FEC FORM 3X

Only

-6AN026

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

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2009 AUG -3 AM 10: 22

Office Use Only

1.	NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
	PIDENTIFICATION NU	S_U_1/1+ e_ 1 2 0 0 C h e V Y C h A JMBER \ CITY	7	V _E , Md 2 ₁ 0 ₁ 8 ₁ 5 - L STATE A ZIP CODE A
	Honor control of the season of	4 "" ==.	PORT (N) OR	(A)
1 2903013456	TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q	PRE-Election Report for the: Election (d) 30-Day	O (M3) Jun 20 (M6) O (M4) Jul 20 (M7) Primary (12P) Convention (12C) On General (30G)	Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Oct 20 (M10) Jan 31 (YE) General (12G) Runoff (12R) Special (12S) In the State of State
	Covering Period O	is Report and to the best of m		ue, correct and complete.
ign	e or Print Name of Treasurer	Gon a. Gente	A. Gentile	Date 07 15 2009
OT	Cffice Use	ous, or incomplete information n	nay subject the person signing t	FEC FORM 3X Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name				
<u> </u>	EACH COMMUNINTY P	AC		
Report Covering the Period: From: $0.91 \ 0.1 \ 2009$ To: $0.6 \ 30 \ 2009$				
	COLUMN A This Period	COLUMN B Calendar Year-to-Date		
6. (a) Cash on Hand January 1, 2009		grandisperant per majorant property in comments, per ammigrative commence and service and service and service of the service and service a		
(b) Cash on Hand at Beginning of Reporting Period	496563			
(c) Total Receipts (from Line 19)	processing and accompanies of the contract of	armone, con in specie capaciere, que armos per armos per ser con mas ser con es representante de la compansión Del Paramone de la constituenta de la constituencia de la constituencia de la constituencia de la constituencia de		
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	The second control time in the second control to the second contro	considering which is the supplier of the supp		
Total Disbursements (from Line 31)	and a second control second second position and second control of an incident second control of the second	general y sens a per un region e e propie provinci provinci per algun e provinci per especial a a per D di perimental consistema del consistencia de consisten		
Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	paragramment and paragramment and some second	the production of the second contract of the		
Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	ganisangan diganangan ang ang ang ang ang ang ang ang			
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	granting was for twenty in the state of the			
This committee has qualified as a multic	andidate 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)

Page 3

٧	Vrite or Type Committee Name		4
_	EM POWER,	NG EACH COMMUNITY	PAC
F	Report Covering the Period: From:	4 37 2009	o: 0.6 2.0 0.9
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11.	Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)		
	(iii) TOTAL (add Lines 11(a)(i) and (ii)▶		
M	(b) Political Party Committees	$\frac{\partial}{\partial x}$	
127	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	0	
14. C	All Loans Received	0	0
14?	Loan Repayments Received J Offsets To Operating Expenditures (Refunds, Rebates, etc.)		
6.	(Carry Totals to Line 37, page 5) Refunds of Contributions Made to Federal Candidates and Other		
7. 8.	Political Committees Other Federal Receipts (Dividends, Interest, etc.) Transfers from Non-Federal and Levin Funds		
	(a) Non-Federal Account (from Schedule H3)	0	
	(b) Levin Funds (from Schedule H5)	0	
	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶ Total Federal Receipts		
	(subtract Line 18(c) from Line 19)▶		

DETAILED SUMMARY PAGE

of Disbursements

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Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Allocated Federal/Non-Føderal Activity (from Schedule H4)	Bennetherenferunderunderunderunderunderunderunderund	in wheelers in a second war in a second
	(i) Federal Share	produced we have been been been been been been been be	2 6 0 0
	(ii) Non-Federal Share	0	0
	(b) Other Federal Operating Expenditures		time and to make the control of the
	(c) Total Operating Expenditures	Secretal generalization of Translation Secretal Control Contro	Secretary from the second seco
	(add 21(a)(i), (a)(ii), and (b))▶	0	0
22.	Transfers to Affiliated/Other Party		Committee of the soul
	Committees	0	
23.	. Contributions to Federal Candidates/Committees	general medical continued and an armine of the state of	provide and the second
	and Other Political Committees	Laboration Continues and the second	0
24.	Independent Expenditures	Consideration of the Constitution of the Const	A serine of trade the Capes paralisation of Control paraling trade in transformation of trade and in trade of The parality on the Capes of the Control of trade of the parality of the parality of the Control of the Co
25	(use Schedule E)	0)	0
25.	. Coordinated Party Expenditures (2 U.Ş.Ç. §441a(d))	A STATE OF THE PARTY OF THE PAR	
	(use Schedule F)		Of the state of th
and the	Chan Barrana Mark		interchant of court are a factoring and a second a second and a second
260		made and sandand sandand sand sand sand	hand and trademaked in the standing to
27!		U.	Control Service Control Control Control Service Servic
28	Refunds of Contributions To:	manage and a second transfer and a second transfer and the second transfer and transfer and the second transfer and the second transfer and the second transfer and the second transfer and transf	Committee of Committee of Committee on Commi
M	(a) Individuals/Persons Other Than Political Committees	0	0
4:mj		Contract to the second	The street will be the street with the street will be street with the street with the street with the street will be stree
CO NO	(b) Political Party Committees	0	
Ø	(-) Other October 1911 - 1 October 1911		Annual Control
ÇI)		0	0
N	l	minimum minimum minimum minimum minimum minimum () party () () () () () () () () () (
	(d) Total Contribution Refunds	Annual Control of the	The man of work in the second
•	(add Lines 28(a), (b), and (c))▶	Laboration distribution of the state of the	has been been been been been been been bee
~~	Other Dishames and	and the second	Land mark mark mark mark mark mark mark mark
29.	Other Disbursements		
30	Federal Election Activity (2 U.S.C. §431(20))		
	(a) Allocated Federal Election Activity		
	(from Schedule H6)	Secretarily may and large confidence of the confidence of the confidence of the confidence of the confidence of	Lawinerad analyanghanghanghanghanghanghanghang-banad
	(i) Federal Share	0	
		Secretary Comments of the secretary of t	hanne tim and hanne all many transfer and tr
	(ii) "Levin" Share	0	l, mile 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
	(b) Federal Election Activity Paid Entirely	Separate Sep	Notice to the state of the second state and second
	With Federal Funds	Market Control of the	
	(c) Total Federal Election Activity (add	grand processing and the processing of the second of the s	Comment of the second of the s
	Lines 30(a)(i), 30(a)(ii) and 30(b))▶	D)	Ul
	Total Disharana (c. 1111 - 04/s) 00		
31.	Total Disbursements (add Lines 21(c), 22,	housethered most weathered to be the software for and to and the and	bearing of the west over the ser bearing the section of the section of
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	Samuel and the second s	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)	Statement Community (Statement of the Community of the Co	To the control of the
	from Line 31)	a	2600
	•	Commender and the contract of	Sound was to good to sever maritiment to reput to food work to make mount

DETAILED SUMMARY PAGE

of Disbursements

Page 5

FEC Form 3X (Rev. 02/2003) **COLUMN A** COLUMN B III. Net Contributions/Operating Ex-**Total This Period** Calendar Year-to-Date penditures 33. Total Contributions (other than loans) (from Line 11(d), page 3) 34. Total Contribution Refunds (from Line 28(d)) 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶ 37. Offsets to Operating Expenditures (from Line 15, page 3)..... 38. Net Operating Expenditures (subtract Line 37 from Line 36)

SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE OF
TEMIZED RECEIPTS	for each category of the	(check only one)
	Detailed Summary Page	11a 11b 11c 12 13 14 15 16 17
Any Information copied from such Reports and Statement	s may not be sold or used by any pe	rson for the purpose of soliciting contributions
or for commercial purposes, other than using the name a	nd address of any political committee	to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		
Full Name (Last, First, Middle Initial)		2
Mailing Address		Date of Receipt
City - State	Zip Code	
		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	and first and first conference discount discount discount discount discount discount discount discount discount	
Name of Employer Occupa	ation	
Primary General Other (specify) ▼	gate Year-to-Date ▼	
⊕Full Name (Last, First, Middle Initial)		Date of Receipt
♥ Mailing Address	/	
City State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing of federal political committee.		
Name of Employer Occupa	ation	
Primary General Char (conceits)	ate Year-to-Date ▼	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		
City State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	ne, denoret komen general, general generalgennen general	The state of the s
Name of Employer Occupa	ation	
Primary General Other (specify)	ate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)	•	and the second s
TOTAL This Period (last page this line number only)	•	The same of the sa

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SCHEDULE C (FEC Form 3X)					
LOANS		Use separate schedule(s)	PAGE OF		
		for each category of the Detailed Summary Page	FOR LINE 13 OF FORM 3X		
NAME OF COMMITTEE (In Full)		•			
LOAN SOURCE Full Name (Last, First, Mi	ddle Initial)	E	lection:		
		\ <u>_</u>	Primary General		
Mailing Address			Other (specify)		
] -			
City	State ZIP Co	de			
Original Amount of Loan	Cumulative Payment To		Outstanding at Close of This Period		
hand and make a local same and same and same and same and		à i	ni and I was been a subficient and the subficient a		
TERMS Date Incurred	Date Due	Interest Rate	Secured:		
Land, Land, Market Land	W W / O O / / V	personal remark toward by the compare of the contraction of	(% (and) Yes No		
List All Endorsers or Guarantors (if any) t	o Loan Source				
Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
(D)	^)	<u> </u>			
City State	ZIP Code /	Amount Guaranteed	inergina wa kata si kuwani la nemaliwa na m kun ana si h awani.		
Mil D. Field Name (Leat First Middle Intition)		Cutotarionig.	rent of many of the many the transfer and the second of th		
2. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
City State	ZIP Code	Amount granteed	and the second s		
City	Zii Oode	ه	Secret mentioned in water the contract to the contract of the		
3. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address	•	Occupation			
		l è ' ' '	are all amonths a restraction and interestrictions and annual sources.		
City State	ZIP Code	Guaranteed	The second secon		
4. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
		Amount	Minima of care of the Antique State of the Control		
City State	ZIP Code	Guaranteed	nate description of Fine and reposition and a parameter of		
The state of the s					
	SUBTOTALS This Period This Page (optional)				
TOTALS This Period (last page in this line only		, if the transplant consists	Const. 18 can Demonstrate and Standard and Indiana.		
Carry outstanding balance only to LINE 3, Sch	edule D, for this line. If	no Schedule D, carry forward	I to appropriate line of Summary.		

SCHEDULE C-1 (FEC Form 3X) LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for Information found on Page of Schedule C

NAM	ME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER		
			C C DENTIFICATION NOMBER		
LEN	IDING INSTITUTION (LENDER)	Amount of Loan	Interest Rate (APR)		
Full	Name	ga sama nga kanggan magamang panggan na ganawa pangsan panamang Pangsan Manamang manggan 198 singgan panggan malikan panggan si manang	•		
Mail	ing Address	Date Incurred or Established	and and a band of a band o		
City	State Zip Code	Date Due	Because function of the same formation of the same function of the same		
L	A. Has loan been restructured? No Yes	If yes, date originally incurre	d		
[B. If line of credit, Amount of this Draw:	Relance	gas new series, price augustus agress es prices prices prices agresses as prices and pri		
, L	C. Are other parties secondarily liable for the debt incurred No Yes (Endorsers and guarantors mu	ed? ust be reported on Schedule C.)			
त ज र	D. Are any of the following pledged as collateral for the l property, goods, negotiable instruments, certificates of stocks, accounts receivable, cash on deposit, or other No Yes If yes, specify:	deposit, chattel papers,	What is the value of this collateral? Does the lender have a perfected security		
) [interest in it? No Yes		
F 25.7	E. Are any future contributions or future receipts of interest collateral for the loan? No No Nes If yes, so A depository account must be established pursuant		What is the estimated value?		
ĺ	to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established:	Address:			
	British A British V Market Control	City, State, Zip:			
<u></u>	F. If neither of the types of collateral described above wa the loan amount, state the basis upon which this loan				
- ħ	G. COMMITTEE TREASURER		DATE		
	Typed Name Signature				
Ī	H. Attach a signed copy of the loan agreement.				
	 TO BE SIGNED BY THE LENDING INSTITUTION: To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan. 				
AUT	HORIZED REPRESENTATIVE	100.02 and 100.172 III Man	DATE		
-	ned Name				
	nature	le			

Production Leave		schedule(s) for each numbered line)	FOR LINE NUMBE (check only one)	R: 9
NAME OF COMMITTEE (In Full)				— · · · · · · · · · · · · · · · · · · ·
A. Full Name (Last, First, Middle I	nitial) of Debtor or Creditor	Nature of	Debt (Purpose):	
Mailing Address				
City State	Zip Code			
Outstanding Balance Beginning	section state of the section of the		ding Balance at Close (
B. Full Name (Last, First, Middle In			Debt (Purpose):	description of the second
Mailing Address City State	Zip Code			
Outstanding Balance Beginning The Company of the Co	iod Payment This Period	and the state of t	ding Balance at Close (ട്രാസ് പ്രധാരം പ്രധാരം ലാസ് രാഹ് പ്രസ്ത്രം ക്രിവര്ക്ക	. Principlinan Senand
Mailing Address	<u> </u>			
Outstanding Balance Beginning T		od Outstan	ding Balance at Close o	of This Period
	e (optional)			
	om Schedule C (last page only)			
4) ADD 2) and 3) and carry forward	o appropriate line of Summary Page (last page	age only)		48)4

SCHEDULE D (FEC Form 3X)

PAGE

OF

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES PAGE OF FOR LINE 24 OF FORM 3X NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ 24-hour notice 48-hour notice Check if Full Name (Last, First, Middle Initial) of Payee Date Mailing Address Amount City State Zip Code State: Purpose of Expenditure Office Sought: House Category/ Type Senate District: **President** Name of Federal Candidate Supported or Opposed by Expenditure: Check One: Support **Oppose** Disbursement For: General Primary Calendar Year-To-Date Per Election for Office Sought Other (specify) Full Name (Last, First, Middle Initial) of Payee Date L Mailing Address শ্ব M Amount Zip\ Code City State ت M Office Sought: Purpose of Expenditure State: (:) House Category/ Ö Senate District: President Name of Federal Candidate Supported or Opposed by Expenditure: Check One: Support Oppose Disbursement For: **Primary** General Calendar Year-To-Date Per Election for Office Sought Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures (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. Signature

(3/2005)

Federal Election Commission **ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS** The FEC added this page to the end of this filing to indicate how it was received. Date of Receipt **Hand Delivered Postmarked USPS First Class Mail** Postmarked (R/C) USPS Registered/Certified **Postmarked USPS Priority Mail** Delivery Confirmation™ or Signature Confirmation™ Label Postmarked **USPS Express Mail** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): Next-Business Day Delivery **Date of Receipt** Received from House Records & Registration Office **Date of Receipt** Received from Senate Public Records Office **Date of Receipt** Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify): **PREPARER** DATE PREPARED