9DE44CF8A9<br><b>Date of Disbursement</b>                                                                           |
| Mailing Address 30151 Tomas                                                                                                                        | <div> <div>11</div> <div>25</div> <div>2009</div> </div>                                                                                             |
| City Rancho Santa Marga State CA Zip Code 92688                                                                                                    | <b>Amount of Each Disbursement this Period</b>                                                                                                       |
| Purpose of Disbursement<br>NOTE: Transmittal of Earmarks                                                                                           | <div>255.00</div>                                                                                                                                    |
| Candidate Name<br>Chuck DeVore                                                                                                                     | <div>Category/Type</div>                                                                                                                             |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>State: CA District: | Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Marco Rubio for US Senate                                                                     | <b>Transaction ID:</b> B8E4ED127EF9C4ED5AEA<br><b>Date of Disbursement</b>                                                                           |
| Mailing Address 4031 S. Le Jeune Rd.                                                                                                               | <div> <div>11</div> <div>18</div> <div>2009</div> </div>                                                                                             |
| City Coral Gables State FL Zip Code 33146                                                                                                          | <b>Amount of Each Disbursement this Period</b>                                                                                                       |
| Purpose of Disbursement<br>NOTE: Transmittal of Earmarks                                                                                           | <div>735.00</div>                                                                                                                                    |
| Candidate Name<br>Marco Rubio                                                                                                                      | <div>Category/Type</div>                                                                                                                             |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>State: FL District: | Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>DeVore for California                                                                         | <b>Transaction ID:</b> B8A0C0E227E7243298B7<br><b>Date of Disbursement</b>                                                                           |
| Mailing Address 30151 Tomas                                                                                                                        | <div> <div>11</div> <div>30</div> <div>2009</div> </div>                                                                                             |
| City Rancho Santa Marga State CA Zip Code 92688                                                                                                    | <b>Amount of Each Disbursement this Period</b>                                                                                                       |
| Purpose of Disbursement<br>NOTE: Transmittal of Earmarks                                                                                           | <div>820.00</div>                                                                                                                                    |
| Candidate Name<br>Chuck DeVore                                                                                                                     | <div>Category/Type</div>                                                                                                                             |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>State: CA District: | Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....                                                                                        | <div>1810.00</div>                                                                                                                                   |
| <b>TOTAL</b> This Period (last page this line number only) .....                                                                                   |                                                                                                                                                      |

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Senate Conservatives Fund

|                                                                                                                                                                                                                                                                                                         |                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Marco Rubio for US Senate                                                                                                                                                                                                                          | <b>Transaction ID:</b> B7686074BDA7A45388CE<br><b>Date of Disbursement</b> |
| Mailing Address 4031 S. Le Jeune Rd.                                                                                                                                                                                                                                                                    | <div> <div>11</div> <div>11</div> <div>2009</div> </div>                   |
| City Coral Gables State FL Zip Code 33146                                                                                                                                                                                                                                                               | Amount of Each Disbursement this Period                                    |
| Purpose of Disbursement<br>NOTE: Transmittal of Earmarks                                                                                                                                                                                                                                                | <div>2180.00</div>                                                         |
| Candidate Name<br>Marco Rubio                                                                                                                                                                                                                                                                           | <div>Category/<br/>Type</div>                                              |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>State: FL District: |                                                                            |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Marco Rubio for US Senate                                                                                                                                                                                                                          | <b>Transaction ID:</b> BEC1A7882435F492AAAA<br><b>Date of Disbursement</b> |
| Mailing Address 4031 S. Le Jeune Rd.                                                                                                                                                                                                                                                                    | <div> <div>11</div> <div>30</div> <div>2009</div> </div>                   |
| City Coral Gables State FL Zip Code 33146                                                                                                                                                                                                                                                               | Amount of Each Disbursement this Period                                    |
| Purpose of Disbursement<br>NOTE: Transmittal of Earmarks                                                                                                                                                                                                                                                | <div>1245.00</div>                                                         |
| Candidate Name<br>Marco Rubio                                                                                                                                                                                                                                                                           | <div>Category/<br/>Type</div>                                              |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>State: FL District: |                                                                            |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Toomey for Senate Committee                                                                                                                                                                                                                        | <b>Transaction ID:</b> B9DD4F0B1A0AE4124ACC<br><b>Date of Disbursement</b> |
| Mailing Address 2720 Jordan Rd.                                                                                                                                                                                                                                                                         | <div> <div>11</div> <div>25</div> <div>2009</div> </div>                   |
| City Orefield State PA Zip Code 18069                                                                                                                                                                                                                                                                   | Amount of Each Disbursement this Period                                    |
| Purpose of Disbursement<br>NOTE: Transmittal of Earmarks                                                                                                                                                                                                                                                | <div>845.00</div>                                                          |
| Candidate Name<br>Patrick J. Toomey                                                                                                                                                                                                                                                                     | <div>Category/<br/>Type</div>                                              |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>State: PA District: |                                                                            |
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....                                                                                                                                                                                                                                             | <div>4270.00</div>                                                         |
| <b>TOTAL</b> This Period (last page this line number only) .....                                                                                                                                                                                                                                        |                                                                            |

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Senate Conservatives Fund

|                                                                                                                                                    |                                                                                                                                                      |
|----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Toomey for Senate Committee                                                                   | <b>Transaction ID:</b> B31EEB37E4AD74DDBBF1<br><b>Date of Disbursement</b>                                                                           |
| Mailing Address 2720 Jordan Rd.                                                                                                                    | <div> <div>11</div> <div>11</div> <div>2009</div> </div>                                                                                             |
| City Orefield State PA Zip Code 18069                                                                                                              | Amount of Each Disbursement this Period                                                                                                              |
| Purpose of Disbursement<br>NOTE: Transmittal of Earmarks                                                                                           | <div>570.00</div>                                                                                                                                    |
| Candidate Name<br>Patrick J. Toomey                                                                                                                | <div>Category/Type</div>                                                                                                                             |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>State: PA District: | Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Toomey for Senate Committee                                                                   | <b>Transaction ID:</b> BBA17246F17964F28826<br><b>Date of Disbursement</b>                                                                           |
| Mailing Address 2720 Jordan Rd.                                                                                                                    | <div> <div>11</div> <div>18</div> <div>2009</div> </div>                                                                                             |
| City Orefield State PA Zip Code 18069                                                                                                              | Amount of Each Disbursement this Period                                                                                                              |
| Purpose of Disbursement<br>NOTE: Transmittal of Earmarks                                                                                           | <div>640.00</div>                                                                                                                                    |
| Candidate Name<br>Patrick J. Toomey                                                                                                                | <div>Category/Type</div>                                                                                                                             |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>State: PA District: | Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Marco Rubio for US Senate                                                                     | <b>Transaction ID:</b> BB3E9E30A7DB8461C9E0<br><b>Date of Disbursement</b>                                                                           |
| Mailing Address 4031 S. Le Jeune Rd.                                                                                                               | <div> <div>11</div> <div>25</div> <div>2009</div> </div>                                                                                             |
| City Coral Gables State FL Zip Code 33146                                                                                                          | Amount of Each Disbursement this Period                                                                                                              |
| Purpose of Disbursement<br>NOTE: Transmittal of Earmarks                                                                                           | <div>900.00</div>                                                                                                                                    |
| Candidate Name<br>Marco Rubio                                                                                                                      | <div>Category/Type</div>                                                                                                                             |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>State: FL District: | Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....                                                                                        | <div>2110.00</div>                                                                                                                                   |
| <b>TOTAL</b> This Period (last page this line number only) .....                                                                                   |                                                                                                                                                      |

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

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

FOR LINE NUMBER:  
(check only one)

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

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)  
Senate Conservatives Fund

|                                                                                                                                                    |                                                                                                                                                                                                                                                           |          |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Toomey for Senate Committee                                                                   | <b>Transaction ID:</b> B66D4D76680D94558819<br><b>Date of Disbursement</b>                                                                                                                                                                                |          |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 2720 Jordan Rd.                                                                                                                    | <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 Orefield State PA Zip Code 18069                                                                                                              | <b>Amount of Each Disbursement this Period</b>                                                                                                                                                                                                            |          |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>NOTE: Transmittal of Earmarks                                                                                           | <table border="1"> <tr> <td colspan="10">720.00</td> </tr> </table>                                                                                                                                                                                       | 720.00   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 720.00                                                                                                                                             |                                                                                                                                                                                                                                                           |          |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Candidate Name<br>Patrick J. Toomey                                                                                                                | Category/<br>Type                                                                                                                                                                                                                                         |          |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>State: PA District: | Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                                                                                                      |          |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>DeVore for California                                                                         | <b>Transaction ID:</b> B3B53782A97E3459C9AF<br><b>Date of Disbursement</b>                                                                                                                                                                                |          |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 30151 Tomas                                                                                                                        | <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>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 | 1 |  | 1 | 1 |  | 2 | 0 | 0 | 9 |
| M                                                                                                                                                  | M                                                                                                                                                                                                                                                         | /        | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 1                                                                                                                                                  | 1                                                                                                                                                                                                                                                         |          | 1 | 1 |   | 2 | 0 | 0 | 9 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Rancho Santa Marga State CA Zip Code 92688                                                                                                    | <b>Amount of Each Disbursement this Period</b>                                                                                                                                                                                                            |          |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>NOTE: Transmittal of Earmarks                                                                                           | <table border="1"> <tr> <td colspan="10">1010.00</td> </tr> </table>                                                                                                                                                                                      | 1010.00  |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 1010.00                                                                                                                                            |                                                                                                                                                                                                                                                           |          |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Candidate Name<br>Chuck DeVore                                                                                                                     | Category/<br>Type                                                                                                                                                                                                                                         |          |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>State: CA District: | Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                                                                                                      |          |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>DeVore for California                                                                         | <b>Transaction ID:</b> B9233A48BB31E428CA3B<br><b>Date of Disbursement</b>                                                                                                                                                                                |          |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 30151 Tomas                                                                                                                        | <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>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 | 1 | 1 |  | 1 | 8 |  | 2 | 0 | 0 | 9 |
| M                                                                                                                                                  | M                                                                                                                                                                                                                                                         | /        | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 1                                                                                                                                                  | 1                                                                                                                                                                                                                                                         |          | 1 | 8 |   | 2 | 0 | 0 | 9 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Rancho Santa Marga State CA Zip Code 92688                                                                                                    | <b>Amount of Each Disbursement this Period</b>                                                                                                                                                                                                            |          |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>NOTE: Transmittal of Earmarks                                                                                           | <table border="1"> <tr> <td colspan="10">775.00</td> </tr> </table>                                                                                                                                                                                       | 775.00   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 775.00                                                                                                                                             |                                                                                                                                                                                                                                                           |          |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Candidate Name<br>Chuck DeVore                                                                                                                     | Category/<br>Type                                                                                                                                                                                                                                         |          |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>State: CA District: | Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                                                                                                      |          |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....                                                                                        | <table border="1"> <tr> <td>2505.00</td> </tr> </table>                                                                                                                                                                                                   | 2505.00  |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 2505.00                                                                                                                                            |                                                                                                                                                                                                                                                           |          |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>TOTAL</b> This Period (last page this line number only) .....                                                                                   | <table border="1"> <tr> <td>10695.00</td> </tr> </table>                                                                                                                                                                                                  | 10695.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 10695.00                                                                                                                                           |                                                                                                                                                                                                                                                           |          |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

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

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FOR LINE 24 OF FORM 3X

|                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| NAME OF COMMITTEE (In Full)<br>Senate Conservatives Fund                                                                                                                                                                                                                                                                                                    |  | FEC IDENTIFICATION NUMBER<br><b>C</b> C00448696                                                                                                                                  |  |
| Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                  |  |
| Full Name (Last, First, Middle, Initial) of Payee<br>DeVore for California                                                                                                                                                                                                                                                                                  |  | Date<br>MM / DD / YYYY<br>11 / 21 / 2009                                                                                                                                         |  |
| Mailing Address<br>30151 Tomas                                                                                                                                                                                                                                                                                                                              |  | Amount<br>263.80                                                                                                                                                                 |  |
| City State Zip Code<br>Rancho Santa Marga CA 92688                                                                                                                                                                                                                                                                                                          |  | Transaction ID: ED90DC24B05AE4A00ACA                                                                                                                                             |  |
| Purpose of Expenditure<br>IE-DeVore-Email List Usage                                                                                                                                                                                                                                                                                                        |  | Office Sought: <input type="checkbox"/> House State: CA<br><input checked="" type="checkbox"/> Senate District: _____<br><input type="checkbox"/> Presidential                   |  |
| Name of Federal Candidate supported or Opposed by expenditure:<br>Chuck DeVore                                                                                                                                                                                                                                                                              |  | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose                                                                                           |  |
| Calendar Year-To-Date Per Election for Office Sought<br>892.67                                                                                                                                                                                                                                                                                              |  | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) : _____<br>2010<br><b>[MEMO ITEM]</b> |  |
| Full Name (Last, First, Middle, Initial) of Payee<br>Toomey for Senate Committee                                                                                                                                                                                                                                                                            |  | Date<br>MM / DD / YYYY<br>11 / 14 / 2009                                                                                                                                         |  |
| Mailing Address<br>2720 Jordan Rd.                                                                                                                                                                                                                                                                                                                          |  | Amount<br>32.00                                                                                                                                                                  |  |
| City State Zip Code<br>Orefield PA 18069                                                                                                                                                                                                                                                                                                                    |  | Transaction ID: E0B2FC19779E44218AD8                                                                                                                                             |  |
| Purpose of Expenditure<br>IE-Toomey-CC Processing Fee                                                                                                                                                                                                                                                                                                       |  | Office Sought: <input type="checkbox"/> House State: PA<br><input checked="" type="checkbox"/> Senate District: _____<br><input type="checkbox"/> Presidential                   |  |
| Name of Federal Candidate supported or Opposed by expenditure:<br>Patrick J. Toomey                                                                                                                                                                                                                                                                         |  | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose                                                                                           |  |
| Calendar Year-To-Date Per Election for Office Sought<br>14773.64                                                                                                                                                                                                                                                                                            |  | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) : _____<br>2010<br><b>[MEMO ITEM]</b> |  |
| (a) SUBTOTAL of Itemized Independent Expenditures .....                                                                                                                                                                                                                                                                                                     |  | 0.00                                                                                                                                                                             |  |
| (b) SUBTOTAL of Unitemized Independent Expenditures .....                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                  |  |
| (c) TOTAL Independent Expenditures .....                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                  |  |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. |  |                                                                                                                                                                                  |  |
| Lisa Lisker<br>Signature                                                                                                                                                                                                                                                                                                                                    |  | Date<br>MM / DD / YYYY<br>12 / 17 / 2009                                                                                                                                         |  |



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

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FOR LINE 24 OF FORM 3X

|                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| NAME OF COMMITTEE (In Full)<br>Senate Conservatives Fund                                                                                                                                                                                                                                                                                                    |  | FEC IDENTIFICATION NUMBER<br><b>C</b> C00448696                                                                                                                                  |  |
| Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                  |  |
| Full Name (Last, First, Middle, Initial) of Payee<br>Toomey for Senate Committee                                                                                                                                                                                                                                                                            |  | Date<br>MM / DD / YYYY<br>11 / 16 / 2009                                                                                                                                         |  |
| Mailing Address<br>2720 Jordan Rd.                                                                                                                                                                                                                                                                                                                          |  | Amount<br>263.24                                                                                                                                                                 |  |
| City State Zip Code<br>Orefield PA 18069                                                                                                                                                                                                                                                                                                                    |  | Transaction ID: EF49E73BA993641DD971                                                                                                                                             |  |
| Purpose of Expenditure<br>IE-Toomey-Email List Usage                                                                                                                                                                                                                                                                                                        |  | Office Sought: <input type="checkbox"/> House State: PA<br><input checked="" type="checkbox"/> Senate District: _____<br><input type="checkbox"/> Presidential                   |  |
| Name of Federal Candidate supported or Opposed by expenditure:<br>Patrick J. Toomey                                                                                                                                                                                                                                                                         |  | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose                                                                                           |  |
| Calendar Year-To-Date Per Election for Office Sought<br>15036.88                                                                                                                                                                                                                                                                                            |  | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) : _____<br>2010<br><b>[MEMO ITEM]</b> |  |
| Full Name (Last, First, Middle, Initial) of Payee<br>DeVore for California                                                                                                                                                                                                                                                                                  |  | Date<br>MM / DD / YYYY<br>11 / 14 / 2009                                                                                                                                         |  |
| Mailing Address<br>30151 Tomas                                                                                                                                                                                                                                                                                                                              |  | Amount<br>38.75                                                                                                                                                                  |  |
| City State Zip Code<br>Rancho Santa Marga CA 92688                                                                                                                                                                                                                                                                                                          |  | Transaction ID: E612BCBAFC8154D3D9D0                                                                                                                                             |  |
| Purpose of Expenditure<br>IE-DeVore-CC Processing Fees                                                                                                                                                                                                                                                                                                      |  | Office Sought: <input type="checkbox"/> House State: CA<br><input checked="" type="checkbox"/> Senate District: _____<br><input type="checkbox"/> Presidential                   |  |
| Name of Federal Candidate supported or Opposed by expenditure:<br>Chuck DeVore                                                                                                                                                                                                                                                                              |  | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose                                                                                           |  |
| Calendar Year-To-Date Per Election for Office Sought<br>352.88                                                                                                                                                                                                                                                                                              |  | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) : _____<br>2010<br><b>[MEMO ITEM]</b> |  |
| (a) SUBTOTAL of Itemized Independent Expenditures .....                                                                                                                                                                                                                                                                                                     |  | 0.00                                                                                                                                                                             |  |
| (b) SUBTOTAL of Unitemized Independent Expenditures .....                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                  |  |
| (c) TOTAL Independent Expenditures .....                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                  |  |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. |  |                                                                                                                                                                                  |  |
| Lisa Lisker<br>Signature                                                                                                                                                                                                                                                                                                                                    |  | Date<br>MM / DD / YYYY<br>12 / 17 / 2009                                                                                                                                         |  |

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

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FOR LINE 24 OF FORM 3X

|                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| NAME OF COMMITTEE (In Full)<br>Senate Conservatives Fund                                                                                                                                                                                                                                                                                                    |  | FEC IDENTIFICATION NUMBER<br><b>C</b> C00448696                                                                                                                |  |
| Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                |  |
| Full Name (Last, First, Middle, Initial) of Payee<br>DeVore for California                                                                                                                                                                                                                                                                                  |  | Date<br>MM / DD / YYYY<br>11 / 21 / 2009                                                                                                                       |  |
| Mailing Address<br>30151 Tomas                                                                                                                                                                                                                                                                                                                              |  | Amount<br>12.75                                                                                                                                                |  |
| City State Zip Code<br>Rancho Santa Marga CA 92688                                                                                                                                                                                                                                                                                                          |  | Transaction ID: E3FEB45BE589744FCB16                                                                                                                           |  |
| Purpose of Expenditure<br>IE-DeVore-CC Process-<br>ing Fee                                                                                                                                                                                                                                                                                                  |  | Office Sought: <input type="checkbox"/> House State: CA<br><input checked="" type="checkbox"/> Senate District: _____<br><input type="checkbox"/> Presidential |  |
| Category/Type                                                                                                                                                                                                                                                                                                                                               |  | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose                                                                         |  |
| Name of Federal Candidate supported or Opposed by expenditure:<br>Chuck DeVore                                                                                                                                                                                                                                                                              |  | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) : _____             |  |
| Calendar Year-To-Date Per Election<br>for Office Sought                                                                                                                                                                                                                                                                                                     |  | 2010 [MEMO ITEM]                                                                                                                                               |  |
| Full Name (Last, First, Middle, Initial) of Payee<br>Marco Rubio for US Senate                                                                                                                                                                                                                                                                              |  | Date<br>MM / DD / YYYY<br>11 / 21 / 2009                                                                                                                       |  |
| Mailing Address<br>4031 S. Le Jeune Rd.                                                                                                                                                                                                                                                                                                                     |  | Amount<br>45.00                                                                                                                                                |  |
| City State Zip Code<br>Coral Gables FL 33146                                                                                                                                                                                                                                                                                                                |  | Transaction ID: E2F7FF75C5C3C4644A55                                                                                                                           |  |
| Purpose of Expenditure<br>IE-Rubio-CC Processi-<br>ng Fees                                                                                                                                                                                                                                                                                                  |  | Office Sought: <input type="checkbox"/> House State: FL<br><input checked="" type="checkbox"/> Senate District: _____<br><input type="checkbox"/> Presidential |  |
| Category/Type                                                                                                                                                                                                                                                                                                                                               |  | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose                                                                         |  |
| Name of Federal Candidate supported or Opposed by expenditure:<br>Marco Rubio                                                                                                                                                                                                                                                                               |  | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) : _____             |  |
| Calendar Year-To-Date Per Election<br>for Office Sought                                                                                                                                                                                                                                                                                                     |  | 2010 [MEMO ITEM]                                                                                                                                               |  |
| (a) SUBTOTAL of Itemized Independent Expenditures .....                                                                                                                                                                                                                                                                                                     |  | 0.00                                                                                                                                                           |  |
| (b) SUBTOTAL of Unitemized Independent Expenditures .....                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                |  |
| (c) TOTAL Independent Expenditures .....                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                |  |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. |  |                                                                                                                                                                |  |
| Lisa Lisker<br>Signature                                                                                                                                                                                                                                                                                                                                    |  | Date<br>MM / DD / YYYY<br>12 / 17 / 2009                                                                                                                       |  |

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

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FOR LINE 24 OF FORM 3X

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                     |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| NAME OF COMMITTEE (In Full)<br>Senate Conservatives Fund                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | <b>FEC IDENTIFICATION NUMBER</b> ▼<br><b>C</b> C00448696                                                                                                                                                                            |  |
| Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                     |  |
| Full Name (Last, First, Middle, Initial) of Payee<br>Human Events                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | Date<br><div style="display: flex; justify-content: space-between;"> <div><small>M M</small><br/>1 1</div> <div><small>D D</small><br/>2 3</div> <div><small>Y Y Y Y</small><br/>2 0 0 9</div> </div>                               |  |
| Mailing Address<br>One Massachusetts Ave., NW                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | Amount<br><div style="border: 1px solid black; padding: 2px; text-align: right;">765.00</div>                                                                                                                                       |  |
| <div style="display: flex; justify-content: space-between;"> <div>City<br/>Washington</div> <div>State<br/>DC</div> <div>Zip Code<br/>20001-1401</div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | <b>Transaction ID:</b> EF8B808F0F4E64A82BB3<br>Office Sought: <input type="checkbox"/> House State: CA<br><input checked="" type="checkbox"/> Senate District: _____<br><input type="checkbox"/> Presidential                       |  |
| Purpose of Expenditure<br>IE-DeVore-Internet Banner Ads                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | Category/Type<br><div style="border: 1px solid black; width: 50px; height: 20px;"></div>                                                                                                                                            |  |
| Name of Federal Candidate supported or Opposed by expenditure:<br>Chuck DeVore                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose                                                                                                                                              |  |
| Calendar Year-To-Date Per Election for Office Sought<br><div style="border: 1px solid black; padding: 2px; text-align: right;">1657.67</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) : _____<br>2010                                                                          |  |
| Full Name (Last, First, Middle, Initial) of Payee<br>DeVore for California                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | Date<br><div style="display: flex; justify-content: space-between;"> <div><small>M M</small><br/>1 1</div> <div><small>D D</small><br/>0 7</div> <div><small>Y Y Y Y</small><br/>2 0 0 9</div> </div>                               |  |
| Mailing Address<br>30151 Tomas                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | Amount<br><div style="border: 1px solid black; padding: 2px; text-align: right;">50.50</div>                                                                                                                                        |  |
| <div style="display: flex; justify-content: space-between;"> <div>City<br/>Rancho Santa Marga</div> <div>State<br/>CA</div> <div>Zip Code<br/>92688</div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | <b>Transaction ID:</b> E67E0B998D5FD445DB52<br>Office Sought: <input type="checkbox"/> House State: CA<br><input checked="" type="checkbox"/> Senate District: _____<br><input type="checkbox"/> Presidential                       |  |
| Purpose of Expenditure<br>IE-DeVore-CC Processing Fees                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | Category/Type<br><div style="border: 1px solid black; width: 50px; height: 20px;"></div>                                                                                                                                            |  |
| Name of Federal Candidate supported or Opposed by expenditure:<br>Chuck DeVore                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose                                                                                                                                              |  |
| Calendar Year-To-Date Per Election for Office Sought<br><div style="border: 1px solid black; padding: 2px; text-align: right;">50.50</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) : _____<br>2010<br><div style="text-align: center; font-weight: bold;">[MEMO ITEM]</div> |  |
| (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | <div style="border: 1px solid black; padding: 2px; text-align: right;">765.00</div>                                                                                                                                                 |  |
| (b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | <div style="border: 1px solid black; width: 100%; height: 20px;"></div>                                                                                                                                                             |  |
| (c) <b>TOTAL</b> Independent Expenditures .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | <div style="border: 1px solid black; width: 100%; height: 20px;"></div>                                                                                                                                                             |  |
| <p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 40%;"> <p>Lisa Lisker</p> <p>Signature</p> </div> <div style="width: 20%; text-align: center;"> <p>Date</p> </div> <div style="width: 40%; text-align: center;"> <div style="display: flex; justify-content: space-between;"> <div><small>M M</small><br/>1 2</div> <div><small>D D</small><br/>1 7</div> <div><small>Y Y Y Y</small><br/>2 0 0 9</div> </div> </div> </div> |  |                                                                                                                                                                                                                                     |  |

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

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FOR LINE 24 OF FORM 3X

|                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                               |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| NAME OF COMMITTEE (In Full)<br>Senate Conservatives Fund                                                                                                                                                                                                                                                                                                    |  | FEC IDENTIFICATION NUMBER<br><b>C</b> C00448696                                                                                                                               |  |
| Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                               |  |
| Full Name (Last, First, Middle, Initial) of Payee<br>DeVore for California                                                                                                                                                                                                                                                                                  |  | Date<br>M M / D D / Y Y Y Y<br>1 1 / 3 0 / 2 0 0 9                                                                                                                            |  |
| Mailing Address<br>30151 Tomas                                                                                                                                                                                                                                                                                                                              |  | Amount<br>41.00                                                                                                                                                               |  |
| City Rancho Santa Marga State CA Zip Code 92688                                                                                                                                                                                                                                                                                                             |  | Transaction ID: ECB5CA48CDB0B444FB55                                                                                                                                          |  |
| Purpose of Expenditure<br>IE-DeVore-CC Process-<br>ing Fees                                                                                                                                                                                                                                                                                                 |  | Office Sought: <input type="checkbox"/> House State: CA<br><input checked="" type="checkbox"/> Senate District: _____<br><input type="checkbox"/> Presidential                |  |
| Name of Federal Candidate supported or Opposed by expenditure:<br>Chuck DeVore                                                                                                                                                                                                                                                                              |  | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose                                                                                        |  |
| Calendar Year-To-Date Per Election<br>for Office Sought 1698.67                                                                                                                                                                                                                                                                                             |  | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) : _____<br>2010 <b>[MEMO ITEM]</b> |  |
| Full Name (Last, First, Middle, Initial) of Payee<br>DeVore for California                                                                                                                                                                                                                                                                                  |  | Date<br>M M / D D / Y Y Y Y<br>1 1 / 1 6 / 2 0 0 9                                                                                                                            |  |
| Mailing Address<br>30151 Tomas                                                                                                                                                                                                                                                                                                                              |  | Amount<br>263.24                                                                                                                                                              |  |
| City Rancho Santa Marga State CA Zip Code 92688                                                                                                                                                                                                                                                                                                             |  | Transaction ID: EB6C6DE4983D04DE3A9C                                                                                                                                          |  |
| Purpose of Expenditure<br>IE-DeVore-Email List<br>Usage                                                                                                                                                                                                                                                                                                     |  | Office Sought: <input type="checkbox"/> House State: CA<br><input checked="" type="checkbox"/> Senate District: _____<br><input type="checkbox"/> Presidential                |  |
| Name of Federal Candidate supported or Opposed by expenditure:<br>Chuck DeVore                                                                                                                                                                                                                                                                              |  | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose                                                                                        |  |
| Calendar Year-To-Date Per Election<br>for Office Sought 616.12                                                                                                                                                                                                                                                                                              |  | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) : _____<br>2010 <b>[MEMO ITEM]</b> |  |
| (a) SUBTOTAL of Itemized Independent Expenditures .....                                                                                                                                                                                                                                                                                                     |  | 0.00                                                                                                                                                                          |  |
| (b) SUBTOTAL of Unitemized Independent Expenditures .....                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                               |  |
| (c) TOTAL Independent Expenditures .....                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                               |  |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. |  |                                                                                                                                                                               |  |
| Lisa Lisker<br>Signature                                                                                                                                                                                                                                                                                                                                    |  | Date M M / D D / Y Y Y Y<br>1 2 / 1 7 / 2 0 0 9                                                                                                                               |  |

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

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FOR LINE 24 OF FORM 3X

|                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| NAME OF COMMITTEE (In Full)<br>Senate Conservatives Fund                                                                                                                                                                                                                                                                                                    |  | FEC IDENTIFICATION NUMBER<br><b>C</b> C00448696                                                                                                                |  |
| Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                |  |
| Full Name (Last, First, Middle, Initial) of Payee<br>Toomey for Senate Committee                                                                                                                                                                                                                                                                            |  | Date<br>M M / D D / Y Y Y Y<br>1 1 / 3 0 / 2 0 0 9                                                                                                             |  |
| Mailing Address<br>2720 Jordan Rd.                                                                                                                                                                                                                                                                                                                          |  | Amount<br>36.00                                                                                                                                                |  |
| City State Zip Code<br>Orefield PA 18069                                                                                                                                                                                                                                                                                                                    |  | Transaction ID: EF444F7B9E5F84E30BDC                                                                                                                           |  |
| Purpose of Expenditure<br>IE-Toomey-CC Process-<br>ing Fees                                                                                                                                                                                                                                                                                                 |  | Office Sought: <input type="checkbox"/> House State: PA<br><input checked="" type="checkbox"/> Senate District: _____<br><input type="checkbox"/> Presidential |  |
| Category/Type                                                                                                                                                                                                                                                                                                                                               |  | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose                                                                         |  |
| Name of Federal Candidate supported or Opposed by expenditure:<br>Patrick J. Toomey                                                                                                                                                                                                                                                                         |  | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) : _____             |  |
| Calendar Year-To-Date Per Election<br>for Office Sought                                                                                                                                                                                                                                                                                                     |  | 2010 [MEMO ITEM]                                                                                                                                               |  |
| Full Name (Last, First, Middle, Initial) of Payee<br>Human Events                                                                                                                                                                                                                                                                                           |  | Date<br>M M / D D / Y Y Y Y<br>1 1 / 2 3 / 2 0 0 9                                                                                                             |  |
| Mailing Address<br>One Massachusetts Ave., NW                                                                                                                                                                                                                                                                                                               |  | Amount<br>765.00                                                                                                                                               |  |
| City State Zip Code<br>Washington DC 20001-1401                                                                                                                                                                                                                                                                                                             |  | Transaction ID: E7BB24829CC8046309A1                                                                                                                           |  |
| Purpose of Expenditure<br>IE-Toomey-Internet<br>Banner Ads                                                                                                                                                                                                                                                                                                  |  | Office Sought: <input type="checkbox"/> House State: PA<br><input checked="" type="checkbox"/> Senate District: _____<br><input type="checkbox"/> Presidential |  |
| Category/Type                                                                                                                                                                                                                                                                                                                                               |  | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose                                                                         |  |
| Name of Federal Candidate supported or Opposed by expenditure:<br>Patrick J. Toomey                                                                                                                                                                                                                                                                         |  | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) : _____             |  |
| Calendar Year-To-Date Per Election<br>for Office Sought                                                                                                                                                                                                                                                                                                     |  | 2010                                                                                                                                                           |  |
| (a) SUBTOTAL of Itemized Independent Expenditures .....                                                                                                                                                                                                                                                                                                     |  | 765.00                                                                                                                                                         |  |
| (b) SUBTOTAL of Unitemized Independent Expenditures .....                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                |  |
| (c) TOTAL Independent Expenditures .....                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                |  |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. |  |                                                                                                                                                                |  |
| Lisa Lisker<br>Signature                                                                                                                                                                                                                                                                                                                                    |  | Date<br>M M / D D / Y Y Y Y<br>1 2 / 1 7 / 2 0 0 9                                                                                                             |  |

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

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FOR LINE 24 OF FORM 3X

|                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                           |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| NAME OF COMMITTEE (In Full)<br>Senate Conservatives Fund                                                                                                                                                                                                                                                                                                    |  | FEC IDENTIFICATION NUMBER<br><b>C</b> C00448696                                                                                                                           |  |
| Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                           |  |
| Full Name (Last, First, Middle, Initial) of Payee<br>Marco Rubio for US Senate                                                                                                                                                                                                                                                                              |  | Date<br>M M / D D / Y Y Y Y<br>1 1 / 0 7 / 2 0 0 9                                                                                                                        |  |
| Mailing Address<br>4031 S. Le Jeune Rd.                                                                                                                                                                                                                                                                                                                     |  | Amount<br>109.00                                                                                                                                                          |  |
| City State Zip Code<br>Coral Gables FL 33146                                                                                                                                                                                                                                                                                                                |  | Transaction ID: E044754075EB042BBAD1                                                                                                                                      |  |
| Purpose of Expenditure<br>IE-Rubio-CC Processi-<br>ng Fees                                                                                                                                                                                                                                                                                                  |  | Office Sought: <input checked="" type="checkbox"/> House State: FL<br><input checked="" type="checkbox"/> Senate District: _____<br><input type="checkbox"/> Presidential |  |
| Category/Type                                                                                                                                                                                                                                                                                                                                               |  | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose                                                                                    |  |
| Name of Federal Candidate supported or Opposed by expenditure:<br>Marco Rubio                                                                                                                                                                                                                                                                               |  | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) : _____                        |  |
| Calendar Year-To-Date Per Election<br>for Office Sought                                                                                                                                                                                                                                                                                                     |  | 2010 [MEMO ITEM]                                                                                                                                                          |  |
| Full Name (Last, First, Middle, Initial) of Payee<br>DeVore for California                                                                                                                                                                                                                                                                                  |  | Date<br>M M / D D / Y Y Y Y<br>1 1 / 0 9 / 2 0 0 9                                                                                                                        |  |
| Mailing Address<br>30151 Tomas                                                                                                                                                                                                                                                                                                                              |  | Amount<br>263.63                                                                                                                                                          |  |
| City State Zip Code<br>Rancho Santa Marga CA 92688                                                                                                                                                                                                                                                                                                          |  | Transaction ID: E85D2E6AA73AB41B7B82                                                                                                                                      |  |
| Purpose of Expenditure<br>IE-DeVore-Email List<br>Usage                                                                                                                                                                                                                                                                                                     |  | Office Sought: <input checked="" type="checkbox"/> House State: CA<br><input checked="" type="checkbox"/> Senate District: _____<br><input type="checkbox"/> Presidential |  |
| Category/Type                                                                                                                                                                                                                                                                                                                                               |  | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose                                                                                    |  |
| Name of Federal Candidate supported or Opposed by expenditure:<br>Chuck DeVore                                                                                                                                                                                                                                                                              |  | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) : _____                        |  |
| Calendar Year-To-Date Per Election<br>for Office Sought                                                                                                                                                                                                                                                                                                     |  | 2010 [MEMO ITEM]                                                                                                                                                          |  |
| (a) SUBTOTAL of Itemized Independent Expenditures .....                                                                                                                                                                                                                                                                                                     |  | 0.00                                                                                                                                                                      |  |
| (b) SUBTOTAL of Unitemized Independent Expenditures .....                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                           |  |
| (c) TOTAL Independent Expenditures .....                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                           |  |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. |  |                                                                                                                                                                           |  |
| Lisa Lisker<br>Signature                                                                                                                                                                                                                                                                                                                                    |  | Date<br>M M / D D / Y Y Y Y<br>1 2 / 1 7 / 2 0 0 9                                                                                                                        |  |

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

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FOR LINE 24 OF FORM 3X

|                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| NAME OF COMMITTEE (In Full)<br>Senate Conservatives Fund                                                                                                                                                                                                                                                                                                    |  | FEC IDENTIFICATION NUMBER<br><b>C</b> C00448696                                                                                                                |  |
| Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                |  |
| Full Name (Last, First, Middle, Initial) of Payee<br>Toomey for Senate Committee                                                                                                                                                                                                                                                                            |  | Date<br>MM / DD / YYYY<br>11 / 07 / 2009                                                                                                                       |  |
| Mailing Address<br>2720 Jordan Rd.                                                                                                                                                                                                                                                                                                                          |  | Amount<br>28.50                                                                                                                                                |  |
| City State Zip Code<br>Orefield PA 18069                                                                                                                                                                                                                                                                                                                    |  | Transaction ID: ED885E046E431454DB70                                                                                                                           |  |
| Purpose of Expenditure<br>IE-Toomey-CC Process-<br>ing Fees                                                                                                                                                                                                                                                                                                 |  | Office Sought: <input type="checkbox"/> House State: PA<br><input checked="" type="checkbox"/> Senate District: _____<br><input type="checkbox"/> Presidential |  |
| Category/Type                                                                                                                                                                                                                                                                                                                                               |  | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose                                                                         |  |
| Name of Federal Candidate supported or Opposed by expenditure:<br>Patrick J. Toomey                                                                                                                                                                                                                                                                         |  | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) : _____             |  |
| Calendar Year-To-Date Per Election<br>for Office Sought                                                                                                                                                                                                                                                                                                     |  | 2010 [MEMO ITEM]                                                                                                                                               |  |
| Full Name (Last, First, Middle, Initial) of Payee<br>Marco Rubio for US Senate                                                                                                                                                                                                                                                                              |  | Date<br>MM / DD / YYYY<br>11 / 14 / 2009                                                                                                                       |  |
| Mailing Address<br>4031 S. Le Jeune Rd.                                                                                                                                                                                                                                                                                                                     |  | Amount<br>36.75                                                                                                                                                |  |
| City State Zip Code<br>Coral Gables FL 33146                                                                                                                                                                                                                                                                                                                |  | Transaction ID: E8BC49511874F48CA800                                                                                                                           |  |
| Purpose of Expenditure<br>IE-Rubio-CC Processi-<br>ng Fees                                                                                                                                                                                                                                                                                                  |  | Office Sought: <input type="checkbox"/> House State: FL<br><input checked="" type="checkbox"/> Senate District: _____<br><input type="checkbox"/> Presidential |  |
| Category/Type                                                                                                                                                                                                                                                                                                                                               |  | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose                                                                         |  |
| Name of Federal Candidate supported or Opposed by expenditure:<br>Marco Rubio                                                                                                                                                                                                                                                                               |  | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) : _____             |  |
| Calendar Year-To-Date Per Election<br>for Office Sought                                                                                                                                                                                                                                                                                                     |  | 2010 [MEMO ITEM]                                                                                                                                               |  |
| (a) SUBTOTAL of Itemized Independent Expenditures .....                                                                                                                                                                                                                                                                                                     |  | 0.00                                                                                                                                                           |  |
| (b) SUBTOTAL of Unitemized Independent Expenditures .....                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                |  |
| (c) TOTAL Independent Expenditures .....                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                |  |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. |  |                                                                                                                                                                |  |
| Lisa Lisker<br>Signature                                                                                                                                                                                                                                                                                                                                    |  | Date<br>MM / DD / YYYY<br>12 / 17 / 2009                                                                                                                       |  |

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

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FOR LINE 24 OF FORM 3X

|                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| NAME OF COMMITTEE (In Full)<br>Senate Conservatives Fund                                                                                                                                                                                                                                                                                                    |  | FEC IDENTIFICATION NUMBER<br><b>C</b> C00448696                                                                                                                                  |  |
| Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                  |  |
| Full Name (Last, First, Middle, Initial) of Payee<br>Marco Rubio for US Senate                                                                                                                                                                                                                                                                              |  | Date<br>MM / DD / YYYY<br>11 / 09 / 2009                                                                                                                                         |  |
| Mailing Address<br>4031 S. Le Jeune Rd.                                                                                                                                                                                                                                                                                                                     |  | Amount<br>263.63                                                                                                                                                                 |  |
| City State Zip Code<br>Coral Gables FL 33146                                                                                                                                                                                                                                                                                                                |  | Transaction ID: EF530E10F4AC94FF4AD6                                                                                                                                             |  |
| Purpose of Expenditure<br>IE-Rubio-Email List Usage                                                                                                                                                                                                                                                                                                         |  | Office Sought: <input type="checkbox"/> House State: FL<br><input checked="" type="checkbox"/> Senate District: _____<br><input type="checkbox"/> Presidential                   |  |
| Name of Federal Candidate supported or Opposed by expenditure:<br>Marco Rubio                                                                                                                                                                                                                                                                               |  | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose                                                                                           |  |
| Calendar Year-To-Date Per Election for Office Sought<br>21372.99                                                                                                                                                                                                                                                                                            |  | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) : _____<br>2010<br><b>[MEMO ITEM]</b> |  |
| Full Name (Last, First, Middle, Initial) of Payee<br>Toomey for Senate Committee                                                                                                                                                                                                                                                                            |  | Date<br>MM / DD / YYYY<br>11 / 21 / 2009                                                                                                                                         |  |
| Mailing Address<br>2720 Jordan Rd.                                                                                                                                                                                                                                                                                                                          |  | Amount<br>263.80                                                                                                                                                                 |  |
| City State Zip Code<br>Orefield PA 18069                                                                                                                                                                                                                                                                                                                    |  | Transaction ID: E95D667EC9D4A40749AE                                                                                                                                             |  |
| Purpose of Expenditure<br>IE-Toomey-Email List Usage                                                                                                                                                                                                                                                                                                        |  | Office Sought: <input type="checkbox"/> House State: PA<br><input checked="" type="checkbox"/> Senate District: _____<br><input type="checkbox"/> Presidential                   |  |
| Name of Federal Candidate supported or Opposed by expenditure:<br>Patrick J. Toomey                                                                                                                                                                                                                                                                         |  | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose                                                                                           |  |
| Calendar Year-To-Date Per Election for Office Sought<br>15342.93                                                                                                                                                                                                                                                                                            |  | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) : _____<br>2010<br><b>[MEMO ITEM]</b> |  |
| (a) SUBTOTAL of Itemized Independent Expenditures .....                                                                                                                                                                                                                                                                                                     |  | 0.00                                                                                                                                                                             |  |
| (b) SUBTOTAL of Unitemized Independent Expenditures .....                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                  |  |
| (c) TOTAL Independent Expenditures .....                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                  |  |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. |  |                                                                                                                                                                                  |  |
| Lisa Lisker<br>Signature                                                                                                                                                                                                                                                                                                                                    |  | Date<br>MM / DD / YYYY<br>12 / 17 / 2009                                                                                                                                         |  |



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

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FOR LINE 24 OF FORM 3X

|                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| NAME OF COMMITTEE (In Full)<br>Senate Conservatives Fund                                                                                                                                                                                                                                                                                                    |  | FEC IDENTIFICATION NUMBER<br><b>C</b> C00448696                                                                                                                                  |  |
| Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                  |  |
| Full Name (Last, First, Middle, Initial) of Payee<br>Marco Rubio for US Senate                                                                                                                                                                                                                                                                              |  | Date<br>MM / DD / YYYY<br>11 / 16 / 2009                                                                                                                                         |  |
| Mailing Address<br>4031 S. Le Jeune Rd.                                                                                                                                                                                                                                                                                                                     |  | Amount<br>263.24                                                                                                                                                                 |  |
| City State Zip Code<br>Coral Gables FL 33146                                                                                                                                                                                                                                                                                                                |  | Transaction ID: E61E8FF217E6D47939A5                                                                                                                                             |  |
| Purpose of Expenditure<br>IE-Rubio-Email List Usage                                                                                                                                                                                                                                                                                                         |  | Office Sought: <input checked="" type="checkbox"/> House State: FL<br><input checked="" type="checkbox"/> Senate District: _____<br><input type="checkbox"/> Presidential        |  |
| Name of Federal Candidate supported or Opposed by expenditure:<br>Marco Rubio                                                                                                                                                                                                                                                                               |  | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose                                                                                           |  |
| Calendar Year-To-Date Per Election for Office Sought<br>21672.98                                                                                                                                                                                                                                                                                            |  | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) : _____<br>2010<br><b>[MEMO ITEM]</b> |  |
| Full Name (Last, First, Middle, Initial) of Payee<br>Human Events                                                                                                                                                                                                                                                                                           |  | Date<br>MM / DD / YYYY<br>11 / 23 / 2009                                                                                                                                         |  |
| Mailing Address<br>One Massachusetts Ave., NW                                                                                                                                                                                                                                                                                                               |  | Amount<br>765.00                                                                                                                                                                 |  |
| City State Zip Code<br>Washington DC 20001-1401                                                                                                                                                                                                                                                                                                             |  | Transaction ID: EFE9A134129EF415483E                                                                                                                                             |  |
| Purpose of Expenditure<br>IE-Rubio-Internet Banner Ads                                                                                                                                                                                                                                                                                                      |  | Office Sought: <input checked="" type="checkbox"/> House State: FL<br><input checked="" type="checkbox"/> Senate District: _____<br><input type="checkbox"/> Presidential        |  |
| Name of Federal Candidate supported or Opposed by expenditure:<br>Marco Rubio                                                                                                                                                                                                                                                                               |  | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose                                                                                           |  |
| Calendar Year-To-Date Per Election for Office Sought<br>22746.78                                                                                                                                                                                                                                                                                            |  | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) : _____<br>2010                       |  |
| (a) SUBTOTAL of Itemized Independent Expenditures .....                                                                                                                                                                                                                                                                                                     |  | 765.00                                                                                                                                                                           |  |
| (b) SUBTOTAL of Unitemized Independent Expenditures .....                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                  |  |
| (c) TOTAL Independent Expenditures .....                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                  |  |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. |  |                                                                                                                                                                                  |  |
| Lisa Lisker<br>Signature                                                                                                                                                                                                                                                                                                                                    |  | Date<br>MM / DD / YYYY<br>12 / 17 / 2009                                                                                                                                         |  |

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

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|                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| NAME OF COMMITTEE (In Full)<br>Senate Conservatives Fund                                                                                                                                                                                                                                                                                                    |  | FEC IDENTIFICATION NUMBER<br><b>C</b> C00448696                                                                                                                                  |  |
| Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                  |  |
| Full Name (Last, First, Middle, Initial) of Payee<br>Toomey for Senate Committee                                                                                                                                                                                                                                                                            |  | Date<br>MM / DD / YYYY<br>11 / 21 / 2009                                                                                                                                         |  |
| Mailing Address<br>2720 Jordan Rd.                                                                                                                                                                                                                                                                                                                          |  | Amount<br>42.25                                                                                                                                                                  |  |
| City State Zip Code<br>Orefield PA 18069                                                                                                                                                                                                                                                                                                                    |  | Transaction ID: E9F91361B67D240A7B7A                                                                                                                                             |  |
| Purpose of Expenditure<br>IE-Toomey-CC Process-<br>ing Fees                                                                                                                                                                                                                                                                                                 |  | Office Sought: <input checked="" type="checkbox"/> House State: PA<br><input checked="" type="checkbox"/> Senate District: _____<br><input type="checkbox"/> Presidential        |  |
| Name of Federal Candidate supported or Opposed by expenditure:<br>Patrick J. Toomey                                                                                                                                                                                                                                                                         |  | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose                                                                                           |  |
| Calendar Year-To-Date Per Election<br>for Office Sought 15342.93                                                                                                                                                                                                                                                                                            |  | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) : _____<br>2010<br><b>[MEMO ITEM]</b> |  |
| Full Name (Last, First, Middle, Initial) of Payee<br>Marco Rubio for US Senate                                                                                                                                                                                                                                                                              |  | Date<br>MM / DD / YYYY<br>11 / 30 / 2009                                                                                                                                         |  |
| Mailing Address<br>4031 S. Le Jeune Rd.                                                                                                                                                                                                                                                                                                                     |  | Amount<br>62.25                                                                                                                                                                  |  |
| City State Zip Code<br>Coral Gables FL 33146                                                                                                                                                                                                                                                                                                                |  | Transaction ID: E1084AFABA4134FE7A06                                                                                                                                             |  |
| Purpose of Expenditure<br>IE-Rubio-CC Processi-<br>ng Fees                                                                                                                                                                                                                                                                                                  |  | Office Sought: <input checked="" type="checkbox"/> House State: FL<br><input checked="" type="checkbox"/> Senate District: _____<br><input type="checkbox"/> Presidential        |  |
| Name of Federal Candidate supported or Opposed by expenditure:<br>Marco Rubio                                                                                                                                                                                                                                                                               |  | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose                                                                                           |  |
| Calendar Year-To-Date Per Election<br>for Office Sought 22809.03                                                                                                                                                                                                                                                                                            |  | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) : _____<br>2010<br><b>[MEMO ITEM]</b> |  |
| (a) SUBTOTAL of Itemized Independent Expenditures .....                                                                                                                                                                                                                                                                                                     |  | 0.00                                                                                                                                                                             |  |
| (b) SUBTOTAL of Unitemized Independent Expenditures .....                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                  |  |
| (c) TOTAL Independent Expenditures .....                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                  |  |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. |  |                                                                                                                                                                                  |  |
| Lisa Lisker<br>Signature                                                                                                                                                                                                                                                                                                                                    |  | Date<br>MM / DD / YYYY<br>12 / 17 / 2009                                                                                                                                         |  |

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

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FOR LINE 24 OF FORM 3X

|                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| NAME OF COMMITTEE (In Full)<br>Senate Conservatives Fund                                                                                                                                                                                                                                                                                                    |  | FEC IDENTIFICATION NUMBER<br><b>C</b> C00448696                                                                                                                                  |  |
| Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                  |  |
| Full Name (Last, First, Middle, Initial) of Payee<br>Toomey for Senate Committee                                                                                                                                                                                                                                                                            |  | Date<br>M M / D D / Y Y Y Y<br>1 1 / 0 9 / 2 0 0 9                                                                                                                               |  |
| Mailing Address<br>2720 Jordan Rd.                                                                                                                                                                                                                                                                                                                          |  | Amount<br>263.63                                                                                                                                                                 |  |
| City State Zip Code<br>Orefield PA 18069                                                                                                                                                                                                                                                                                                                    |  | Transaction ID: E0A5F04B553C6485496E                                                                                                                                             |  |
| Purpose of Expenditure<br>IE-Toomey-Email List Usage                                                                                                                                                                                                                                                                                                        |  | Office Sought: <input checked="" type="checkbox"/> House State: PA<br><input checked="" type="checkbox"/> Senate District: _____<br><input type="checkbox"/> Presidential        |  |
| Name of Federal Candidate supported or Opposed by expenditure:<br>Patrick J. Toomey                                                                                                                                                                                                                                                                         |  | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose                                                                                           |  |
| Calendar Year-To-Date Per Election for Office Sought<br>14741.64                                                                                                                                                                                                                                                                                            |  | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) : _____<br>2010<br><b>[MEMO ITEM]</b> |  |
| Full Name (Last, First, Middle, Initial) of Payee<br>Marco Rubio for US Senate                                                                                                                                                                                                                                                                              |  | Date<br>M M / D D / Y Y Y Y<br>1 1 / 2 1 / 2 0 0 9                                                                                                                               |  |
| Mailing Address<br>4031 S. Le Jeune Rd.                                                                                                                                                                                                                                                                                                                     |  | Amount<br>263.80                                                                                                                                                                 |  |
| City State Zip Code<br>Coral Gables FL 33146                                                                                                                                                                                                                                                                                                                |  | Transaction ID: E521C182B4BC6493496E                                                                                                                                             |  |
| Purpose of Expenditure<br>IE-Rubio-Email List Usage                                                                                                                                                                                                                                                                                                         |  | Office Sought: <input checked="" type="checkbox"/> House State: FL<br><input checked="" type="checkbox"/> Senate District: _____<br><input type="checkbox"/> Presidential        |  |
| Name of Federal Candidate supported or Opposed by expenditure:<br>Marco Rubio                                                                                                                                                                                                                                                                               |  | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose                                                                                           |  |
| Calendar Year-To-Date Per Election for Office Sought<br>21981.78                                                                                                                                                                                                                                                                                            |  | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) : _____<br>2010<br><b>[MEMO ITEM]</b> |  |
| (a) SUBTOTAL of Itemized Independent Expenditures .....                                                                                                                                                                                                                                                                                                     |  | 0.00                                                                                                                                                                             |  |
| (b) SUBTOTAL of Unitemized Independent Expenditures .....                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                  |  |
| (c) TOTAL Independent Expenditures .....                                                                                                                                                                                                                                                                                                                    |  | 2295.00                                                                                                                                                                          |  |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. |  |                                                                                                                                                                                  |  |
| Lisa Lisker<br>Signature                                                                                                                                                                                                                                                                                                                                    |  | Date<br>M M / D D / Y Y Y Y<br>1 2 / 1 7 / 2 0 0 9                                                                                                                               |  |