

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) c/o G&W 2201 Wisconsin Ave., NW  
Suite 320  
 Check if different than previously reported. (ACC)  
Washington DC 20007

2. **FEC IDENTIFICATION NUMBER** C00165159  
3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE**-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 05 01 2010 through 05 31 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 Sarah Chamberlain Resnick

Signature of Treasurer Electronically Filed by Sarah Chamberlain Resnick Date 10 06 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)

A. Form/Schedule : **F3XA**

Transaction ID :

Memorandum Please be advised that all expenditures on Schedule B, Line 21(b) are to support Committee activities and are not made on behalf of specifically identified candidates. Also, all expenditures on Schedule B, Line 21(b) are to support Committee activities and are not for public communications and voter drive activity containing express advocacy.

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

Write or Type Committee Name  
Republican Mainstreet Partnership PAC

Report Covering the Period: From: 

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand 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		100293.39
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	291112.28									
(c) Total Receipts (from Line 19) .....	52406.48	355455.97								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	343518.76	455749.36								
7. Total Disbursements (from Line 31) .....	91934.03	204164.63								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	251584.73	251584.73								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	2010.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	6812.50									

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  
Republican Mainstreet Partnership PAC

Report Covering the Period: From:    To:

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	3175.00	11175.00
(ii) Unitemized .....	710.00	1675.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	3885.00	12850.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	48500.00	342500.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	52385.00	355350.00
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.) .....	21.48	105.97
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)) .....	52406.48	355455.97
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	52406.48	355455.97

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B 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.....	79434.03	117664.63
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	79434.03	117664.63
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	12500.00	86500.00
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))..	91934.03	204164.63
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	91934.03	204164.63

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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) .....	52385.00	355350.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	52385.00	355350.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	79434.03	117664.63
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	79434.03	117664.63

**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 / 23
	<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)  
Republican Mainstreet Partnership PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Rody Biggert	Date of Receipt MM / DD / YYYY 05 / 20 / 2010
	Mailing Address 425 E 6th Street	<b>Transaction ID:</b> SA11AI.10828
	City State Zip Code Hinsdale IL 60521	Amount of Each Receipt this Period 525.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Self-employed	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Edward M Condit, Jr.	Date of Receipt MM / DD / YYYY 05 / 17 / 2010
	Mailing Address 94 Sunset Road	<b>Transaction ID:</b> SA11AI.10834
	City State Zip Code Weston MA 02493-1637	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Rackemann, Sawyer & Brewster	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) William D. Dana, Jr.	Date of Receipt MM / DD / YYYY 05 / 19 / 2010
	Mailing Address 11 Sand Spring Lane	<b>Transaction ID:</b> SA11AI.10844
	City State Zip Code Morristown NJ 07960	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Self-employed	Occupation Investment Management	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1025.00
<b>TOTAL</b> 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 / 23  
(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)  
Republican Mainstreet Partnership PAC

**A.**

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

Mailing Address 700 E Woodland Road

City State Zip Code  
Lake Forest IL 60045

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

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
05 / 25 / 2010

Transaction ID: SA11AI.10836

Amount of Each Receipt this Period  
1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Tim Regan, II

Mailing Address 7505 S. Valley Drive

City State Zip Code  
Fairfax Station VA 22039

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

Name of Employer Corning, Inc. Occupation Senior Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
05 / 11 / 2010

Transaction ID: SA11AI.10829

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Florence Wheeler

Mailing Address 10 North Mayflower Road

City State Zip Code  
Lake Forest IL 60045

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

Name of Employer N/A Occupation Homemaker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
05 / 25 / 2010

Transaction ID: SA11AI.10832

Amount of Each Receipt this Period  
150.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2150.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	3175.00



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 23  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Republican Mainstreet Partnership PAC

**A.** Full Name (Last, First, Middle Initial)  
Abbott Laboratories - Employee Political Action Committee

Mailing Address 100 Abbott Park Rd.

City State Zip Code  
Abbott Park IL 60064

FEC ID number of contributing federal political committee. **C** C00040279

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
05 / 18 / 2010

**Transaction ID:** SA11C.10860

Amount of Each Receipt this Period  
5000.00

**B.** Full Name (Last, First, Middle Initial)  
AT&T INC. Federal PAC

Mailing Address 208 S. Akard Street  
Suite 3521

City State Zip Code  
Dallas TX 75202

FEC ID number of contributing federal political committee. **C** C00109017

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
05 / 26 / 2010

**Transaction ID:** SA11C.10867

Amount of Each Receipt this Period  
5000.00

**C.** Full Name (Last, First, Middle Initial)  
California Dairies Political Action Committee

Mailing Address PO Box 2198

City State Zip Code  
Los Banos CA 93635

FEC ID number of contributing federal political committee. **C** C00349746

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
MM / DD / YYYY  
05 / 18 / 2010

**Transaction ID:** SA11C.10859

Amount of Each Receipt this Period  
2500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **12500.00**

**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 / 23  
(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)  
Republican Mainstreet Partnership PAC

**A.**

Full Name (Last, First, Middle Initial)  
Day & Zimmermann, Inc. Federal PAC

Mailing Address 1500 Spring Garden Street

City Philadelphia State PA Zip Code 19130

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 05 / 04 / 2010  
**Transaction ID: SA11C.10848**  
Amount of Each Receipt this Period: 5000.00

**B.**

Full Name (Last, First, Middle Initial)  
Independent Insurance Agents & Brokers of America (InsurPAC)

Mailing Address 412 First Street, SE Suite 300

City Washington State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C** C00022343

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 05 / 04 / 2010  
**Transaction ID: SA11C.10850**  
Amount of Each Receipt this Period: 5000.00

**C.**

Full Name (Last, First, Middle Initial)  
International Association of Fire Fighters-Federal PAC

Mailing Address 1750 New York Avenue, NW

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00029447

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 05 / 04 / 2010  
**Transaction ID: SA11C.10855**  
Amount of Each Receipt this Period: 5000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 15000.00

**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 / 23
	(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)  
Republican Mainstreet Partnership PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) McKesson Corporation Employee Political Fund		Date of Receipt
	Mailing Address One Post Street, 34th Floor		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 05 / 05 / 2010
	City	State	Zip Code
	San Francisco	CA	94104
	FEC ID number of contributing federal political committee.		Transaction ID: SA11C.10858
C C00108035		Amount of Each Receipt this Period	
Name of Employer		Occupation	<input type="text"/> 3500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 3500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MEBA Political Fund (MEBA-PAF)		Date of Receipt
	Mailing Address 444 North Capitol Street Suite 800		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 05 / 04 / 2010
	City	State	Zip Code
	Washington	DC	20001
	FEC ID number of contributing federal political committee.		Transaction ID: SA11C.10853
C C00279380		Amount of Each Receipt this Period	<input type="text"/> 2500.00
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"/> 2500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) S.C. Johnson & Son , Inc. PAC		Date of Receipt
	Mailing Address 1133 Connecticut Avenue, NW Suite 650		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 05 / 24 / 2010
	City	State	Zip Code
	Washington	DC	20036
	FEC ID number of contributing federal political committee.		Transaction ID: SA11C.10863
C C00342246		Amount of Each Receipt this Period	<input type="text"/> 5000.00
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"/> 5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 11000.00
<b>TOTAL</b> 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: PAGE 12 / 23  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
Republican Mainstreet Partnership PAC

**A.** Full Name (Last, First, Middle Initial)  
The NEA for Children & Public Education-Federal Account

Mailing Address 1201 16th Street, NW,  
Suite 420

City State Zip Code  
Washington DC 20036

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

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  
 0 5 / 0 4 / 2 0 1 0

**Transaction ID:** SA11C.10849

Amount of Each Receipt this Period  
5000.00

**B.** Full Name (Last, First, Middle Initial)  
United Transportation Union Political Action Committee (UTU PAC)

Mailing Address 14600 Detroit Avenue

City State Zip Code  
Cleveland OH 44107

FEC ID number of contributing federal political committee. **C** C00001636

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  
 0 5 / 0 4 / 2 0 1 0

**Transaction ID:** SA11C.10846

Amount of Each Receipt this Period  
5000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **10000.00**

**TOTAL** This Period (last page this line number only) ..... ► **48500.00**

# 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)  
Republican Mainstreet Partnership PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address PO Box 1270</p> <p>City Newark State NJ Zip Code 07101-1270</p> <p>Purpose of Disbursement See Memo Entry</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.10886</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="1"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="4196.30"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Vendors Under \$200</p> <p>Mailing Address 1220 L Street, NW Suite 100-263</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Travel Fees/Taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.10886.0</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="1"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="42.00"/></p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) The Ritz Carlton</p> <p>Mailing Address 4750 Amelia Island Parkway</p> <p>City Amelia Island State FL Zip Code 32034</p> <p>Purpose of Disbursement Facilities/Catering</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.10886.1</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="1"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="92.10"/></p> <p><b>[MEMO ITEM]</b></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="4196.30"/>
<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

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)  
Republican Mainstreet Partnership PAC

A.	Full Name (Last, First, Middle Initial) First Coast Transportation	Transaction ID: SB21B.10886.2 Date of Disbursement 05 / 18 / 2010
	Mailing Address PO Box 6233	Amount of Each Disbursement this Period 283.20
	City Amelia Island State FL Zip Code 32035	
	Purpose of Disbursement Transportation 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]

B.	Full Name (Last, First, Middle Initial) American Airlines	Transaction ID: SB21B.10886.3 Date of Disbursement 05 / 18 / 2010
	Mailing Address 4333 Amon Carter Blvd	Amount of Each Disbursement this Period 580.70
	City Fort Worth State TX Zip Code 76155	
	Purpose of Disbursement Airline Tickets 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) Airtran Airways	Transaction ID: SB21B.10886.4 Date of Disbursement 05 / 18 / 2010
	Mailing Address 9955 AirTran Blvd	Amount of Each Disbursement this Period 902.80
	City Orlando State FL Zip Code 32827	
	Purpose of Disbursement Airline Tickets 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]

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<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 15 / 23

<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)  
Republican Mainstreet Partnership PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) US Airways Inc.</p> <p>Mailing Address 4000 East Sky Harbor Blvd</p> <p>City Phoenix State AZ Zip Code 85034</p> <p>Purpose of Disbursement Airline Tickets</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.10886.5 <b>Date of Disbursement</b> 05 / 18 / 2010</p> <p>Amount of Each Disbursement this Period 376.10</p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) United Airlines, Inc.</p> <p>Mailing Address 77 W Wacker Drive</p> <p>City Chicago State IL Zip Code 60601</p> <p>Purpose of Disbursement Airline Tickets</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.10886.6 <b>Date of Disbursement</b> 05 / 18 / 2010</p> <p>Amount of Each Disbursement this Period 359.40</p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Montego Ventures LLC</p> <p>Mailing Address 96334 Montego Bay</p> <p>City Amelia Island State FL Zip Code 32034</p> <p>Purpose of Disbursement Transportation</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.10886.7 <b>Date of Disbursement</b> 05 / 18 / 2010</p> <p>Amount of Each Disbursement this Period 1560.00</p> <p><b>[MEMO ITEM]</b></p>

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

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<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)  
Republican Mainstreet Partnership PAC

A.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: SB21B.10905 Date of Disbursement
	Mailing Address PO Box 1270	<input type="text" value="05"/> <input type="text" value="18"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Newark State NJ Zip Code 07101-1270	Amount of Each Disbursement this Period
	Purpose of Disbursement See Memo Entry	<input type="text" value="43946.57"/>
	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
	State: District:	<input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) The Ritz Carlton	Transaction ID: SB21B.10905.0 Date of Disbursement
	Mailing Address 4750 Amelia Island Parkway	<input type="text" value="05"/> <input type="text" value="18"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Amelia Island State FL Zip Code 32034	Amount of Each Disbursement this Period
	Purpose of Disbursement Facilites/Catering	<input type="text" value="43946.57"/>
	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
	State: District:	<input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) Sarah Chamberlain Resnick	Transaction ID: SB21B.10881 Date of Disbursement
	Mailing Address 11431 James Jack Lane	<input type="text" value="05"/> <input type="text" value="11"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Charlotte State NC Zip Code 28277	Amount of Each Disbursement this Period
	Purpose of Disbursement See Memo Entry	<input type="text" value="131.00"/>
	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
	State: District:	<input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="44077.57"/>
<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)  
Republican Mainstreet Partnership PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Vendors Under \$200  Mailing Address 1220 L Street, NW Suite 100-263  City Washington State DC Zip Code 20005  Purpose of Disbursement Travel 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) ▼	Transaction ID: SB21B.10881.0 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 1 0  Amount of Each Disbursement this Period 131.00  <b>[MEMO ITEM]</b>	
<b>B.</b>	Full Name (Last, First, Middle Initial) Sarah Chamberlain Resnick  Mailing Address 11431 James Jack Lane  City Charlotte State NC Zip Code 28277  Purpose of Disbursement Fundraising Consultant 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) ▼	Transaction ID: SB21B.10907 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 6 / 2 0 1 0  Amount of Each Disbursement this Period 25000.00	
<b>C.</b>	Full Name (Last, First, Middle Initial) Sarah Chamberlain Resnick  Mailing Address 11431 James Jack Lane  City Charlotte State NC Zip Code 28277  Purpose of Disbursement See Memo Entry 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) ▼	Transaction ID: SB21B.10908 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 6 / 2 0 1 0  Amount of Each Disbursement this Period 1017.36	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>26017.36</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)  
Republican Mainstreet Partnership PAC

A.	Full Name (Last, First, Middle Initial) Southwest Airlines	Transaction ID: SB21B.10908.0 Date of Disbursement 05 / 26 / 2010
	Mailing Address 2702 Love Field Drive	Amount of Each Disbursement this Period 896.40
	City Dallas State TX Zip Code 75235	
	Purpose of Disbursement Airline Tickets	[MEMO ITEM]
	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) Dollar Rental	Transaction ID: SB21B.10908.1 Date of Disbursement 05 / 26 / 2010
	Mailing Address Jacksonville Int'l Airport	Amount of Each Disbursement this Period 120.96
	City Jacksonville State FL Zip Code 32229	
	Purpose of Disbursement Transportation	[MEMO ITEM]
	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) Chase Card Services	Transaction ID: SB21B.10899 Date of Disbursement 05 / 24 / 2010
	Mailing Address PO Box 15153	Amount of Each Disbursement this Period 1106.00
	City Wilmington State DE Zip Code 19886-5153	
	Purpose of Disbursement See Memo Entry	[MEMO ITEM]
	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>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1106.00
<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 19 / 23

<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)  
Republican Mainstreet Partnership PAC

A.	Full Name (Last, First, Middle Initial) Capitol Hill Club	Transaction ID: SB21B.10899.0 Date of Disbursement 05 / 20 / 2010
	Mailing Address 300 First Street, SE	Amount of Each Disbursement this Period 1106.00
	City Washington State DC Zip Code 20003	
	Purpose of Disbursement Facilities/Catering	[MEMO ITEM]
	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) Gilbert & Wolfand, PC	Transaction ID: SB21B.10871 Date of Disbursement 05 / 11 / 2010
	Mailing Address 2201 Wisconsin Avenue, NW Suite 320	Amount of Each Disbursement this Period 2115.00
	City Washington State DC Zip Code 20007	
	Purpose of Disbursement Accounting Services	
	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) Suntrust Bank	Transaction ID: SB21B.10912 Date of Disbursement 05 / 31 / 2010
	Mailing Address PO Box 85024	Amount of Each Disbursement this Period 5.00
	City Richmond State VA Zip Code 23285-5024	
	Purpose of Disbursement Bank Service Charge	
	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>SUBTOTAL</b> of Disbursements This Page (optional) .....	2120.00
<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 20 / 23

<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)  
Republican Mainstreet Partnership PAC

A.

Full Name (Last, First, Middle Initial)  
The Word Doctors LLC

Transaction ID: SB21B.10885  
Date of Disbursement

Mailing Address PO Box 43

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	4		2	0	1	0

City State Zip Code  
Manassas VA 20108

Amount of Each Disbursement this Period

1916.80
---------

Purpose of Disbursement  
Travel Expenses

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

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

1916.80
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TOTAL This Period (last page this line number only) ..... ▶

79434.03
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# 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)  
Republican Mainstreet Partnership PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Djou for Hawaii</p> <p>Mailing Address PO Box 235280</p> <p>City Honolulu State HI Zip Code 96823</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: HI District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.10902</p> <p>Date of Disbursement 05 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Friends of Trey Grayson</p> <p>Mailing Address PO Box 175726</p> <p>City Ft. Mitchell State KY Zip Code 41017</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: KY District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.10883</p> <p>Date of Disbursement 05 / 10 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Jon Runyan for Congress</p> <p>Mailing Address PO Box 225</p> <p>City Colonia State NJ Zip Code 07067</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NJ District: 03</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.10903</p> <p>Date of Disbursement 05 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>12500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>12500.00</b>

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 22 / 23	
	FOR LINE NUMBER: (check only one)	<input checked="" type="checkbox"/> 9 <input type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
Republican Mainstreet Partnership PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Johnson for Congress			Nature of Debt (Purpose): Refund of Excess Contribution
Mailing Address PO Box 1986			
City New Britain	State CT	ZIP Code 06050	

Outstanding Balance Beginning This Period		<b>Transaction ID: SD9.8523</b>	
2010.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	2010.00	

1) <b>SUBTOTALS</b> This Period This Page (optional).....	2010.00
2) <b>TOTALS</b> This Period (last page this line number only).....	2010.00
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	2010.00

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
Republican Mainstreet Partnership PAC

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Gilbert & Wolfand, PC	Nature of Debt (Purpose): Accounting Services
Mailing Address 2201 Wisconsin Avenue, NW Suite 320	
City State ZIP Code Washington DC 20007	

Outstanding Balance Beginning This Period 2115.00	<b>Transaction ID:</b> SD10.10824	
Amount Incurred This Period 0.00	Payment This Period 2115.00	Outstanding Balance at Close of This Period 0.00

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Gilbert & Wolfand, PC	Nature of Debt (Purpose): Accounting Services
Mailing Address 2201 Wisconsin Avenue, NW Suite 320	
City State ZIP Code Washington DC 20007	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID:</b> SD10.10869	
Amount Incurred This Period 1812.50	Payment This Period 0.00	Outstanding Balance at Close of This Period 1812.50

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor The Word Doctors LLC	Nature of Debt (Purpose): Keynote Speaker
Mailing Address PO Box 43	
City State ZIP Code Manassas VA 20108	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID:</b> SD10.10872	
Amount Incurred This Period 5000.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 5000.00

<b>1) SUBTOTALS</b> This Period This Page (optional).....	▶	6812.50
<b>2) TOTALS</b> This Period (last page this line number only).....	▶	6812.50
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	▶	0.00
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	▶	6812.50