

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
Senate Majority Fund

Report Covering the Period: From:

M	M
1	0

D	D
1	6

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	1

D	D
2	4

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		30886.37
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	152675.48									
(c) Total Receipts (from Line 19)	97678.85	723685.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	250354.33	754571.37								
7. Total Disbursements (from Line 31)	70991.04	575208.08								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	179363.29	179363.29								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	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**

Write or Type Committee Name
Senate Majority Fund

Report Covering the Period: From:

M	M
1	0

D	D
1	6

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	1

D	D
2	4

Y	Y	Y	Y
2	0	0	8

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	38600.00	170600.00
(i) Itemized (use Schedule A)	0.00	0.00
(ii) Unitemized	38600.00	170600.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	54000.00	545250.00
(c) Other Political Committees (such as PACs)	92600.00	715850.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)		
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	36.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	5000.00	7034.00
17. Other Federal Receipts (Dividends, Interest, etc.)	78.85	765.00
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))	97678.85	723685.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	97678.85	723685.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	25991.04	257274.08
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	25991.04	257274.08
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	45000.00	315034.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	2900.00
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))..	70991.04	575208.08
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	70991.04	575208.08

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3	92600.00	715850.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	92600.00	715850.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	25991.04	257274.08
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	36.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	25991.04	257238.08

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 36
	<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 Majority Fund

A.	Full Name (Last, First, Middle Initial) David Ayers		Date of Receipt
	Mailing Address 14024 Stearns Street		<input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Overland Park	KS	66221
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.8695
Name of Employer Nueterra Surgical Facilities		Occupation President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="250.00"/>
		<input type="text" value="250.00"/>	

B.	Full Name (Last, First, Middle Initial) Louis Camilleri		Date of Receipt
	Mailing Address 120 Park Avenue, Floor 6		<input type="text" value="10"/> / <input type="text" value="22"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	New York	NY	10017
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.8608
Name of Employer Phillip Morris		Occupation Chariman and CEO	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="1000.00"/>
		<input type="text" value="1000.00"/>	

C.	Full Name (Last, First, Middle Initial) Michael Cole		Date of Receipt
	Mailing Address 3 First National Plaza #4600		<input type="text" value="10"/> / <input type="text" value="24"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Chicago	IL	60602
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.8631
Name of Employer Madison Dearborn Partners		Occupation Managing Partners	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="2500.00"/>
		<input type="text" value="2500.00"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="3750.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 36
	<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 Majority Fund

A.	Full Name (Last, First, Middle Initial) Scott Cook	Date of Receipt MM / DD / YYYY 11 / 03 / 2008
	Mailing Address 2632 Marine Way	Transaction ID: SA11AI.8662
	City State Zip Code Mountain View CA 94043	Amount of Each Receipt this Period 2000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Intuit Occupation Chariman Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 2000.00	

B.	Full Name (Last, First, Middle Initial) Larry Cox	Date of Receipt MM / DD / YYYY 10 / 22 / 2008
	Mailing Address 5552 East Washington	Transaction ID: SA11AI.8610
	City State Zip Code Phoenix AZ 85034	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Sunstate Equipment Occupation Director of Sales Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 250.00	

C.	Full Name (Last, First, Middle Initial) Glenn Creamer	Date of Receipt MM / DD / YYYY 10 / 24 / 2008
	Mailing Address 50 Kennedy Plaza	Transaction ID: SA11AI.8633
	City State Zip Code Providence RI 02903	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Providence Equity Partners Occupation Senior Managing Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 5000.00	

SUBTOTAL of Receipts This Page (optional)	7250.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 36

(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 Majority Fund

A.

Full Name (Last, First, Middle Initial)
Cypress Administrative Services

Mailing Address 4 West Red Oak Lane #201

City State Zip Code
White Plains NY 10604

FEC ID number of contributing federal political committee. C

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
1	0	/	2	2	/	2	0	0	8

Transaction ID: SA11AI.8605

Amount of Each Receipt this Period
2000.00

B.

Full Name (Last, First, Middle Initial)
Harris Schwartzberg

Mailing Address 4 West Red Oak Lane #201

City State Zip Code
White Plains NY 10604

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Cypress Administrative Service Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt

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

Transaction ID: SA11AI.8605.0

Amount of Each Receipt this Period
2000.00

[MEMO ITEM]

C.

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

Mailing Address 11221 Roe Avenue #300

City State Zip Code
Leawood KS 66211

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Nueterra Healthcare President

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	4	/	2	0	0	8

Transaction ID: SA11AI.8697

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) 2250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 36
(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 Majority Fund

A. Full Name (Last, First, Middle Initial)
Tammy Duckworth Ham

Mailing Address 11221 Roe Ave. #300

City Leawood State KS Zip Code 66211

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

Name of Employer Nueterra Healthcare Occupation VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 11 / 24 / 2008
Transaction ID: SA11AI.8699
 Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
George Hager

Mailing Address 101 East State Street

City Kennett Square State PA Zip Code 19348

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

Name of Employer Genesis Healthcare Occupation Chairman and CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2300.00

Date of Receipt: 11 / 03 / 2008
Transaction ID: SA11AI.8664
 Amount of Each Receipt this Period: 2300.00

C. Full Name (Last, First, Middle Initial)
Indiana Orthopaedic Hospital, LLC

Mailing Address 8400 Northwest Boulevard

City Indianapolis State IN Zip Code 46278

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt: 11 / 03 / 2008
Transaction ID: SA11AI.8670
 Amount of Each Receipt this Period: 2500.00

SUBTOTAL of Receipts This Page (optional) ► 5050.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 36

(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 Majority Fund

A.

Full Name (Last, First, Middle Initial)
Benno Jurgemeyer

Mailing Address 5552 East Washington

City State Zip Code
Phoenix AZ 85034

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

Name of Employer Occupation
Sunstate Equipment Rental CEO

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

Date of Receipt

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

Transaction ID: SA11AI.8616

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Denise Mayhew

Mailing Address 11221 Roe Ave. #300

City State Zip Code
Leawood KS 66211

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

Name of Employer Occupation
Nueterra Healthcare VP, Marketing

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 4 / 2 0 0 8

Transaction ID: SA11AI.8701

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Kent McAllister

Mailing Address 11211 Roe Avenue

City State Zip Code
Leawood KS 66211

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

Name of Employer Occupation
Nueterra Healthcare VP Research and Dev.

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 4 / 2 0 0 8

Transaction ID: SA11AI.8705

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ▶

750.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 36

(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 Majority Fund

A.

Full Name (Last, First, Middle Initial)
Sam Mencoff

Mailing Address 3 First National Plaza #4600

City State Zip Code
Chicago IL 60602

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

Name of Employer Occupation
Madison Dearborn Partners CO-CEO

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.8635

Amount of Each Receipt this Period

2500.00

B.

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

Mailing Address 4801 West 133rd Street #105

City State Zip Code
Leawood KS 66209

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

Name of Employer Occupation
N/A Homemaker

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

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.8703

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
Oklahoma Heart Hospital, LLC

Mailing Address 4050 West Memorial Drive

City State Zip Code
Oklahoma City OK 73120

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

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
1 0 / 2 2 / 2 0 0 8

Transaction ID: SA11AI.8612

Amount of Each Receipt this Period

2000.00

SUBTOTAL of Receipts This Page (optional)

4750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 36
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Senate Majority Fund

A.	Full Name (Last, First, Middle Initial) Dr. John Harvey	Date of Receipt MM / DD / YYYY 10 / 22 / 2008
	Mailing Address 4050 West Memorial	Transaction ID: SA11AI.8612.0
	City State Zip Code Oklahoma City OH 73120	Amount of Each Receipt this Period 2000.00
	FEC ID number of contributing federal political committee. C	[MEMO ITEM]
	Name of Employer Occupation Oklahoma Heart Hospital CEO/Medical Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

B.	Full Name (Last, First, Middle Initial) Garth Price	Date of Receipt MM / DD / YYYY 10 / 22 / 2008
	Mailing Address 5552 East Washington	Transaction ID: SA11AI.8618
	City State Zip Code Phoenix AZ 85034	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Sunstate Equipment CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Dr. TJ Rasmussen	Date of Receipt MM / DD / YYYY 10 / 24 / 2008
	Mailing Address 3651 College Blvd. #100B	Transaction ID: SA11AI.8637
	City State Zip Code Leawood KS 66211	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Kansas City Orthopedic Group President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	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 13 / 36
(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 Majority Fund

A.

Full Name (Last, First, Middle Initial) David Rehr		Date of Receipt MM / DD / YYYY 11 / 03 / 2008
Mailing Address 1771 North N. Street		Transaction ID: SA11AI.8714
City Washington	State DC	Zip Code 20036
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Nat'l Assoc. of Broadcast-er	Occupation President and CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B.

Full Name (Last, First, Middle Initial) David Roux		Date of Receipt MM / DD / YYYY 10 / 24 / 2008
Mailing Address 2775 SandHill Road #100		Transaction ID: SA11AI.8639
City Menlo Park	State CA	Zip Code 94025
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer SilverLake	Occupation CO-CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

C.

Full Name (Last, First, Middle Initial) Daniel Saale		Date of Receipt MM / DD / YYYY 11 / 24 / 2008
Mailing Address 11221 Roe Avenue		Transaction ID: SA11AI.8707
City Leawood	State KS	Zip Code 66211
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Nueterra Healthcare	Occupation VP and CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	6250.00
TOTAL This Period (last page this line 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 / 36
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Senate Majority Fund

A. Full Name (Last, First, Middle Initial)
John Schario

Mailing Address 11221 Roe Avenue

City Leawood State KS Zip Code 66211

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

Name of Employer Nueterra Healthcare Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 24 / 2008
Transaction ID: SA11AI.8709
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Kevin Standefer

Mailing Address 11221 Roe Avenue #300

City Leawood State KS Zip Code 66211

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

Name of Employer Nueterra Healthcare Occupation President, Physical Therapy

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 24 / 2008
Transaction ID: SA11AI.8711
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Michael Stevenson

Mailing Address PO Box 4142

City Sedona State AZ Zip Code 86340

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

Name of Employer Mold in Graphic Systems Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 4600.00

Date of Receipt 10 / 22 / 2008
Transaction ID: SA11AI.8596
Amount of Each Receipt this Period 4600.00

SUBTOTAL of Receipts This Page (optional) ▶ 5100.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 36
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Senate Majority Fund

A. Full Name (Last, First, Middle Initial)
John Thomas

Mailing Address 3100 Robert Drive

City Richardson State TX Zip Code 75082

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

Name of Employer Cirrus Health Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 950.00

Date of Receipt 10 / 24 / 2008

Transaction ID: SA11AI.8641

Amount of Each Receipt this Period 700.00

B. Full Name (Last, First, Middle Initial)
Chris Watts

Mailing Address 5552 East Washington

City Phoenix State AZ Zip Code 85034

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

Name of Employer Sunstate Equipment Occupation President and CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 22 / 2008

Transaction ID: SA11AI.8620

Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Michael Watts

Mailing Address 5552 East Washington

City Phoenix State AZ Zip Code 85034

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

Name of Employer Sunstate Equipment Occupation Chariman

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 10 / 22 / 2008

Transaction ID: SA11AI.8622

Amount of Each Receipt this Period 2000.00

SUBTOTAL of Receipts This Page (optional) ► 2950.00

TOTAL This Period (last page this line number only) ► 38600.00

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

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

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

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NAME OF COMMITTEE (In Full)
Senate Majority Fund

A. Full Name (Last, First, Middle Initial)
AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Mailing Address 9700 West Bryn Mawr Ave.

City State Zip Code
Rosemont IL 60018

FEC ID number of contributing federal political committee. **C** C00005660

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 3 / 2 0 0 8

Transaction ID: SA11C.8658

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS POLITICAL ACTION COMMITTEE

Mailing Address Palladian 1
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 ▼ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 2 2 / 2 0 0 8

Transaction ID: SA11C.8598

Amount of Each Receipt this Period
3500.00

C. Full Name (Last, First, Middle Initial)
COALPAC A POLITICAL ACTION COMMITTEE OF THE NATIONAL MINING ASSOCIATION

Mailing Address 101 Constitution Avenue NW
Suite 500 East

City State Zip Code
Washington DC 20001

FEC ID number of contributing federal political committee. **C** C00109819

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 0 / 2 4 / 2 0 0 8

Transaction ID: SA11C.8624

Amount of Each Receipt this Period
1500.00

SUBTOTAL of Receipts This Page (optional) ► 6000.00

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

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

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

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

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NAME OF COMMITTEE (In Full)
Senate Majority Fund

A. Full Name (Last, First, Middle Initial)
COOPER INDUSTRIES POLITICAL ACTION COMMITTEE

Mailing Address P.O. Box 4446

City State Zip Code
Houston TX 77210

FEC ID number of contributing federal political committee. **C** C00099937

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 0 / 2 4 / 2 0 0 8

Transaction ID: SA11C.8626

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
DEALERS ELECTION ACTION COMMITTEE OF THE NATIONAL AUTOMOTIVE DEALERS ASSOCIATION

Mailing Address 8400 Westpark Drive

City State Zip Code
McLean VA 22102

FEC ID number of contributing federal political committee. **C** C00040998

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 2 2 / 2 0 0 8

Transaction ID: SA11C.8599

Amount of Each Receipt this Period
4000.00

C. Full Name (Last, First, Middle Initial)
DUKE ENERGY CORPORATION POLITICAL ACTION COMMITTEE-FEDERAL 'DUKEPAC'

Mailing Address 422 SOUTH CHURCH STREET PBO5E

City State Zip Code
CHARLOTTE NC 28242

FEC ID number of contributing federal political committee. **C** C00083535

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 2 4 / 2 0 0 8

Transaction ID: SA11C.8627

Amount of Each Receipt this Period
4000.00

SUBTOTAL of Receipts This Page (optional) ► **9000.00**

TOTAL This Period (last page this line 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 / 36
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Senate Majority Fund

A. Full Name (Last, First, Middle Initial)
Dupont Good Government Fund

Mailing Address 1007 Market Street

City State Zip Code
Wilmington DE 19898

FEC ID number of contributing federal political committee. **C** C00171926

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
 1 1 / 0 3 / 2 0 0 8

Transaction ID: SA11C.8650

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
GLAXOSMITHKLINE POLITICAL ACTION COMMITTEE

Mailing Address FIVE MOORE DRIVE

City State Zip Code
RESEARCH TRIANGLE NC 27709

FEC ID number of contributing federal political committee. **C** C00199703

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 / 0 3 / 2 0 0 8

Transaction ID: SA11C.8653

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
HOLLAND & KNIGHT COMMITTEE FOR EFFECTIVE GOVERNMENT

Mailing Address 2099 Pennsylvania Avenue N.W.

City State Zip Code
Washington DC 20006

FEC ID number of contributing federal political committee. **C** C00171330

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y
 1 1 / 2 4 / 2 0 0 8

Transaction ID: SA11C.8686

Amount of Each Receipt this Period
2500.00

SUBTOTAL of Receipts This Page (optional) ► 4500.00

TOTAL This Period (last page this line 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 / 36
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Senate Majority Fund

A. Full Name (Last, First, Middle Initial)
MINEPAC A POLITICAL ACTION COMMITTEE OF THE NATIONAL MINING ASSOCIATION

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	4	/	2	0	0	8

Transaction ID: SA11C.8625

Mailing Address 101 Constituion Ave NW
Suite 500 East

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00304634

Name of Employer Occupation

Amount of Each Receipt this Period
1500.00

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

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

Date of Receipt

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

Transaction ID: SA11C.8654

Mailing Address 1771 N Street NW

City Washington State DC Zip Code 20036

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

Name of Employer Occupation

Amount of Each Receipt this Period
5000.00

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

C. Full Name (Last, First, Middle Initial)
NATIONAL CABLE AND TELECOMMUNICATIONS ASSOCIATION POLITICAL ACTION COMMITTEE (NCTA-ATIS)

Date of Receipt

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

Transaction ID: SA11C.8600

Mailing Address 1724 MASSACHUSETTS AVENUE NW

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00010082

Name of Employer Occupation

Amount of Each Receipt this Period
5000.00

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

SUBTOTAL of Receipts This Page (optional) ► **11500.00**

TOTAL This Period (last page this line 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 / 36

(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 Majority Fund

A.

Full Name (Last, First, Middle Initial)
NATIONAL SURGICAL HOSPITALS INC. PAC

Mailing Address 30 South Wacker Drive
Suite 2302

City State Zip Code
Chicago IL 60606

FEC ID number of contributing federal political committee. **C** C00435453

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4000.00

Date of Receipt

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

Transaction ID: SA11C.8656

Amount of Each Receipt this Period

4000.00

B.

Full Name (Last, First, Middle Initial)
NEW YORK LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE

Mailing Address 51 Madison Ave.
Room 1109

City State Zip Code
New York NY 10010

FEC ID number of contributing federal political committee. **C** C00158881

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 4 / 2 0 0 8

Transaction ID: SA11C.8688

Amount of Each Receipt this Period

3000.00

C.

Full Name (Last, First, Middle Initial)
PRAXAIR, INC. POLITICAL ACTION COMMITTEE

Mailing Address 39 Old Ridgebury Road
P. O. Box 2958

City State Zip Code
Danbury CT 06813

FEC ID number of contributing federal political committee. **C** C00283440

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 4 / 2 0 0 8

Transaction ID: SA11C.8692

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional) ▶

12000.00

TOTAL This Period (last page this line 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 / 36
(check only one)

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

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NAME OF COMMITTEE (In Full)
Senate Majority Fund

A. Full Name (Last, First, Middle Initial)
PRUDENTIAL FINANCIAL INC. POLITICAL ACTION COMMITTEE (AKA - PRUDENTIAL PAC)

Mailing Address 751 Broad Street
3RD FLOOR PRUDENTIAL PLAZA

City State Zip Code
Newark NJ 07102

FEC ID number of contributing federal political committee. **C** C00127779

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt: 11 / 03 / 2008
Transaction ID: SA11C.8660
Amount of Each Receipt this Period: 2500.00

B. Full Name (Last, First, Middle Initial)
TEXAS SPINE AND JOINT LTD PAC

Mailing Address 1814 ROSELAND BOULEVARD

City State Zip Code
TYLER TX 75701

FEC ID number of contributing federal political committee. **C** C00437525

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 10 / 24 / 2008
Transaction ID: SA11C.8628
Amount of Each Receipt this Period: 5000.00

C. Full Name (Last, First, Middle Initial)
UNION PACIFIC CORP FUND FOR EFFECTIVE GOVERNMENT

Mailing Address 600 13th St. NW
Suite 340

City State Zip Code
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00010470

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 10 / 22 / 2008
Transaction ID: SA11C.8601
Amount of Each Receipt this Period: 2000.00

SUBTOTAL of Receipts This Page (optional) ► 9500.00

TOTAL This Period (last page this line 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 / 36
	(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 Majority Fund

A.	Full Name (Last, First, Middle Initial) ZENECA INC. POLITICAL ACTION COMMITTEE		Date of Receipt
	Mailing Address c/o Zeneca Inc. 1800 Concord Pike PO Box 15437		<input type="text" value="10"/> / <input type="text" value="17"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Wilmington	DE	19850
	FEC ID number of contributing federal political committee.		Transaction ID: SA11C.8594
	Amount of Each Receipt this Period		<input type="text" value="1500.00"/>
Name of Employer		Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="2500.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1500.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="54000.00"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 23 / 36
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Senate Majority Fund

A.	Full Name (Last, First, Middle Initial) WICKER FOR SENATE		Date of Receipt
	Mailing Address PO BOX 233		<input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	TUPELO	MS	38802
	FEC ID number of contributing federal political committee.		<input type="text" value="C00443218"/>
Name of Employer		Occupation	Transaction ID: SA16.8690 Amount of Each Receipt this Period <input type="text" value="5000.00"/> Refund
Receipt For: 2008		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary	<input type="checkbox"/> General	<input type="text" value="5000.00"/>	
<input checked="" type="checkbox"/> Other (specify) ▼	Runoff		

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="5000.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="5000.00"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 24 / 36	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Senate Majority Fund

A.

Full Name (Last, First, Middle Initial) Camelback Community Bank		Date of Receipt
Mailing Address 2777 E. Camelback Rd., Ste. 100		<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
City	State	Zip Code
Phoenix	AZ	85253
FEC ID number of contributing federal political committee.		Transaction ID: SA17.8642
<input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer		<input type="text" value="78.85"/>
Occupation		Bank Interest
Receipt For:		Aggregate Year-to-Date ▼
<input type="checkbox"/> Primary	<input type="checkbox"/> General	<input type="text" value="499.06"/>
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="78.85"/>
TOTAL This Period (last page this line number only)	<input type="text" value="78.85"/>

**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 25 / 36

<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 Majority Fund

A.	Full Name (Last, First, Middle Initial) Bank of America	Transaction ID: SB21B.8674 Date of Disbursement
	Mailing Address P.O. BOX 53136	<input type="text" value="11"/> / <input type="text" value="14"/> / <input type="text" value="2008"/>
	City Phoenix State AZ Zip Code 85018	Amount of Each Disbursement this Period
	Purpose of Disbursement SEE BELOW	<input type="text" value="705.36"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) The Arizona Biltmore	Transaction ID: SB21B.8674.0 Date of Disbursement
	Mailing Address Arizona Biltmore Circle	<input type="text" value="11"/> / <input type="text" value="18"/> / <input type="text" value="2008"/>
	City Phoenix State AS Zip Code 85016	Amount of Each Disbursement this Period
	Purpose of Disbursement Hotel Accomodations	<input type="text" value="705.36"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) Federal Express Corporation	Transaction ID: SB21B.8673 Date of Disbursement
	Mailing Address P.O. Box 1140	<input type="text" value="11"/> / <input type="text" value="14"/> / <input type="text" value="2008"/>
	City Memphis State TN Zip Code 38101	Amount of Each Disbursement this Period
	Purpose of Disbursement Shipping	<input type="text" value="117.15"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="822.51"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

PAGE 26 / 36

<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 Majority Fund

A.	Full Name (Last, First, Middle Initial) Mrs. Mitzi M. Haggard	Transaction ID: SB21B.8589 Date of Disbursement 10 / 30 / 2008
	Mailing Address 1248 E. Victor Hugo Ave.	Amount of Each Disbursement this Period 120.05
	City Phoenix State AZ Zip Code 85022	
	Purpose of Disbursement Wages	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Mrs. Mitzi M. Haggard	Transaction ID: SB21B.8680 Date of Disbursement 11 / 24 / 2008
	Mailing Address 1248 E. Victor Hugo Ave.	Amount of Each Disbursement this Period 57.72
	City Phoenix State AZ Zip Code 85022	
	Purpose of Disbursement Wages	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) JON KYL FOR U S SENATE	Transaction ID: SB21B.8591 Date of Disbursement 10 / 30 / 2008
	Mailing Address POST OFFICE BOX 10246	Amount of Each Disbursement this Period 600.30
	City PHOENIX State AZ Zip Code 85064	
	Purpose of Disbursement SMF Portion of rent	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	778.07
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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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 Majority Fund

A. Full Name (Last, First, Middle Initial) JON KYL FOR U S SENATE <hr/> Mailing Address POST OFFICE BOX 10246 <hr/> City PHOENIX State AZ Zip Code 85064 <hr/> Purpose of Disbursement SMF portion of phone and internet Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.8592 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 8
	Amount of Each Disbursement this Period 117.50
	Category/ Type
	Category/ Type
B. Full Name (Last, First, Middle Initial) JON KYL FOR U S SENATE <hr/> Mailing Address POST OFFICE BOX 10246 <hr/> City PHOENIX State AZ Zip Code 85064 <hr/> Purpose of Disbursement SMF portion of equipment Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.8593 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 8
	Amount of Each Disbursement this Period 55.00
	Category/ Type
	Category/ Type
C. Full Name (Last, First, Middle Initial) JON KYL FOR U S SENATE <hr/> Mailing Address POST OFFICE BOX 10246 <hr/> City PHOENIX State AZ Zip Code 85064 <hr/> Purpose of Disbursement SMF portion of Nov Rent Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.8677 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 4 / 2 0 0 8
	Amount of Each Disbursement this Period 600.30
	Category/ Type
	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	772.80
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<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 Majority Fund

A.	Full Name (Last, First, Middle Initial) JON KYL FOR U S SENATE	Transaction ID: SB21B.8678 Date of Disbursement MM / DD / YYYY 11 / 24 / 2008
	Mailing Address POST OFFICE BOX 10246	Amount of Each Disbursement this Period 117.50
	City PHOENIX State AZ Zip Code 85064	
	Purpose of Disbursement SMF Portion of Nov Telephone & Internet	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) JON KYL FOR U S SENATE	Transaction ID: SB21B.8679 Date of Disbursement MM / DD / YYYY 11 / 24 / 2008
	Mailing Address POST OFFICE BOX 10246	Amount of Each Disbursement this Period 55.00
	City PHOENIX State AZ Zip Code 85064	
	Purpose of Disbursement SMF Nov Equip. Rental	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) Mrs. Corinne C. Lovas	Transaction ID: SB21B.8590 Date of Disbursement MM / DD / YYYY 10 / 30 / 2008
	Mailing Address 4502 E. Glenrosa	Amount of Each Disbursement this Period 1500.00
	City Phoenix State AZ Zip Code 85018	
	Purpose of Disbursement SMF PAC Fundraising Consultant Fees	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	▶	1672.50
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: (check only one)

<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 Majority Fund

A.	Full Name (Last, First, Middle Initial) Mrs. Corinne C. Lovas	Transaction ID: SB21B.8684 Date of Disbursement 11 / 24 / 2008
	Mailing Address 4502 E. Glenrosa	Amount of Each Disbursement this Period 1500.00
	City Phoenix State AZ Zip Code 85018	
	Purpose of Disbursement SMF PAC Fund. Consultant Fees	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Peacock Productions, LLC	Transaction ID: SB21B.8585 Date of Disbursement 10 / 30 / 2008
	Mailing Address 6285 Hidden Valley Drive	Amount of Each Disbursement this Period 1739.10
	City La Plata State MD Zip Code 20646	
	Purpose of Disbursement SMF Breakfast Catering	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Mrs. Ashley Ragan	Transaction ID: SB21B.8588 Date of Disbursement 10 / 30 / 2008
	Mailing Address 307 East Royal Palm	Amount of Each Disbursement this Period 1025.00
	City Phoenix State AZ Zip Code 85020	
	Purpose of Disbursement Wages	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	4264.10
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)

<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 Majority Fund

A.	Full Name (Last, First, Middle Initial) Mrs. Ashley Ragan	Transaction ID: SB21B.8681
	Mailing Address 307 East Royal Palm	Date of Disbursement MM / DD / YYYY 11 / 24 / 2008
	City Phoenix State AZ Zip Code 85020	Amount of Each Disbursement this Period 1212.60
	Purpose of Disbursement wages	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Steven H. Gordon & Associates	Transaction ID: SB21B.8586
	Mailing Address 507 Capitol Court NE #100	Date of Disbursement MM / DD / YYYY 10 / 30 / 2008
	City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period 4000.00
	Purpose of Disbursement SMF PAC Fundraising Consultant Fees	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Steven H. Gordon & Associates	Transaction ID: SB21B.8587
	Mailing Address 507 Capitol Court NE #100	Date of Disbursement MM / DD / YYYY 10 / 30 / 2008
	City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period 2473.80
	Purpose of Disbursement SMF PAC Reimb for shipping/travel	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	7686.40
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Senate Majority Fund

A.	Full Name (Last, First, Middle Initial) Steven H. Gordon & Associates	Transaction ID: SB21B.8672 Date of Disbursement
	Mailing Address 507 Capitol Court NE #100	<input type="text" value="11"/> / <input type="text" value="14"/> / <input type="text" value="2008"/>
	City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period
	Purpose of Disbursement SMF PAC Fundraising Consultant Fees	<input type="text" value="2962.50"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Steven H. Gordon & Associates	Transaction ID: SB21B.8682 Date of Disbursement
	Mailing Address 507 Capitol Court NE #100	<input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2008"/>
	City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period
	Purpose of Disbursement SMF PAC Fund. Consultant Fes	<input type="text" value="4000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Steven H. Gordon & Associates	Transaction ID: SB21B.8683 Date of Disbursement
	Mailing Address 507 Capitol Court NE #100	<input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2008"/>
	City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period
	Purpose of Disbursement Reimb. for SMF PAC shipping/travel	<input type="text" value="1652.16"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="8614.66"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Senate Majority Fund

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Visa Credit Card Services</p> <p>Mailing Address P.O. Box 96099</p> <p>City Charlotte State NC Zip Code 28296</p> <p>Purpose of Disbursement See Below</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>Transaction ID: SB21B.8583</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1380.00"/></p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) The Saint Paul Hotel</p> <p>Mailing Address 350 Market Street</p> <p>City St. Paul State MN Zip Code 55102</p> <p>Purpose of Disbursement travel accomodations</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>Transaction ID: SB21B.8583.0</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1380.00"/></p> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional) ▶

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Senate Majority Fund

A.	Full Name (Last, First, Middle Initial) CHAMBLISS FOR SENATE	Transaction ID: SB23.8643 Date of Disbursement
	Mailing Address P.O. BOX 4084	<input type="text" value="11"/> <input type="text" value="07"/> / <input type="text" value="2008"/>
	City MACON State GA Zip Code 31208	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="5000.00"/>
	Candidate Name SAXBY CHAMBLISS	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 00	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) CHAMBLISS VICTORY COMMITTEE	Transaction ID: SB23.8646 Date of Disbursement
	Mailing Address PO BOX 75103	<input type="text" value="11"/> <input type="text" value="07"/> / <input type="text" value="2008"/>
	City WASHINGTON State DC Zip Code 20013	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="20000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) GODDARD FOR CONGRESS	Transaction ID: SB23.8576 Date of Disbursement
	Mailing Address P.O. Box 9460	<input type="text" value="10"/> <input type="text" value="20"/> / <input type="text" value="2008"/>
	City Warner Robins State GA Zip Code 31095	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="5000.00"/>
	Candidate Name RICHARD NEIL GODDARD	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 08	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="30000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Senate Majority Fund

A.

Full Name (Last, First, Middle Initial)
HARRIS COUNTY REPUBLICAN PARTY

Mailing Address 3311 RICHMOND AVE SUITE 218

City HOUSTON State TX Zip Code 77098

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: SB23.8580

Date of Disbursement

10 / 20 / 2008

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)
NORM COLEMAN FOR U.S. SENATE RECOUNT CMTE

Mailing Address 1410 ENERGY PARK DRIVE, #11

City ST. PAUL State MN Zip Code 55108

Purpose of Disbursement

Candidate Name
NORM COLEMAN

Office Sought: House Senate President

State: MN District: 00

Disbursement For: 2008 Primary General Other (specify) ▼
Recount

Transaction ID: SB23.8648

Date of Disbursement

11 / 10 / 2008

Amount of Each Disbursement this Period

5000.00

C.

Full Name (Last, First, Middle Initial)
SAUERBERG FOR US SENATE

Mailing Address 1919 S HIGHLAND AVE
PO BOX 667

City LOMBARD State IL Zip Code 60148

Purpose of Disbursement

Candidate Name
STEVEN KENNETH SAUERBERG

Office Sought: House Senate President

State: IL District: 00

Disbursement For: 2008 Primary General Other (specify) ▼

Transaction ID: SB23.8575

Date of Disbursement

10 / 16 / 2008

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) ▶

15000.00

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

45000.00

Image# 28993302537

Form/Schedule: **SA11AI**
Transaction ID: **SA11AI.8670**

No partner requiring itemization.

Form/Schedule: **SA11AI**
Transaction ID: **SA11AI.8714**

Earmarked Check through National assoc. of Broadcasters NABPAC

Image# 28993302538

Form/Schedule: **SB23**

Disbursement made to Norm Coleman Recount Fund 2208

Transaction ID: **SB23.8648**
