

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) BOMAPAC

ADDRESS (number and street) 1101 15th St, NW, Suite 800 Washington DC 20005

2. FEC IDENTIFICATION NUMBER C00106435

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day Report for the: Primary, Convention, General, Special, Runoff (d) 30-Day Report for the: General, Runoff, Special

5. Covering Period 04 01 2010 through 06 30 2010

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 Karen Penafiel

Signature of Treasurer Electronically Filed by Karen Penafiel Date 07 13 2010

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

Office Use Only

FEC FORM 3X (Rev. 12/2004)

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

Write or Type Committee Name  
BOMAPAC

Report Covering the Period: From: 

|   |   |
|---|---|
| M | M |
| 0 | 4 |

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

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

 To: 

|   |   |
|---|---|
| M | M |
| 0 | 6 |

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

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

|   | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |   |   |   |   |   |   |  |          |
|---|-------------------------|-----------------------------------|---|---|---|---|---|---|--|----------|
| 6. (a) Cash on Hand<br>January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table> | Y                       | Y                                 | Y | Y | 2 | 0 | 1 | 0 |  | 49609.82 |
| Y   | Y                       | Y                                 | Y |   |   |   |   |   |  |          |
| 2   | 0                       | 1                                 | 0 |   |   |   |   |   |  |          |
| (b) Cash on Hand at<br>Beginning of Reporting Period .....  | 58329.85                |                                   |   |   |   |   |   |   |  |          |
| (c) Total Receipts (from Line 19) .....   | 5776.00                 | 22634.00                          |   |   |   |   |   |   |  |          |
| (d) Subtotal (add lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B) .....  | 64105.85                | 72243.82                          |   |   |   |   |   |   |  |          |
| 7. Total Disbursements (from Line 31) .....   | 15190.46                | 23328.43                          |   |   |   |   |   |   |  |          |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)) .....   | 48915.39                | 48915.39                          |   |   |   |   |   |   |  |          |
| 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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name  
BOMAPAC

Report Covering the Period: From:    To:

| 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) .....  | 1500.00                       | 4270.00                           |
| (ii) Unitemized .....  | 4276.00                       | 13364.00                          |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) .....   | 5776.00                       | 17634.00                          |
| (b) Political Party Committees .....   | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs) .....  | 0.00                          | 5000.00                           |
| (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....     | 5776.00                       | 22634.00                          |
| 12. Transfers From Affiliated/Other Party Committees .....   | 0.00                          | 0.00                              |
| 13. All Loans Received .....   | 0.00                          | 0.00                              |
| 14. Loan Repayments Received .....   | 0.00                          | 0.00                              |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) ..... | 0.00                          | 0.00                              |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....           | 0.00                          | 0.00                              |
| 17. Other Federal Receipts (Dividends, Interest, etc.) .....   | 0.00                          | 0.00                              |
| 18. Transfers from Non-Federal and Levin Funds   |                               |                                   |
| (a) Non-Federal Account (from Schedule H3) .....   | 0.00                          | 0.00                              |
| (b) Levin Funds (from Schedule H5) .....   | 0.00                          | 0.00                              |
| (c) Total Transfer (add 18(a) and 18(b)).  | 0.00                          | 0.00                              |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....                          | 5776.00                       | 22634.00                          |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....                                    | 5776.00                       | 22634.00                          |

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

| <b>II. DISBURSEMENTS</b>   | <b>COLUMN A<br/>Total This Period</b> | <b>COLUMN B<br/>Calendar Year-to-Date</b> |
|--|---------------------------------------|---|
| 21. Operating Expenditures:  |                                       |   |
| (a) Shared Federal/Non-Federal Activity (from Schedule H4)                                     |                                       |   |
| (i) Federal Share.....   | 0.00                                  | 0.00                                      |
| (ii) Non-Federal Share.....  | 0.00                                  | 0.00                                      |
| (b) Other Federal Operating Expenditures.....  | 190.46                                | 328.43                                    |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶                        | 190.46                                | 328.43                                    |
| 22. Transfers to Affiliated/Other Party Committees.....  | 0.00                                  | 0.00                                      |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 15000.00                              | 23000.00                                  |
| 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                                  | 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))..       | 15190.46                              | 23328.43                                  |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 15190.46                              | 23328.43                                  |

**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) .....        | 5776.00                       | 22634.00                          |
| 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) .....   | 5776.00                       | 22634.00                          |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b))..... | 190.46                        | 328.43                            |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3) .....               | 0.00                          | 0.00                              |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....             | 190.46                        | 328.43                            |

**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 / 14                  |
|   | <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             |                              |

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)  
BOMAPAC

|   |   |  |   |
|---|---|--|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Michael Kent             |  | Date of Receipt   |
|   | Mailing Address 269 Prospect  |  | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y<br>04 / 14 / 2010 |
|   | City  | State  | Zip Code  |
|   | Long Beach  | CA   | 90803   |
|   | FEC ID number of contributing federal political committee. <b>C</b> |  | Transaction ID: C948756   |
| Name of Employer<br>FirstService Real Estate Advisors   |   | Occupation<br>President, Real Estate Management Serv | Amount of Each Receipt this Period  |
| Receipt For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼                             | <input type="text"/> 1000.00  |

|   |   |                          |   |
|---|---|--------------------------|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>David Winstead           |                          | Date of Receipt   |
|   | Mailing Address 601 13th Street                                     |                          | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y<br>04 / 14 / 2010 |
|   | City  | State                    | Zip Code  |
|   | Washington  | DC                       | 20005   |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                          | Transaction ID: C948757   |
| Name of Employer<br>Ballard Spahr Andrews & Intersoll, LLP  |   | Occupation<br>Attorney   | Amount of Each Receipt this Period  |
| Receipt For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼ | <input type="text"/> 250.00   |

|   |   |                              |   |
|---|---|------------------------------|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Boyd R. Zoccola          |                              | Date of Receipt   |
|   | Mailing Address 12028 Leighton Ct                                   |                              | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y<br>04 / 14 / 2010 |
|   | City  | State                        | Zip Code  |
|   | Carmel  | IN                           | 46032   |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                              | Transaction ID: C948758   |
| Name of Employer<br>Hokanson Companies Inc.   |   | Occupation<br>Vice President | Amount of Each Receipt this Period  |
| Receipt For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼     | <input type="text"/> 500.00   |

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

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)  
BOMAPAC

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>American Express  | Transaction ID: D95992<br>Date of Disbursement<br>05 / 04 / 2010   |
|    | Mailing Address 2965 West Corporate Lakes Blvd   | Amount of Each Disbursement this Period<br>4.95  |
|    | City Weston State FL Zip Code 33331  |  |
|    | Purpose of Disbursement cc fees  | Category/<br>Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
|    | State: District:   |  |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>American Express  | Transaction ID: D95993<br>Date of Disbursement<br>05 / 10 / 2010   |
|    | Mailing Address 2965 West Corporate Lakes Blvd   | Amount of Each Disbursement this Period<br>38.48   |
|    | City Weston State FL Zip Code 33331  |  |
|    | Purpose of Disbursement cc fees  | Category/<br>Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
|    | State: District:   |  |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>American Express  | Transaction ID: D95994<br>Date of Disbursement<br>04 / 05 / 2010   |
|    | Mailing Address 2965 West Corporate Lakes Blvd   | Amount of Each Disbursement this Period<br>4.95  |
|    | City Weston State FL Zip Code 33331  |  |
|    | Purpose of Disbursement cc fees  | Category/<br>Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
|    | State: District:   |  |

|  |              |
|--|--------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>48.38</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |              |

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input 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)  
BOMAPAC

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>American Express  | Transaction ID: D95995<br>Date of Disbursement   |
|    | Mailing Address 2965 West Corporate Lakes Blvd   | <input type="text" value="04"/> / <input type="text" value="08"/> / <input type="text" value="2010"/>  |
|    | City State Zip Code<br>Weston FL 33331   | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement<br>cc fees   | <input type="text" value="31.35"/>   |
|    | Candidate Name   | Category/<br>Type  |
|    | Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
|    | State: District:   |  |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>Suntrust Bank   | Transaction ID: D95986<br>Date of Disbursement   |
|    | Mailing Address P.O.Box 622227   | <input type="text" value="06"/> / <input type="text" value="10"/> / <input type="text" value="2010"/>  |
|    | City State Zip Code<br>Orlando FL 32862-2227   | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement<br>bank fees   | <input type="text" value="1.94"/>  |
|    | Candidate Name   | Category/<br>Type  |
|    | Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
|    | State: District:   |  |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>Suntrust Bank   | Transaction ID: D95987<br>Date of Disbursement   |
|    | Mailing Address P.O.Box 622227   | <input type="text" value="06"/> / <input type="text" value="18"/> / <input type="text" value="2010"/>  |
|    | City State Zip Code<br>Orlando FL 32862-2227   | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement<br>account analysis fee  | <input type="text" value="17.23"/>   |
|    | Candidate Name   | Category/<br>Type  |
|    | Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
|    | State: District:   |  |

|  |                                    |
|--|------------------------------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <input type="text" value="50.52"/> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>               |



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
BOMAPAC

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>Suntrust Bank   | Transaction ID: D95988<br>Date of Disbursement   |
|    | Mailing Address P.O.Box 622227   | <input type="text" value="04"/> / <input type="text" value="12"/> / <input type="text" value="2010"/>  |
|    | City Orlando State FL Zip Code 32862-2227  | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement bank fees  | <input type="text" value="35.62"/>   |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
|    | State: District:   |  |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>Suntrust Bank   | Transaction ID: D95989<br>Date of Disbursement   |
|    | Mailing Address P.O.Box 622227   | <input type="text" value="04"/> / <input type="text" value="20"/> / <input type="text" value="2010"/>  |
|    | City Orlando State FL Zip Code 32862-2227  | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement account analysis fee   | <input type="text" value="21.15"/>   |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
|    | State: District:   |  |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>Suntrust Bank   | Transaction ID: D95990<br>Date of Disbursement   |
|    | Mailing Address P.O.Box 622227   | <input type="text" value="05"/> / <input type="text" value="10"/> / <input type="text" value="2010"/>  |
|    | City Orlando State FL Zip Code 32862-2227  | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement bank fees  | <input type="text" value="15.99"/>   |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
|    | State: District:   |  |

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

**72.76**

**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 10 / 14

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)  
BOMAPAC

A.

Full Name (Last, First, Middle Initial)  
Suntrust Bank

Transaction ID: D95991

Date of Disbursement

Mailing Address P.O.Box 622227

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

City Orlando State FL Zip Code 32862-2227

Amount of Each Disbursement this Period

|       |
|-------|
| 18.80 |
|-------|

Purpose of Disbursement  
account analysis fee

|  |
|--|
|  |
|--|

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

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

18.80

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

190.46

# 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)  
BOMAPAC

|  |  |
|--|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Rep. Danny K. Davis</p> <p>Mailing Address 2159 RHOB</p> <p>City Washington State DC Zip Code 20515-1307</p> <p>Purpose of Disbursement<br/>General campaign contribution</p> <p>Candidate Name<br/>Rep. Danny K. Davis</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: IL District: 07</p> <p>Disbursement For: 2010<br/><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> D95076<br/><b>Date of Disbursement</b><br/>06 / 07 / 2010</p> <p>Amount of Each Disbursement this Period<br/>500.00</p>  |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Rep. Eric I. Cantor</p> <p>Mailing Address 329 CHOB</p> <p>City Washington State DC Zip Code 20515-4607</p> <p>Purpose of Disbursement<br/>campaign contribution</p> <p>Candidate Name<br/>Rep. Eric I. Cantor</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: VA District: 07</p> <p>Disbursement For: 2010<br/><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>          | <p><b>Transaction ID:</b> D95075<br/><b>Date of Disbursement</b><br/>06 / 07 / 2010</p> <p>Amount of Each Disbursement this Period<br/>1000.00</p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Rep. Jim Himes</p> <p>Mailing Address 214 CHOB</p> <p>City Washington State DC Zip Code 20515-0704</p> <p>Purpose of Disbursement<br/>campaign contribution</p> <p>Candidate Name<br/>Rep. Jim Himes</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: CT District: 04</p> <p>Disbursement For: 2010<br/><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>                    | <p><b>Transaction ID:</b> D95121<br/><b>Date of Disbursement</b><br/>06 / 10 / 2010</p> <p>Amount of Each Disbursement this Period<br/>2500.00</p> |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 4000.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |         |

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 12 / 14

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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)  
BOMAPAC

|    |   |  |
|----|---|--|
| A. | Full Name (Last, First, Middle Initial)<br>Rep. John A. Boehner   | Transaction ID: D95120<br>Date of Disbursement<br>06 / 10 / 2010   |
|    | Mailing Address 1011 LHOB   | Amount of Each Disbursement this Period<br>2500.00   |
|    | City Washington State DC Zip Code 20515-3508  |  |
|    | Purpose of Disbursement<br>campaign contribution  | Category/<br>Type  |
|    | Candidate Name<br>Rep. John A. Boehner  |  |
|    | Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
|    | State: OH District: 08  |  |

|    |   |  |
|----|---|--|
| B. | Full Name (Last, First, Middle Initial)<br>CROWLEY FOR CONGRESS   | Transaction ID: D94081<br>Date of Disbursement<br>04 / 27 / 2010   |
|    | Mailing Address 84-56 Grand Avenue  | Amount of Each Disbursement this Period<br>1000.00   |
|    | City Elmhurst State NY Zip Code 11373   |  |
|    | Purpose of Disbursement<br>Primary campaign contribution  | Category/<br>Type  |
|    | Candidate Name<br>Rep. Joseph Crowley   |  |
|    | Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
|    | State: NY District: 07  |  |

|    |   |  |
|----|---|--|
| C. | Full Name (Last, First, Middle Initial)<br>Rep. Patrick J. Tiberi   | Transaction ID: D95077<br>Date of Disbursement<br>06 / 07 / 2010   |
|    | Mailing Address 113 CHOB  | Amount of Each Disbursement this Period<br>1000.00   |
|    | City Washington State DC Zip Code 20515-3512  |  |
|    | Purpose of Disbursement<br>campaign contribution  | Category/<br>Type  |
|    | Candidate Name<br>Rep. Patrick J. Tiberi  |  |
|    | Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
|    | State: OH District: 12  |  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 4500.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |         |

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

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

FOR LINE NUMBER: (check only one)

PAGE 13 / 14

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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)  
BOMAPAC

|    |   |  |
|----|---|--|
| A. | Full Name (Last, First, Middle Initial)<br>ROSKAM FOR CONGRESS COMMITTEE  | Transaction ID: D94082   |
|    | Mailing Address P. O. Box 713   | Date of Disbursement<br>MM / DD / YYYY<br>06 / 07 / 2010   |
|    | City Wheaton State IL Zip Code 60187  | Amount of Each Disbursement this Period<br>1000.00   |
|    | Purpose of Disbursement<br>General Campaign Contribution  | Category/<br>Type  |
|    | Candidate Name<br>Rep. Peter J. Roskam  |  |
|    | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: IL District: 06 | Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|    |   |  |
|----|---|--|
| B. | Full Name (Last, First, Middle Initial)<br>WELCH FOR CONGRESS   | Transaction ID: D94080   |
|    | Mailing Address PO BOX 1682   | Date of Disbursement<br>MM / DD / YYYY<br>04 / 27 / 2010   |
|    | City BURLINGTON State VT Zip Code 05402   | Amount of Each Disbursement this Period<br>1000.00   |
|    | Purpose of Disbursement<br>Primary campaign contribution  | Category/<br>Type  |
|    | Candidate Name<br>Rep. Peter Welch  |  |
|    | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: VT District: 00 | Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|    |   |  |
|----|---|--|
| C. | Full Name (Last, First, Middle Initial)<br>BEN CARDIN FOR CONGRESS  | Transaction ID: D93824   |
|    | Mailing Address PO BOX 21093  | Date of Disbursement<br>MM / DD / YYYY<br>04 / 14 / 2010   |
|    | City Catonsville State MD Zip Code 21228  | Amount of Each Disbursement this Period<br>2500.00   |
|    | Purpose of Disbursement<br>Primary contribution   | Category/<br>Type  |
|    | Candidate Name<br>Sen. Benjamin L. Cardin   |  |
|    | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>State: MD District: 00 | 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) .....      | ▶ | 4500.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 14 / 14

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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)  
BOMAPAC

|   |  |
|---|--|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>Sen. Charles E. Grassley<br><hr/> Mailing Address SH-135<br><hr/> City Washington State DC Zip Code 20510-1501<br>Purpose of Disbursement<br>General campaign contribution<br>Candidate Name<br>Sen. Charles E. Grassley<br>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>State: IA District: 00<br>Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: D95074<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 6 / 0 7 / 2 0 1 0 |
|   | Amount of Each Disbursement this Period<br>1000.00   |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>MIKE CRAPO FOR US SENATE<br><hr/> Mailing Address P.O. BOX 1948<br><hr/> City BOISE State ID Zip Code 83701<br>Purpose of Disbursement<br>Primary contribution<br>Candidate Name<br>Sen. Mike Crapo<br>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>State: ID District: 00<br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                      | Transaction ID: D93823<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 4 / 1 4 / 2 0 1 0 |
|   | Amount of Each Disbursement this Period<br>1000.00   |

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

2000.00

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

15000.00